Characteristics of the First 100 Subjects in Development of an AML Patient Decision Aid

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Background

- Treatment landscape is rapidly changing for treating older AML patients (60+ years of age).
- American Society of Hematology Guidelines for treatment of older AML patients endorse shared decision-making according to ***individual goals of care.***
- Current data with treatments are limited to survival.
- Data on quality of life (QOL) with treatment decisions is vital to provide personalized goal-concordant treatment.

Objective

Identify patient characteristics and goals of treatment among 100 newly diagnosed AML patients for development of a Patient Decision-Making Aid comparing intensive with non-intensive treatment among patients 60 years of age and older.

Design

Longitudinal observational design:

- 200 newly diagnosed AML patients.
- Within 7 days of starting treatment for AML.
- Completed patient-reported assessments at baseline, day 30, 60, 90, & 180 including QOL (FACT-Leu), Fatigue (Brief Fatigue Inventory), & symptom burden (Memorial Symptom Assessment).
- Intensive treatment = 7+3,CPX 351, CLAG or similar
- Non-intensive = Hypomethylating+/-Ven, IDH inhibitor

Results

Table 1: Patient Characteristics

Variable	Intensive	Non-Intensive	Interaction P-value
N=100	50	50	
Age group			
60-69	36	8	p<0.01
70-79	14	30	
80+	0	12	
Sex			
Male	35	29	p=0.15
Female	15	21	
Race			
White/ non-Hispanic	45	44	
Black/ non-Hispanic	1	2	
Hispanic/ Latino	2	2	
Ashkenazi Jew	1	0	
Treatment Goal			
Survival	20	11	p=0.047
QOL	30	38	

Figure 1

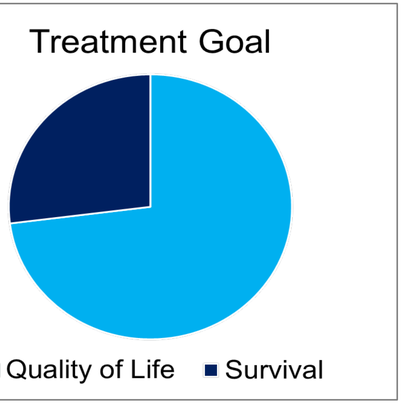
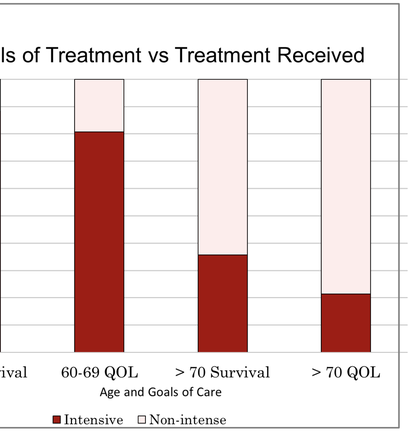


Figure 2



Summary

- Most subjects 60 years of age and older identified improved QOL, yet >80% received intensive treatment.
- Discordance between treatment goal and treatment intensity.
- No QOL data available to inform decision-making.
- Need for improved communication between patient and provider regarding goals/expectations.
- Decision-making model utilizing QOL and survival for AML is currently being developed.

Discussion

- It is **important** to identify patient goals to individualize patient centered care with treatment.
- Quality of life data associated with treatment approaches for older AML are necessary to align treatment with individual goals of treatment.
- Shared decision-making is the center of quality care.
- Patient decision-aid may improve understanding of survival and QOL with various AML treatments.

References

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