

# Erratum to: “Impact of hematopoietic cell transplantation and quizartinib in newly diagnosed patients with acute myeloid leukemia and FMS-like tyrosine kinase 3-internal tandem duplications in the QuANTUM-First trial”

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The article by Richard F. Schlenk *et al.*,<sup>1</sup> recently published in *Haematologica*, contained inconsistencies between the numbers of the extended Cox regression analysis of overall survival presented in Figure 2, on page 2031 (which are correct) and the numbers reported within the text describing this analysis (which reflect an earlier version of the same analysis that did not include cytogenetic risk). The authors’ interpretation of their data and findings are not changed by the corrections, listed below, of these errors.

## Point 1

In the Abstract on page 2024 of the article by Richard F. Schlenk *et al.*,<sup>1</sup> in the sentence reproduced below, describing the multivariable analyses, the numbers in parentheses have been corrected.

## Correct sentence:

“Multivariable analyses revealed quizartinib treatment and allo-HCT in either CR1 (hazard ratio [HR]=0.555, 95% confidence interval [95% CI]: 0.383-0.804,  $P=0.0018$  and HR=0.518, 95% CI: 0.341-0.786,  $P=0.0020$ , respectively) or CRc1 (HR=0.653, 95% CI: 0.474-0.900,  $P=0.0093$  and HR=0.551, 95% CI: 0.386-0.788,  $P=0.0011$ , respectively) as significant predictive factors for a longer OS.”

## Point 2

On page 2029 of the article by Richard F. Schlenk *et al.*,<sup>1</sup> in the baseline patients’ demographics and disease characteristics’ section of the Results, in the sentence reproduced below, the numbers of the range in parentheses have been corrected.

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### Correct sentence:

“Most patients across the five cohorts (roughly 51.0%-57.9%) had *FLT3*-ITD variant allele frequency values ranging from >25% to ≤50%, which was similar to that of the overall population of QuANTUM-First (52.1%) (Table 2).”

### Point 3

On page 2029 of the article by Richard F. Schlenk *et al.*,<sup>1</sup> in the efficacy analysis section of the Results, in the sentence reproduced below, the numbers in parentheses have been corrected.

### Correct sentence:

“According to a multivariable extended Cox regression analysis conducted in patients who achieved CR by the end of induction, both quizartinib treatment (HR=0.555, 95% CI: 0.383-0.804,  $P=0.0018$ ) (Figure 2A) and allo-HCT in CR1 (HR=0.518, 95% CI: 0.341-0.786,  $P=0.0020$ ) (Figure 2A) were found to be predictive factors for a better OS.”

### Point 4

On page 2029 of the article by Richard F. Schlenk *et al.*,<sup>1</sup> in the ‘Efficacy analysis’ section of the Results, in the sentence reproduced below, the numbers in parentheses have been corrected.

### Correct sentence:

“Similarly, in patients who achieved CRc by the end of induction, both quizartinib treatment (HR=0.653, 95% CI: 0.474-0.900,  $P=0.0093$ ) (Figure 2B) and allo-HCT in CRc1 (HR=0.551, 95% CI: 0.386-0.788,  $P=0.0011$ ) (Figure 2B) were

predictive factors for longer OS.”

### Point 5

On page 2029 of the article by Richard F. Schlenk *et al.*,<sup>1</sup> in the ‘Efficacy analysis’ section of the Results, in the sentence reproduced below, the numbers in parentheses have been corrected.

### Correct sentence:

“Based on this model, quizartinib-treated patients who achieved CR/CRc by the end of induction and proceeded to allo-HCT in CR1/CRc1 had an OS advantage (HR=0.287, 95% CI: 0.166-0.499 for CR1; HR=0.360, 95% CI: 0.226-0.575 for CRc1) at any given time, compared with placebo-treated patients who achieved CR/CRc by the end of induction who had not yet received allo-HCT in CR1/CRc1 by that time.”

### Point 6

On page 2035 of the article by Richard F. Schlenk *et al.*,<sup>1</sup> in the Discussion, in the sentence reproduced below, the 4 percentages have been corrected.

### Correct sentence:

“The multivariable extended Cox regression analysis, including allo-HCT as a time-dependent covariable, demonstrated that among patients who achieved CR/CRc, quizartinib treatment and allo-HCT in CR1/CRc1 were associated with longer OS, with estimated reductions in the risk of death of 44.5% and 48.2%, respectively, for patients who achieved CR, and 34.7% and 44.9%, respectively, for patients who achieved CRc.”

## References

1. Schlenk RF, Montesinos P, Kim HJ, et al. Impact of hematopoietic cell transplantation and quizartinib in newly diagnosed patients with acute myeloid leukemia and FMS-like

tyrosine kinase 3-internal tandem duplications in the QuANTUM-First trial. *Haematologica* 2025;110(9):2024-2039.