CHIP-AML22/Quizartinib sub-study: study of the safety and efficacy of quizartinib in children and adolescents with FLT3-ITD positive AML with normal NPM1.

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)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	8
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia, farmacocinética, farmacodinamica	NO

Información

Identificador
2023-505000-27-01 (CTIS)

Cod. Protocolo
MH22CAQ

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

Enfermedad investigada
newly diagnosed pediatric FLT3-ITD positive and NPM1 wild-type AML

Título Científico
A phase II, single arm, open label, study on the safety, efficacy, pharmacokinetics and pharmacodynamics of quizartinib in combination with chemotherapy and as single-agent after high dose therapy in newly diagnosed

pediatric FLT3-ITD positive and NPM1 wild-type AML patients (A linked-trial of the CHIP-AML22/Master protocol by the NOPHO-DB-SHIP consortium)

Justificación

No aportado

Objetivo Principal

Primary Objective (Efficacy): To assess the clinical benefit of quizartinib as measured by the MRD-negativity rate (defined as <0.1% using flow-cytometry) after up to two courses of conventional chemotherapy plus quizartinib, in newly diagnosed pediatric de novo AML with a FLT3-ITD and without a concurrent NPM1 mutation. Primary Objective (Safety): During the safety run-in, the co-primary objective will be to determine the Recommended Phase 2 Dose (RP2D) of quizartinib for newly diagnosed pediatric AML patients with a FLT3-ITD and without a concurrent NPM1 mutation, based on the safety and tolerability profile of quizartinib observed at dose levels.

Variables de Evaluación Primaria

Efficacy: The percentage of patients with MRD levels <0.1% (MRD negativity) after up to 2 courses of induction chemotherapy plus quizartinib, as measured in the bone marrow using multiparameter flow cytometry (MFCM) before start of consolidation therapy, in the evaluable population for response. o Patients to be evaluated at baseline, end of cycle 1, and end of cycle 2 Safety: Incidence of Dose-Limiting Toxicities (DLTs) assessed during Induction course 1 and 2 (until day 56 of each course) for the DLTs evaluable patients.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Efficacy: To explore the added anti-leukemic effect of quizartinib based on other measures of response, as defined as secondary endpoints, including morphological overall response rate (ORR), MRD by MFCM, event free survival (EFS), overall survival (OS), disease free survival (DFS), duration of response, cumulative incidence of relapse (CIR), number and percentage of patients actually being treated with hematopoietic stem cell transplantation (HSCT), number of patients starting and completing continuation treatment post-HSCT.
Safety: To describe the safety and tolerability of combining quizartinib with conventional treatment and quizartinib given as single-agent after HSCT
Pharmacokinetics (PK): To characterize the pharmacokinetics of quizartinib and its main circulating active metabolite AC886
Palatability of quizartinib formulations: To assess the palatability of quizartinib formulations.

Variables de Evaluación Secundaria

Efficacy: Other measurements of treatment response: o Proportion of subjects with a complete remission (CR) rate without evidence of MRD after 1 and after 2 induction courses (including CR and remission with incomplete blood count or platelet recovery) Efficacy: Other measurements of treatment response: o Bone marrow blast counts by morphology and MFCM after induction course 1 and induction course 2 and before allo-SCT; CRc (CR and CRi) and morphologic leukemia-free state (MLFS) rates after induction course 1 and 2; MRD negativity (<0.1%), after course 1 and 2 and before allo-HSCT; Absolute MRD levels after induction course 1 and 2, and before allo-HSCT; Efficacy: Other measurements of treatment response: o Bone marrow blast counts by morphology and MFCM at other timepoints (The disease assessments at other time-points (e.g., After consolidation course 2, 3, before/during continuation treatment) Efficacy: Other measurements of treatment response: o Event-free survival (EFS) probability, at least at 1, 2 and 3 years Time from the start of treatment until an event, defined as 1) not achieving CR/CRi because of early death or with refractory disease (ie: treatment failure); 2) morphological relapse; 3) second malignancy; 4) death in complete remission due to any cause. Efficacy: Other measurements of treatment response: o Overall survival (OS) probability, at least at 1, 2 and 3 years. o Time from the start of treatment until death, due to any cause. Efficacy: Other measurements of treatment response: o Disease free survival (DFS) probability, at least at 1, 2 and 3 years. o Time from CR/CRi until morphological relapse or death due to any cause Efficacy: Other measurements of treatment response: o Duration of complete response. o Time from CR until morphological relapse or death due to any cause Efficacy: Other measurements of treatment response: o Cumulative incidence of morphological relapse (CIR) probability, at least at 1,2 and 3 years Efficacy: Other measurements of treatment response: o Number and percentage of patients proceeding to HSCT Efficacy: Other measurements of treatment response: o Number of patients starting and completing continuation treatment post-HSCT Safety o Adverse events (AEs), as characterized by type, frequency, severity (as graded using CTCAE, v5.0). Safety: o Laboratory abnormalities (including time to recovery of ANC and PLT), electrocardiograms and changes in vital signs as characterized by type, frequency, severity and timing will be tabulated, and reported as AEs when considered clinically significant by the investigator. Safety: The cumulative incidence of non-relapse mortality, defined as the cumulative probability of non-relapse mortality, with time calculated between start of study treatment and death due to other causes than relapsed or refractory leukemia, accounting for competing events. Pharmacokinetics (PK): Population PK analysis to estimate AUC (tau) and Cmax for quizartinib and AC886, clearance (CL/F) and volume of distribution (Vss/F) for quizartinib. Palatability: Patients and/or parents or legal guardians will answer using a Hedonic scale for the taste and ability to swallow the medicine.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Enrollment on CHIP-AML22/Master FLT3-ITD+ and wild-type NPM1 Age from 1 month to 18 years old at initial diagnosis Karnofsky Performance status of >50% for subjects >16 years of age, and a Lansky performance status score of >50% for subjects 16 years of age Organ function criteria: a. Adequate Renal Function Defined as: Calculated eGFR 50 mL/min/1.73 m2 b. Adequate Liver Function Defined as: Total or direct (conjugated) bilirubin <1.5 × ULN for age (5xULN if related to leukemic involvement), AND Aspartate transaminase (AST) and alanine transaminase (ALT) <5xULN (<10×ULN if related to leukemic involvement), Life expectancy: > 6 weeks Pregnancy test negative within 2 weeks prior to enrollment on the quizartinib linked-trial. Patients must be able to reliably swallow or administer quizartinib by NG tube. Written informed consent/assent for the quizartinib linked trial from patients and/or from parents or legal guardians for minor patients, according to local law and regulations.

Criterios de Exclusión

Patients with only extramedullary disease Uncontrolled or significant cardiovascular disease, including i. Diagnosed

or suspected congenital long QT syndrome ii. History of clinically significant ventricular arrhythmias (such as ventricular tachycardia, ventricular fibrillation, or Torsades de Pointes); any history of arrhythmia will be discussed with sponsor, the national coordinator and C.I. the prior to subjects entry into the study. iii. QT interval corrected >450 ms: - QTc interval corrected with Fridericias formula (QTcF) for subjects 6 years of age at the time of enrollment. iv. Left ventricular systolic dysfunction (LVSD), defined as ejection fraction (EF) below 55% during the screening for the CHIP-AML22/Master protocol. v. History of uncontrolled angina pectoris or myocardial infarction within 6 months. vi. History of second (Mobitz II) or third degree heart block (subjects with pacemakers are eligible if they have no history of fainting or clinically relevant arrhythmias while using the pacemaker). vii. Heart rate <50 beats/minute on ECG during the screening for the CHIPAML22/ Master protocol (In case, adolescents with a normal sinusoidal rhythm and no evidence of other cardiac dysfunction will be discussed with sponsor, the national coordinator and C.I. the prior to subjects entry into the study.) viii. Uncontrolled hypertension (e.g., systolic blood pressure and /or diastolic blood pressure that is, on repeated measurement, at or above the 95th percentile for sex, age, and height). ix. History of complete left bundle branch block. x. History of New York Heart Association Class 3 or 4 heart failure. Known history of HIV or active clinically relevant liver disease (e.g., active hepatitis B or active hepatitis C) Underlying GI disease that may affect absorption of study drug Use of strong or moderate CYP3A inducers will be prohibited throughout the duration of the study. Strong CYP3A4 inhibitors will be allowed with a concomitant dose reduction of quizartinib with the exception during the safety run-in. History of hypersensitivity to any of the study medications or their excipients. Other serious illnesses or medical conditions, that will likely make it impossible to complete treatment according to protocol (e.g., patients who should not be given any of the study medications based on the SmPC) Currently participating in other investigational interventional procedures, if it interferes with any endpoints of the quizartinib trial Additional exclusion criteria during safety run-in a. Patients with CNS3 disease b. Using strong CYP3A4 inhibitors (If patient can stop using strong CYP3A4 inhibitors, he/she will be allowed to enroll. In such case, no washout is required for the strong CYP3A4 inhibitor)

Calendario

(Última actualización: 20/10/2025)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
30/07/2024	21/01/2025	27/01/2025	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

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

Complejo Hospitalario Universitario Insular Materno Infantil

Las Palmas De Gran Canaria

LAS PALMAS

Hematology and Hemotherapy

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

Complexo Hospitalario Universitario De Santiago

Santiago De Compostela

CORUÑA

Pediatric Oncology and Hematology

Activo (11/02/2025)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Pediatric Oncology and Hematology

Activo (23/07/2025)

Hospital General Universitario Dr. Balmis

Alicante

ALICANTE

Pediatric Oncology

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

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Pediatric Oncology and Hematology

Activo (05/02/2025)

Hospital Infantil Universitario Nino Jesus

Madrid

MADRID

Pediatric Oncology

Activo (12/02/2025)

Hospital Sant Joan De Deu Barcelona

Esplugues De Llobregat

BARCELONA

Oncology

Activo (17/02/2025)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Pediatric Oncology and Hematology

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

Hospital Universitario Central De Asturias

Oviedo

ASTURIAS

Hematology

Activo (04/04/2025)

Hospital Universitario De Cruces

Barakaldo

VIZCAYA/BIZKAIA

Pediatric Hemato-Oncology

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

Hospital Universitario La Paz

Madrid

MADRID

Pediatric Hemato-Oncology

Activo (29/11/2024)

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

Activo (03/12/2024)

Hospital Universitario Regional De Malaga

Malaga

MÁLAGA

Pediatric hematology

Activo (23/12/2024)

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Pediatric Oncology

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

Hospital Unviersitario Miguel Servet

Zaragoza

ZARAGOZA

Pediatric Oncology and Hematology

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

University Clinical Hospital Virgen De La Arrixaca

Murcia

MURCIA

Pediatric Oncology and Hematology

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

University Hospital Son Espases

Palma

BALEARES

Pediatric Hemato-Oncology

Activo (14/05/2025)

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

Hematology

Medicamentos

Quizartinib
ORAL SOLUTION
ORAL USE

-

Principios Activos: N/A

Huérfano **Experimental**

Sin resultados

CHIP-AML22/Quizartinib sub-study: study of the safety and efficacy of quizartinib in children and adolescents with FLT3-ITD positive AML with normal NPM1.

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)
Gender	**Phases**	**Expected Participants**
Both	Phase II	8
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness, pharmacokinetics, pharmacodynamics	NO

Information

Identifier
2023-505000-27-01 (CTIS)

Protocol Code
MH22CAQ

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

Investigated Disease
newly diagnosed pediatric FLT3-ITD positive and NPM1 wild-type AML

Scientific Title
A phase II, single arm, open label, study on the safety, efficacy, pharmacokinetics and pharmacodynamics of quizartinib in combination with chemotherapy and as single-agent after high dose therapy in newly diagnosed

pediatric FLT3-ITD positive and NPM1 wild-type AML patients (A linked-trial of the CHIP-AML22/Master protocol by the NOPHO-DB-SHIP consortium)

Rationale

Not provided

Main Objective

Primary Objective (Efficacy): To assess the clinical benefit of quizartinib as measured by the MRD-negativity rate (defined as <0.1% using flow-cytometry) after up to two courses of conventional chemotherapy plus quizartinib, in newly diagnosed pediatric de novo AML with a FLT3-ITD and without a concurrent NPM1 mutation. Primary Objective (Safety): During the safety run-in, the co-primary objective will be to determine the Recommended Phase 2 Dose (RP2D) of quizartinib for newly diagnosed pediatric AML patients with a FLT3-ITD and without a concurrent NPM1 mutation, based on the safety and tolerability profile of quizartinib observed at dose levels.

Primary Endpoints

Efficacy: The percentage of patients with MRD levels <0.1% (MRD negativity) after up to 2 courses of induction chemotherapy plus quizartinib, as measured in the bone marrow using multiparameter flow cytometry (MFCM) before start of consolidation therapy, in the evaluable population for response. o Patients to be evaluated at baseline, end of cycle 1, and end of cycle 2 Safety: Incidence of Dose-Limiting Toxicities (DLTs) assessed during Induction course 1 and 2 (until day 56 of each course) for the DLTs evaluable patients.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Efficacy: To explore the added anti-leukemic effect of quizartinib based on other measures of response, as defined as secondary endpoints, including morphological overall response rate (ORR), MRD by MFCM, event free survival (EFS), overall survival (OS), disease free survival (DFS), duration of response, cumulative incidence of relapse (CIR), number and percentage of patients actually being treated with hematopoietic stem cell transplantation (HSCT), number of patients starting and completing continuation treatment post-HSCT.
Safety: To describe the safety and tolerability of combining quizartinib with conventional treatment and quizartinib given as single-agent after HSCT
Pharmacokinetics (PK): To characterize the pharmacokinetics of quizartinib and its main circulating active metabolite AC886
Palatability of quizartinib formulations: To assess the palatability of quizartinib formulations.

Secondary Endpoints

Efficacy: Other measurements of treatment response: o Proportion of subjects with a complete remission (CR) rate without evidence of MRD after 1 and after 2 induction courses (including CR and remission with incomplete blood count or platelet recovery) Efficacy: Other measurements of treatment response: o Bone marrow blast counts by morphology and MFCM after induction course 1 and induction course 2 and before allo-SCT; CRc (CR and CRi) and morphologic leukemia-free state (MLFS) rates after induction course 1 and 2; MRD negativity (<0.1%), after course 1 and 2 and before allo-HSCT; Absolute MRD levels after induction course 1 and 2, and before allo-HSCT; Efficacy: Other measurements of treatment response: o Bone marrow blast counts by morphology and MFCM at other timepoints (The disease assessments at other time-points (e.g., After consolidation course 2, 3, before/during continuation treatment) Efficacy: Other measurements of treatment response: o Event-free survival (EFS) probability, at least at 1, 2 and 3 years Time from the start of treatment until an event, defined as 1) not achieving CR/CRi because of early death or with refractory disease (ie: treatment failure); 2) morphological relapse; 3) second malignancy; 4) death in complete remission due to any cause. Efficacy: Other measurements of treatment response: o Overall survival (OS) probability, at least at 1, 2 and 3 years. o Time from the start of treatment until death, due to any cause. Efficacy: Other measurements of treatment response: o Disease free survival (DFS) probability, at least at 1, 2 and 3 years. o Time from CR/CRi until morphological relapse or death due to any cause Efficacy: Other measurements of treatment response: o Duration of complete response. o Time from CR until morphological relapse or death due to any cause Efficacy: Other measurements of treatment response: o Cumulative incidence of morphological relapse (CIR) probability, at least at 1,2 and 3 years Efficacy: Other measurements of treatment response: o Number and percentage of patients proceeding to HSCT Efficacy: Other measurements of treatment response: o Number of patients starting and completing continuation treatment post-HSCT Safety o Adverse events (AEs), as characterized by type, frequency, severity (as graded using CTCAE, v5.0). Safety: o Laboratory abnormalities (including time to recovery of ANC and PLT), electrocardiograms and changes in vital signs as characterized by type, frequency, severity and timing will be tabulated, and reported as AEs when considered clinically significant by the investigator. Safety: The cumulative incidence of non-relapse mortality, defined as the cumulative probability of non-relapse mortality, with time calculated between start of study treatment and death due to other causes than relapsed or refractory leukemia, accounting for competing events. Pharmacokinetics (PK): Population PK analysis to estimate AUC (tau) and Cmax for quizartinib and AC886, clearance (CL/F) and volume of distribution (Vss/F) for quizartinib. Palatability: Patients and/or parents or legal guardians will answer using a Hedonic scale for the taste and ability to swallow the medicine.

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Enrollment on CHIP-AML22/Master FLT3-ITD+ and wild-type NPM1 Age from 1 month to 18 years old at initial diagnosis Karnofsky Performance status of >50% for subjects >16 years of age, and a Lansky performance status score of >50% for subjects 16 years of age Organ function criteria: a. Adequate Renal Function Defined as: Calculated eGFR 50 mL/min/1.73 m2 b. Adequate Liver Function Defined as: Total or direct (conjugated) bilirubin <1.5 × ULN for age (5xULN if related to leukemic involvement), AND Aspartate transaminase (AST) and alanine transaminase (ALT) <5xULN (<10×ULN if related to leukemic involvement), Life expectancy: > 6 weeks Pregnancy test negative within 2 weeks prior to enrollment on the quizartinib linked-trial. Patients must be able to reliably swallow or administer quizartinib by NG tube. Written informed consent/assent for the quizartinib linked trial from patients and/or from parents or legal guardians for minor patients, according to local law and regulations.

Exclusion criteria

Patients with only extramedullary disease Uncontrolled or significant cardiovascular disease, including i. Diagnosed

or suspected congenital long QT syndrome ii. History of clinically significant ventricular arrhythmias (such as ventricular tachycardia, ventricular fibrillation, or Torsades de Pointes); any history of arrhythmia will be discussed with sponsor, the national coordinator and C.I. the prior to subjects entry into the study. iii. QT interval corrected >450 ms: - QTc interval corrected with Fridericias formula (QTcF) for subjects 6 years of age at the time of enrollment. iv. Left ventricular systolic dysfunction (LVSD), defined as ejection fraction (EF) below 55% during the screening for the CHIP-AML22/Master protocol. v. History of uncontrolled angina pectoris or myocardial infarction within 6 months. vi. History of second (Mobitz II) or third degree heart block (subjects with pacemakers are eligible if they have no history of fainting or clinically relevant arrhythmias while using the pacemaker). vii. Heart rate <50 beats/minute on ECG during the screening for the CHIPAML22/ Master protocol (In case, adolescents with a normal sinusoidal rhythm and no evidence of other cardiac dysfunction will be discussed with sponsor, the national coordinator and C.I. the prior to subjects entry into the study.) viii. Uncontrolled hypertension (e.g., systolic blood pressure and /or diastolic blood pressure that is, on repeated measurement, at or above the 95th percentile for sex, age, and height). ix. History of complete left bundle branch block. x. History of New York Heart Association Class 3 or 4 heart failure. Known history of HIV or active clinically relevant liver disease (e.g., active hepatitis B or active hepatitis C) Underlying GI disease that may affect absorption of study drug Use of strong or moderate CYP3A inducers will be prohibited throughout the duration of the study. Strong CYP3A4 inhibitors will be allowed with a concomitant dose reduction of quizartinib with the exception during the safety run-in. History of hypersensitivity to any of the study medications or their excipients. Other serious illnesses or medical conditions, that will likely make it impossible to complete treatment according to protocol (e.g., patients who should not be given any of the study medications based on the SmPC) Currently participating in other investigational interventional procedures, if it interferes with any endpoints of the quizartinib trial Additional exclusion criteria during safety run-in a. Patients with CNS3 disease b. Using strong CYP3A4 inhibitors (If patient can stop using strong CYP3A4 inhibitors, he/she will be allowed to enroll. In such case, no washout is required for the strong CYP3A4 inhibitor)

Calendar

(Last Update: 20/10/2025)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
30/07/2024	21/01/2025	27/01/2025	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

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

Complejo Hospitalario Universitario Insular Materno Infantil

Las Palmas De Gran Canaria

LAS PALMAS

Hematology and Hemotherapy

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

Complexo Hospitalario Universitario De Santiago

Santiago De Compostela

CORUÑA

Pediatric Oncology and Hematology

Active (11/02/2025)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Pediatric Oncology and Hematology

Active (23/07/2025)

Hospital General Universitario Dr. Balmis

Alicante

ALICANTE

Pediatric Oncology

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

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Pediatric Oncology and Hematology

Active (05/02/2025)

Hospital Infantil Universitario Nino Jesus

Madrid

MADRID

Pediatric Oncology

Active (12/02/2025)

Hospital Sant Joan De Deu Barcelona

Esplugues De Llobregat

BARCELONA

Oncology

Active (17/02/2025)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Pediatric Oncology and Hematology

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

Hospital Universitario Central De Asturias

Oviedo

ASTURIAS

Hematology

Active (04/04/2025)

Hospital Universitario De Cruces

Barakaldo

VIZCAYA/BIZKAIA

Pediatric Hemato-Oncology

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

Hospital Universitario La Paz

Madrid

MADRID

Pediatric Hemato-Oncology

Active (29/11/2024)

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

Active (03/12/2024)

Hospital Universitario Regional De Malaga

Malaga

MÁLAGA

Pediatric hematology

Active (23/12/2024)

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Pediatric Oncology

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

Hospital Unviersitario Miguel Servet

Zaragoza

ZARAGOZA

Pediatric Oncology and Hematology

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

University Clinical Hospital Virgen De La Arrixaca

Murcia

MURCIA

Pediatric Oncology and Hematology

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

University Hospital Son Espases

Palma

BALEARES

Pediatric Hemato-Oncology

Active (14/05/2025)

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

Hematology

Medication

Quizartinib
ORAL SOLUTION
ORAL USE

-

Active Principles: N/A

Orphan **Experimental**

No results