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BASELINE CHARACTERISTICS OF OLDER ADULTS WITH AML RECEIVING INTENSIVE AND NON-INTENSIVE TREATMENTS

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INTRODUCTION

- Optimal treatment for older adults (60+ years of age) with AML is complicated by:
- Variable disease and patient characteristics
- Growing treatment armamentarium
- Not a "one size fits all"
- Need a tailored approach derived from robust longitudinal data

AIM

- To compare baseline characteristics among older adults with AML treated with intensive or non-intensive treatment (NCT04380441).
- We hypothesized that baseline characteristics between treatment groups would be significantly different.

METHOD

- Prospective design- followed 190 older adults with AML 60+ years of age treated with:
  - Intensive treatment (n=100)
  - Non-Intensive treatment (n=90)
- Measures completed at baseline, days 30,60, 90, and 180 for comparison between treatment intensities.
  - Memorial Symptom Assessment Short Form
  - Brief Fatigue Inventory
  - Functional Assessment of Cancer Therapy-Leukemia version
- Measures completed at baseline only
  - Age, Sex
  - ELN 2017 cytogenetic risk category
  - Clinical Frailty Scale
  - ECOG performance status,
  - HCTI (comorbidity measurement)

RESULTS

- The study participants were predominantly white, 170 (89%), and male, 124(65%).
- There were almost equal subjects treated with intensive and non-intensive treatment.
- Age significantly differed between treatment intensities ($p<0.001$).
- Cytogenetic risk categories were significantly different ($p=0.013$) between treatment groups.
- Frailty measured with the CFS significantly differed $p=0.013$ between treatment intensities.
- Symptoms, fatigue, and quality of life were similar at baseline.

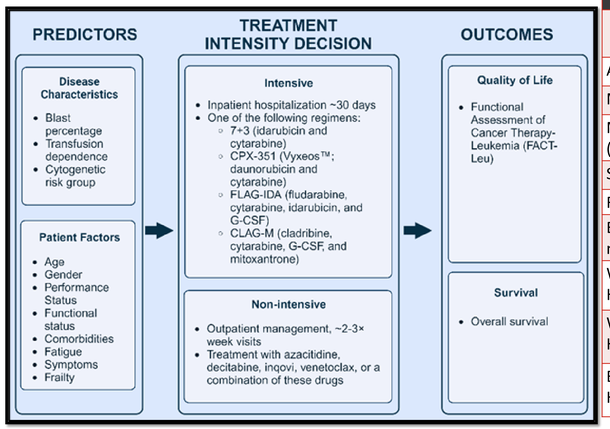


Quality of Life



Survival

Logic Model for Predicting Quality of Life in AML



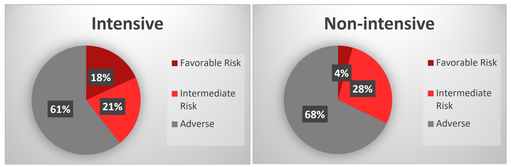
Descriptive Statistics of Baseline Characteristics

Variables	Intensive (N=100)	Non-Intensive (N=90)	P
Age			<0.001
Mean (SD)	67.5 (4.63)	74.0 (6.14)	
Median (range)	68.0 (60.0,77.0)	7 4.0 (61.0,90.0)	
Sex, n (%)			0.080
Female	29 (29.0%)	37 (41.1%)	
Ethnicity, n(%)			0.740
White, non-Hispanic	92 (93.9%)	78 (88.6%)	
White, Hispanic	3 (3.1 %)	4 (4.5%)	
Black, non-Hispanic	2 (2.0%)	4 (4.5%)	

CONCLUSIONS

- Older patients with AML need information to guide their participation in shared decision-making.
- At baseline quality of life and symptoms were similar between treatment groups.
- Longitudinal symptom measurements and quality of life comparisons between treatment intensities may inform treatment decisions.
- Age, frailty, and cytogenetic risk categories were significantly different and guide treatment decisions currently.

Cytogenetic Risk Category by Treatment Intensity



REFERENCES

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