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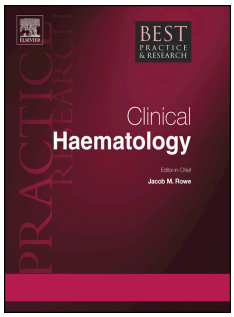

How can one optimize induction therapy in AML?

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How can one optimize induction therapy in AML?

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Induction therapy for acute myeloid leukemia has not changed much since 1973, when the 7 + 3 regimen of cytarabine and daunorubicin was born. Since then, various strategies have been evaluated to improve patient response, including dose intensification, the incorporation of additional agents into the regimen, the development of novel agents, and modified approaches for older patients. Recently, two novel agents, CPX-351 and gemtuzumab ozogamicin, have been approved by the US Food and Drug Administration. This review discusses each of the induction strategies and their impact on patient outcomes.

Key words: acute myeloid leukemia; AML; Ara-C; azacitidine; induction; cladribine; clofarabine; CPX-351; cytarabine; daunorubicin; etoposide; fludarabine; gemtuzumab ozogamicin; idarubicin; vadastuximab talirine

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