CHIP-AML22 Master protocol: Protocol for the treatment of children and adolescents with Acute Myeloid Leukemia (AML)

Estado	Tipo de Participantes	Rangos de Edad
Reclutando	Sujetos incapaces de otorgar consentimiento	Menores de 18 , Adultos (18-64 años) , Adolescentes (12-17 años) , Niños (2-11 años) , Lactantes y preescolar (28 días - 23 meses) , Recién nacidos (0-27 días) , Recién nacidos prematuros
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	200
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia	NO

Información

Identificador
2023-504999-25-00 (CTIS)

Cod. Protocolo
MH21CHI

Área terapéutica
Enfermedades [C] - Cáncer [C04]|

Enfermedad investigada
Acute Myeloid Leukemia

Título Científico
CHIP-AML22 Master protocol: An open label complex clinical trial in newly diagnosed pediatric de novo AML patients a study by the NOPHO-DB-SHIP consortium Master Protocol

Justificación

No aportado

Objetivo Principal

Overarching objective:
To improve the overall EFS for children and adolescents with newly diagnosed AML, compared to NOPHO-DBH AML-2012.
Induction randomization:
To assess if adding GO to the first induction course results in better early anti-leukemic efficacy in CD33-positive AML patients, compared to no-GO.
Consolidation randomization:
To demonstrate non-inferiority in disease-free survival of two courses of consolidation therapy, by omitting HA3E, as compared to three courses, in the entire standard-risk group eligible for this randomization.

Variables de Evaluación Primaria

Primary endpoint of overarching objective: Event-free survival (EFS) Primary end point induction Randomization: MRD <0.1% leukemic cells in the BM, as defined by flow cytometry, shortly before start of induction course 2 (BM1). Primary endpoint of consolidation Randomization: Disease-Free Survival (DFS)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Entire study population: o To improve short-term efficacy by different endpoints, overall survival (OS), disease-free survival (DFS) and the cumulative incidence of relapse (CIR) o To decrease treatment-related toxicity.
Induction randomization: To evaluate differences in anti-leukemic efficacy in the total group, in both arms, and among subgroups as defined by the intensity of CD33-expression, CD33 SNPs, and cytogenetics. To assess the safety of adding GO to induction course 1, compared to no-GO.
Consolidation randomization: o To improve safety of consolidation treatment. o To compare consumption of health-care resources o To compare overall survival (OS) and the cumulative incidence of relapse (CIR)

Variables de Evaluación Secundaria

Secondary end point secondary objective: Bone marrow blast counts by morphology and multi-color flow cytometry (MFCM) after course #1 and #2 and before allo-SCT; ORR (CR, CRp, and CRi) and morphologic leukemia-free state (MLFS) rates after course #1 and #2; MRD negativity after course #1 and #2 and before allo-SCT; absolute MRD levels after course #1 and #2 and before allo-SCT. OS DFS CIR.
Secondary end point secondary objective: Cumulative toxicity, defined as the total of grade 3 AEs from the start of AML treatment to the end of the reporting period, which are graded by NCI CTCAE version 5.0. NRM.

Secondary end point induction randomization: Bone marrow blast counts by morphology and multi-color flow cytometry (MFCM) after course #1 and #2 and before allo-SCT; ORR (CR, CRp, and CRi) and morphologic leukemia-free state (MLFS) rates after course #1 and #2; MRD negativity after course #2 and before allo-SCT; absolute MRD levels after course #1 and #2 and before allo-SCT. OS DFS EFS CIR OS
Secondary end point induction randomization: Cumulative toxicity, defined as the total of AESIs over time, which are graded by NCI CTCAE version 5.0. Adverse events (AEs), as characterized by type, frequency, severity (as graded using CTCAE, v5.0). Serious adverse events (SAEs), as characterized by type, frequency, severity (as graded using CTCAE, v5.0). NRM.
Secondary end point consolidation randomization: Cumulative toxicity, defined as the as the total of grade 3 AEs over time, which are graded by NCI CTCAE version 5.0. Non-relapse mortality (NRM).
Secondary end point consolidation randomization: Cumulative Hospitalized Days
Secondary end point consolidation randomization: OS CIR
Secondary end point secondary objective: Entire study population: to establish a prospective data registry of relapsed and refractory pediatric AML patients to identify risk factors and improve therapeutic strategies for this population.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Newly diagnosed AML. The origin of AML must be de novo (not secondary to bone marrow failure or therapy-related).
Age 1 day and 18 years old at initial diagnosis.
Written informed consent/assent from patients and/or from parents or legal guardians for minor patients, according to local law and regulations.
Able to comply with scheduled follow-up and with management of toxicity.
Additional inclusion criteria for the induction randomization: 1)CD33 positivity of leukemic blasts as measured by flow cytometry (mean fluorescence intensity; MFI) at diagnosis (bone marrow aspirate and/or peripheral blood). CD33 positivity is defined as a ratio of at least 10 (using the anti-CD33 clone P67.6) of the geometric MFI of CD33 for the blast population divided by the MFI of the CD33 background signal of lymphocytes. 2)Informed consent for participation in randomization Ri.
Additional inclusion criteria for the consolidation randomization 1)Patients included in the CHIP-AML22 protocol and stratified to Standard Risk Group according to the stratification algorithm of the protocol. 2)Informed consent for participation in randomization Rc.

Criterios de Exclusión

Previous chemotherapy or radiotherapy. This includes patient with therapy-related AML after previous therapy that is known to increase the risk of secondary AML.
Patients who in the opinion of the investigator, may not be able to comply with the study requirements of the study.
Patients with known active hepatitis B, hepatitis C, or HIV infection.
Patients for whom informed consent was not obtained.
Patients with a (known) germline predisposition for bone marrow failure, like Fanconi anemia.
Myeloid Leukemia of Down syndrome (MLDS).
Acute promyelocytic leukemia (APL).
Additional exclusion criteria for consolidation randomization 1) Patients who previously did not receive chemotherapy according to protocol.

Myelodysplastic syndrome (MDS).
Juvenile Myelomonocytic Leukemia (JMML).
Known intolerance to any of the chemotherapeutic drugs in the protocol.
Evidence of cardiac dysfunction (ejection fraction below 50%, or between 50% and 55% and considered as left ventricular systolic dysfunction by the local (pediatric) cardiologist).
Pregnant or lactating patients, or sexually active female patients of childbearing potential not willing to use a highly effective method of contraception and, if indicated, monthly pregnancy testing for the duration of study therapy and up to 7 months after the completion of all study therapy.
Additional exclusion criteria for the induction randomization: 1)Hypersensitivity to the active substance of GO or to any of the excipients listed in section 6.1 of the SPC of GO. 2)Patients with FLT3-ITD/NPM1wt. 3) Elevated bilirubin grade 3 according to the CTCAE v5.0.
Sexually active, fertile male patients, not willing to use an effective method of contraception, for the duration of study therapy, and up to 6 months after the completion of all study therapy.
Concomitant administration of any other experimental drug, or concurrent treatment with any other anti-cancer therapy other than specified in this protocol or in one of the trials linked to this Master protocol, when the study objective is affected.

Calendario

(Última actualización: 03/07/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
03/07/2024	23/10/2024	29/10/2024	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Prinses Maxima Centrum voor Kinderoncologie B.V. Netherlands

Heidelberglaan 25

Contact Person

Secretariat TDC

+31889227272

TDCSecretary@prinsesmaximacentrum.nl

Monetary support: N/A

Tipo de promotor: No comercial

Ceim

CEIm del Hospital Universitario y Politécnico la Fe

Avda de Fernando Abril Martorell, n.106, Hospital U. i P. La Fe, Torre A, Planta 7, despacho 7.12, 46026 Valencia

ceic@iislafe.es

961246605

Centros

Activo (28/02/2025)

Complejo Hospitalario Universitario Insular Materno Infantil

Las Palmas De Gran Canaria

LAS PALMAS

Hematology and Hemotherapy

Activo (09/01/2026)

Complexo Hospitalario Universitario De Santiago

Santiago De Compostela

CORUÑA

Pediatric Oncology and Hematology

Activo (17/03/2025)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Pediatric Oncology and Hematology

Activo (24/04/2025)

Hospital General Universitario Dr. Balmis

Alicante

ALICANTE

Pediatric Oncology

No iniciado (--/--/----)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Pediatric Oncology and Hematology

Activo (13/11/2024)

Hospital Infantil Universitario Nino Jesus

Madrid

MADRID

Pediatric Oncology

Activo (13/11/2024)

Hospital Infantil Universitario Nino Jesus

Madrid

MADRID

Pediatric Oncology

Activo (11/02/2025)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Pediatric Oncology and Hematology

No iniciado (--/--/----)

Hospital Universitario Central De Asturias

Oviedo

ASTURIAS

Hematology

Activo (03/07/2026)

Hospital Universitario De Badajoz

Badajoz

BADAJOZ

Hematology

Activo (16/04/2025)

Hospital Universitario De Cruces

Barakaldo

VIZCAYA/BIZKAIA

Pediatric Oncology and Hematology

Activo (16/06/2025)

Hospital Universitario La Paz

Madrid

MADRID

Pediatric Hemato-Oncology

Activo (29/10/2024)

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

Activo (02/12/2024)

Hospital Universitario Regional De Malaga

Malaga

MÁLAGA

Pediatric hematology

Activo (23/10/2024)

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Pediatric Oncology

Activo (18/06/2026)

Hospital Unviersitario Miguel Servet

Zaragoza

ZARAGOZA

Pediatric Oncology and Hematology

Activo (10/02/2025)

Sant Joan De Deu Barcelona Hospital

Esplugues De Llobregat

BARCELONA

Oncology

Activo (20/05/2026)

University Clinical Hospital Virgen De La Arrixaca

Murcia

MURCIA

Pediatric Oncology and Hematology

Activo (17/07/2025)

University Hospital Son Espases

Palma

BALEARES

Pediatric Hemato-Oncology

Activo (30/05/2025)

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

UGC Hematology

Medicamentos

Mitoxantrone 2 mg/ml concentrate for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: L01DB07 - MITOXANTRONA
Principios Activos: N/A

Experimental

Methotrexate 2.5 mg/ml Injection
SOLUTION FOR INJECTION
INTRATHECAL USE

-

Principios Activos: N/A

Experimental

MYLOTARG 5 mg powder for concentrate for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: L01FX02 - GEMTUZUMAB OZOGAMICINA
Principios Activos: N/A

Experimental

ETOPOPHOS® 100 mg, Pulver zur Herstellung einer Infusionslösung
SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: L01CB01 - ETOPOSIDO
Principios Activos: N/A

Experimental

Etoposide 20 mg/ml Concentrate for Solution for Infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: L01CB01 - ETOPOSIDO
Principios Activos: N/A

Experimental

Solu-Cortef Powder for Solution for Injection or Infusion 100 mg
SOLUTION FOR INJECTION/INFUSION
INTRATHECAL USE

Código ATC: H02AB09 - HIDROCORTISONA
Principios Activos: N/A

Experimental

Solu-Medrone powder and solvent for solution for injection or concentrate for solution for infusion 1000 mg/vial.
SOLUTION FOR INJECTION/INFUSION
INTRATHECAL USE

Código ATC: H02AB04 - METILPREDNISOLONA
Principios Activos: N/A

Experimental

Di-Adreson-F Aquosum 25 mg, poeder voor oplossing voor injectie.
SOLUTION FOR INJECTION
INTRATHECAL USE

Código ATC: H02AB06 - PREDNISOLONA
Principios Activos: N/A

Experimental

Cytarabine 100 mg/ml Solution for Injection or Infusion

SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS USE

Código ATC: L01BC01 - CITARABINA
Principios Activos: N/A

Experimental

Daunorubicin 20mg Powder for I.V. Injection

SOLUTION FOR INJECTION
INTRAVENOUS USE

Código ATC: L01DB02 - DAUNORUBICINA
Principios Activos: N/A

Experimental

CARDIOXANE 500 mg powder for solution for infusion

SOLUTION FOR INFUSION
INTRAVENOUS USE

Código ATC: V03AF02 - DEXRAZOXANO
Principios Activos: N/A

Experimental

Fludarabine 50mg Powder For Solution For Injection Or Infusion

SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS USE

Código ATC: L01BB05 - FLUDARABINA
Principios Activos: N/A

Experimental

Sin resultados

CHIP-AML22 Master protocol: Protocol for the treatment of children and adolescents with Acute Myeloid Leukemia (AML)

State	Type of participants	Age Ranges
Recruiting	Incapable subjects of giving consent	Less than 18 , Adults (18-64 years) , Teens (12-17 years) , Children (2-11 years) , Infants and preschool (28 days - 23 months) , Newborn infants (0-27 days) , Preterm infants
Gender	**Phases**	**Expected Participants**
Both	Phase III	200
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness	NO

Information

Identifier
2023-504999-25-00 (CTIS)

Protocol Code
MH21CHI

Therapeutic area
Diseases [C] - Cancer [C04]|

Investigated Disease
Acute Myeloid Leukemia

Scientific Title
CHIP-AML22 Master protocol: An open label complex clinical trial in newly diagnosed pediatric de novo AML patients a study by the NOPHO-DB-SHIP consortium Master Protocol

Rationale

Not provided

Main Objective

Overarching objective:
To improve the overall EFS for children and adolescents with newly diagnosed AML, compared to NOPHO-DBH AML-2012.
Induction randomization:
To assess if adding GO to the first induction course results in better early anti-leukemic efficacy in CD33-positive AML patients, compared to no-GO.
Consolidation randomization:
To demonstrate non-inferiority in disease-free survival of two courses of consolidation therapy, by omitting HA3E, as compared to three courses, in the entire standard-risk group eligible for this randomization.

Primary Endpoints

Primary endpoint of overarching objective: Event-free survival (EFS) Primary end point induction Randomization: MRD <0.1% leukemic cells in the BM, as defined by flow cytometry, shortly before start of induction course 2 (BM1). Primary endpoint of consolidation Randomization: Disease-Free Survival (DFS)

Temporary moments of secondary assessment

Not provided

Secondary Objective

Entire study population: o To improve short-term efficacy by different endpoints, overall survival (OS), disease-free survival (DFS) and the cumulative incidence of relapse (CIR) o To decrease treatment-related toxicity.
Induction randomization: To evaluate differences in anti-leukemic efficacy in the total group, in both arms, and among subgroups as defined by the intensity of CD33-expression, CD33 SNPs, and cytogenetics. To assess the safety of adding GO to induction course 1, compared to no-GO.
Consolidation randomization: o To improve safety of consolidation treatment. o To compare consumption of health-care resources o To compare overall survival (OS) and the cumulative incidence of relapse (CIR)

Secondary Endpoints

Secondary end point secondary objective: Bone marrow blast counts by morphology and multi-color flow cytometry (MFCM) after course #1 and #2 and before allo-SCT; ORR (CR, CRp, and CRi) and morphologic leukemia-free state (MLFS) rates after course #1 and #2; MRD negativity after course #1 and #2 and before allo-SCT; absolute MRD levels after course #1 and #2 and before allo-SCT. OS DFS CIR.
Secondary end point secondary objective: Cumulative toxicity, defined as the total of grade 3 AEs from the start of AML treatment to the end of the reporting period, which are graded by NCI CTCAE version 5.0. NRM.

Secondary end point induction randomization: Bone marrow blast counts by morphology and multi-color flow cytometry (MFCM) after course #1 and #2 and before allo-SCT; ORR (CR, CRp, and CRi) and morphologic leukemia-free state (MLFS) rates after course #1 and #2; MRD negativity after course #2 and before allo-SCT; absolute MRD levels after course #1 and #2 and before allo-SCT. OS DFS EFS CIR OS
Secondary end point induction randomization: Cumulative toxicity, defined as the total of AESIs over time, which are graded by NCI CTCAE version 5.0. Adverse events (AEs), as characterized by type, frequency, severity (as graded using CTCAE, v5.0). Serious adverse events (SAEs), as characterized by type, frequency, severity (as graded using CTCAE, v5.0). NRM.
Secondary end point consolidation randomization: Cumulative toxicity, defined as the as the total of grade 3 AEs over time, which are graded by NCI CTCAE version 5.0. Non-relapse mortality (NRM).
Secondary end point consolidation randomization: Cumulative Hospitalized Days
Secondary end point consolidation randomization: OS CIR
Secondary end point secondary objective: Entire study population: to establish a prospective data registry of relapsed and refractory pediatric AML patients to identify risk factors and improve therapeutic strategies for this population.

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Newly diagnosed AML. The origin of AML must be de novo (not secondary to bone marrow failure or therapy-related).
Age 1 day and 18 years old at initial diagnosis.
Written informed consent/assent from patients and/or from parents or legal guardians for minor patients, according to local law and regulations.
Able to comply with scheduled follow-up and with management of toxicity.
Additional inclusion criteria for the induction randomization: 1)CD33 positivity of leukemic blasts as measured by flow cytometry (mean fluorescence intensity; MFI) at diagnosis (bone marrow aspirate and/or peripheral blood). CD33 positivity is defined as a ratio of at least 10 (using the anti-CD33 clone P67.6) of the geometric MFI of CD33 for the blast population divided by the MFI of the CD33 background signal of lymphocytes. 2)Informed consent for participation in randomization Ri.
Additional inclusion criteria for the consolidation randomization 1)Patients included in the CHIP-AML22 protocol and stratified to Standard Risk Group according to the stratification algorithm of the protocol. 2)Informed consent for participation in randomization Rc.

Exclusion criteria

Previous chemotherapy or radiotherapy. This includes patient with therapy-related AML after previous therapy that is known to increase the risk of secondary AML.
Patients who in the opinion of the investigator, may not be able to comply with the study requirements of the study.
Patients with known active hepatitis B, hepatitis C, or HIV infection.
Patients for whom informed consent was not obtained.
Patients with a (known) germline predisposition for bone marrow failure, like Fanconi anemia.
Myeloid Leukemia of Down syndrome (MLDS).
Acute promyelocytic leukemia (APL).
Additional exclusion criteria for consolidation randomization 1) Patients who previously did not receive chemotherapy according to protocol.

Myelodysplastic syndrome (MDS).
Juvenile Myelomonocytic Leukemia (JMML).
Known intolerance to any of the chemotherapeutic drugs in the protocol.
Evidence of cardiac dysfunction (ejection fraction below 50%, or between 50% and 55% and considered as left ventricular systolic dysfunction by the local (pediatric) cardiologist).
Pregnant or lactating patients, or sexually active female patients of childbearing potential not willing to use a highly effective method of contraception and, if indicated, monthly pregnancy testing for the duration of study therapy and up to 7 months after the completion of all study therapy.
Additional exclusion criteria for the induction randomization: 1)Hypersensitivity to the active substance of GO or to any of the excipients listed in section 6.1 of the SPC of GO. 2)Patients with FLT3-ITD/NPM1wt. 3) Elevated bilirubin grade 3 according to the CTCAE v5.0.
Sexually active, fertile male patients, not willing to use an effective method of contraception, for the duration of study therapy, and up to 6 months after the completion of all study therapy.
Concomitant administration of any other experimental drug, or concurrent treatment with any other anti-cancer therapy other than specified in this protocol or in one of the trials linked to this Master protocol, when the study objective is affected.

Calendar

(Last Update: 03/07/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
03/07/2024	23/10/2024	29/10/2024	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Prinses Maxima Centrum voor Kinderoncologie B.V. Netherlands

Heidelberglaan 25

Contact Person

Secretariat TDC

+31889227272

TDCSecretary@prinsesmaximacentrum.nl

Monetary support: N/A

Sponsor type: No commercial

Ceim

CEIm del Hospital Universitario y Politécnico la Fe

Avda de Fernando Abril Martorell, n.106, Hospital U. i P. La Fe, Torre A, Planta 7, despacho 7.12, 46026 Valencia

ceic@iislafe.es

961246605

Sites

Active (28/02/2025)

Complejo Hospitalario Universitario Insular Materno Infantil

Las Palmas De Gran Canaria

LAS PALMAS

Hematology and Hemotherapy

Active (09/01/2026)

Complexo Hospitalario Universitario De Santiago

Santiago De Compostela

CORUÑA

Pediatric Oncology and Hematology

Active (17/03/2025)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Pediatric Oncology and Hematology

Active (24/04/2025)

Hospital General Universitario Dr. Balmis

Alicante

ALICANTE

Pediatric Oncology

not initialized (--/--/----)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Pediatric Oncology and Hematology

Active (13/11/2024)

Hospital Infantil Universitario Nino Jesus

Madrid

MADRID

Pediatric Oncology

Active (13/11/2024)

Hospital Infantil Universitario Nino Jesus

Madrid

MADRID

Pediatric Oncology

Active (11/02/2025)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Pediatric Oncology and Hematology

not initialized (--/--/----)

Hospital Universitario Central De Asturias

Oviedo

ASTURIAS

Hematology

Active (03/07/2026)

Hospital Universitario De Badajoz

Badajoz

BADAJOZ

Hematology

Active (16/04/2025)

Hospital Universitario De Cruces

Barakaldo

VIZCAYA/BIZKAIA

Pediatric Oncology and Hematology

Active (16/06/2025)

Hospital Universitario La Paz

Madrid

MADRID

Pediatric Hemato-Oncology

Active (29/10/2024)

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

Active (02/12/2024)

Hospital Universitario Regional De Malaga

Malaga

MÁLAGA

Pediatric hematology

Active (23/10/2024)

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Pediatric Oncology

Active (18/06/2026)

Hospital Unviersitario Miguel Servet

Zaragoza

ZARAGOZA

Pediatric Oncology and Hematology

Active (10/02/2025)

Sant Joan De Deu Barcelona Hospital

Esplugues De Llobregat

BARCELONA

Oncology

Active (20/05/2026)

University Clinical Hospital Virgen De La Arrixaca

Murcia

MURCIA

Pediatric Oncology and Hematology

Active (17/07/2025)

University Hospital Son Espases

Palma

BALEARES

Pediatric Hemato-Oncology

Active (30/05/2025)

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

UGC Hematology

Medication

Mitoxantrone 2 mg/ml concentrate for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

ATC code: L01DB07 - MITOXANTRONA
Active Principles: N/A

Experimental

Methotrexate 2.5 mg/ml Injection
SOLUTION FOR INJECTION
INTRATHECAL USE

-

Active Principles: N/A

Experimental

MYLOTARG 5 mg powder for concentrate for solution for infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

ATC code: L01FX02 - GEMTUZUMAB OZOGAMICINA
Active Principles: N/A

Experimental

ETOPOPHOS® 100 mg, Pulver zur Herstellung einer Infusionslösung
SOLUTION FOR INFUSION
INTRAVENOUS USE

ATC code: L01CB01 - ETOPOSIDO
Active Principles: N/A

Experimental

Etoposide 20 mg/ml Concentrate for Solution for Infusion
SOLUTION FOR INFUSION
INTRAVENOUS USE

ATC code: L01CB01 - ETOPOSIDO
Active Principles: N/A

Experimental

Solu-Cortef Powder for Solution for Injection or Infusion 100 mg
SOLUTION FOR INJECTION/INFUSION
INTRATHECAL USE

ATC code: H02AB09 - HIDROCORTISONA
Active Principles: N/A

Experimental

Solu-Medrone powder and solvent for solution for injection or concentrate for solution for infusion 1000 mg/vial.
SOLUTION FOR INJECTION/INFUSION
INTRATHECAL USE

ATC code: H02AB04 - METILPREDNISOLONA
Active Principles: N/A

Experimental

Di-Adreson-F Aquosum 25 mg, poeder voor oplossing voor injectie.
SOLUTION FOR INJECTION
INTRATHECAL USE

ATC code: H02AB06 - PREDNISOLONA
Active Principles: N/A

Experimental

Cytarabine 100 mg/ml Solution for Injection or Infusion

SOLUTION FOR INJECTION/INFUSION

INTRAVENOUS USE

ATC code: L01BC01 - CITARABINA

Active Principles: N/A

Experimental

Daunorubicin 20mg Powder for I.V. Injection

SOLUTION FOR INJECTION

INTRAVENOUS USE

ATC code: L01DB02 - DAUNORUBICINA

Active Principles: N/A

Experimental

CARDIOXANE 500 mg powder for solution for infusion

SOLUTION FOR INFUSION

INTRAVENOUS USE

ATC code: V03AF02 - DEXRAZOXANO

Active Principles: N/A

Experimental

Fludarabine 50mg Powder For Solution For Injection Or Infusion

SOLUTION FOR INJECTION/INFUSION

INTRAVENOUS USE

ATC code: L01BB05 - FLUDARABINA

Active Principles: N/A

Experimental

No results