Acute Myeloid Leukemia in Older Adults Assessed by Charlson Index

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Introduction

- Despite the advances in supportive care and treatment with less intensive chemotherapy regimens, the outcome of AML in older adults remains unfavorable with 5-year survivals between 10 and 21% and a percentage of early mortality between 7 and 22%.
- The management of this fragile opulation is a real challenge for the pratician.

Objective

- The objective is to describe the epidemiological, clinical and biological profile of older adults with AML.

Materials & Methods

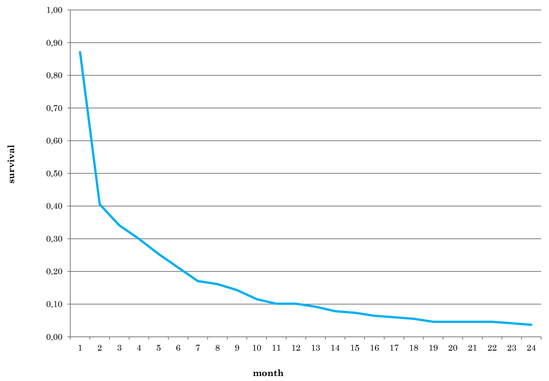
- Descriptive retrospective and monocentric study
- AML Patients over 60 years old
- Period :15 years (01/2004-12/2018)
- The evaluation of comorbidities was calculated using the Charlson score from the medical records of patients .
- Chemotherapy: AML Protocol
- Palliative chemotherapy : cytarabine+ 6-Mercaptopurine
- Azacytidine was used for patients with AML/MDS
- Data analysis was done on SPSS version 2.0.

Results

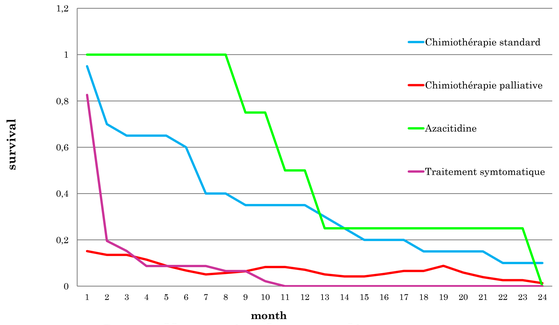
217 patients were collected — Annual incidence :15 cases per year.

Median age = 69 years [61-87] — Sex ratio M/F = 1.03

	Number	Percent
Hrmogram:		
Hb < 12 g/dl	208	96
10.000<GB< 50.000	27	12
GB > 50.000	31	14
GB > 100.000	24	11
PQ < 50.000	134	62
Pronostic groupes (ELN 2017) :		
Good	6	5
Intermediate	77	70
Poor	27	25
Age-adjusted Charlson		
2	68	33
> 3	149	67
Charlson score		
0	126	58
1	28	13
2	45	21
3	18	8
Treatment :		
Supportive care	47	22
Chemotherapy	20	9
Palliative chemotherapy	118	54
Azacitidine	4	2



Overall survival



Overall survival according to treatment

The survival rate at 6 months is 21%, at 12 months the rate is 10%,.

Discussion-conclusion

- In our study the median age at diagnosis was 69 years vs 73.7 years in a French study and 70 years in an American study.
- The charlson score was favorable in 153 patients (70%). Our results are similar to those of the American series. When the Charlson score was weighted by age, the score increased and the 10-year survival estimate decreased.
- Outcomes in older people with LAM decline with progressively increasing age.
- Comorbid conditions, performance status, adverse cytogenetic and molecular aberrations are among the most critical determining factors, but physical criteria and nutritional status also play an important role.
- This is why an appropriate geriatric assessment must be carried out in order to facilitate therapeutic management..

References

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2:Tawfik B, Pardee T, Isom S, Sliesoraitis S, Winter A, Lawrence et al. Comorbidity, age and mortality among adults treated intensively for acute myeloid leukemia (AML). J Geriatr Oncol. 2016 Jan;7(1):24-31.