SURVIVAL OUTCOMES AND HEALTH RELATED QUALITY OF LIFE IN OLDER ADULTS WITH ACUTE MYELOID LEUKEMIA

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Introduction

Acute myeloid leukemia (AML) is a severe disease, that can be very aggressive, especially in older adults. Patient-reported outcomes may guide treatment decisions in this population.

Aim

To evaluate **overall survival** and **health-related quality of life** (HRQoL) in older AML patients based on treatment received.

Methods

Single center (tertiary academic hospital) **prospective observational study** (October 2023–April 2025).

Newly diagnosed AML patients **aged ≥ 65 years**, classified by ICC2022[1] .

Treatment selection based on comprehensive geriatric assessment (CGA), genetic profile, and patient preferences. All patients received **joint Hematology-Geriatrics follow-up.**

CGA included FI-CGA-10, physical performance (SPPB, gait speed), malnutrition (MNA-SF), and depression (PHQ-9).

HRQoL was assessed using the **EQ-5D-3L** questionnaire (mobility, self-care, usual activities, pain, anxiety/depression), with **scores from 0 to 1** (higher = better quality of life), adjusted for the Spanish population.

"Positive evolution" was defined as being alive with improved, stable or lightly deteriorated **HRQoL** (score change <0.2), evaluated at **1, 3, and 6 months** after treatment start.

Results

Patients characteristics (n, **42**)

Age (median range)	**76** (65-91)			
Sex (male) (n,%)	**18** (41%)			
WBC x10^9/L median (range)	**3600** (200-279.000)			
Blast PB (%) median (range)	**9** (0-80 %)			
Blast BM (%) median (range)	**37** (6-100 %)			
AML	**De novo**		**Secondary HN**	**t-AML**
	23 (55%)		**15** (34%)	**5** (12%)
Cytogenetic risk	Unknown	**Favorable**	**Intermediate**	**Adverse**
	5	**0**	**24** (55%)	**13** (30%)
TP53 mutated (n,%)	**12** (30 %)			

Table 1. BM, bone marrow; **PB**, peripheral blood; **HN**, hematologic neoplasm; **t-AML**, therapy acute myeloid leukemia; **L**, litre; **WBC**, white blood cells.

Treatment Selection and Risk Stratification

Treatment	Patients (n)			ELN RISK Stratification[2,3]	
Intensive chemotherapy (IC)	10	7 + 3	2	2022[2]	Intermediate 1
		CPX-351	8		Adverse 9
Less intensive therapy (LIT)	26	HMA + VEN	23	2024[3]	Favorable 5
		HMA	3		Intermediate 19
					Adverse 8
Supportive care (SC)	6	N/A	6		N/A

Table 2. HMA, Hypomethylating agent; **N/A**, no aplicable; **VEN**, venetoclax.

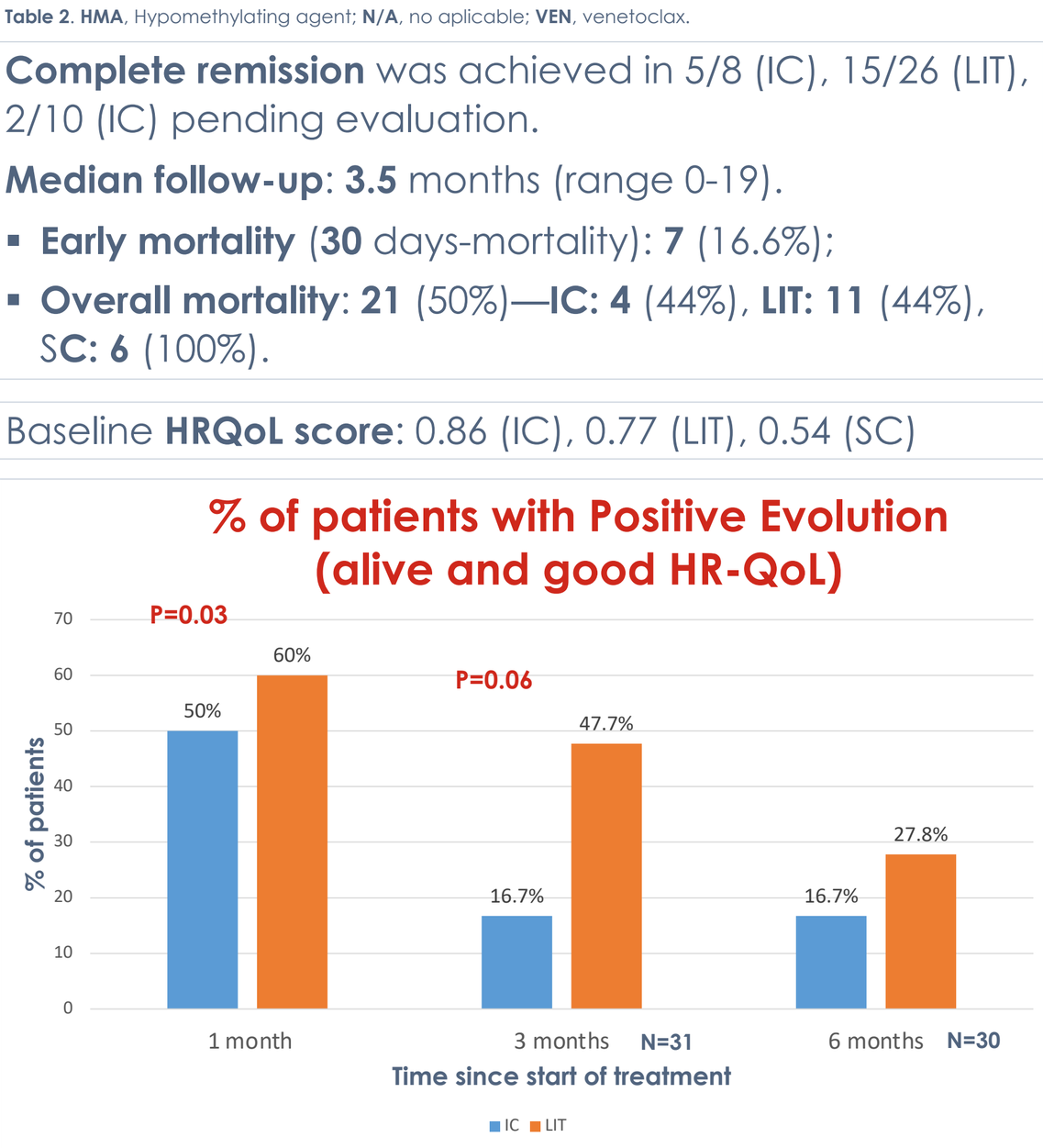
Complete remission was achieved in 5/8 (IC), 15/26 (LIT), 2/10 (IC) pending evaluation.

Median follow-up: **3.5** months (range 0-19).

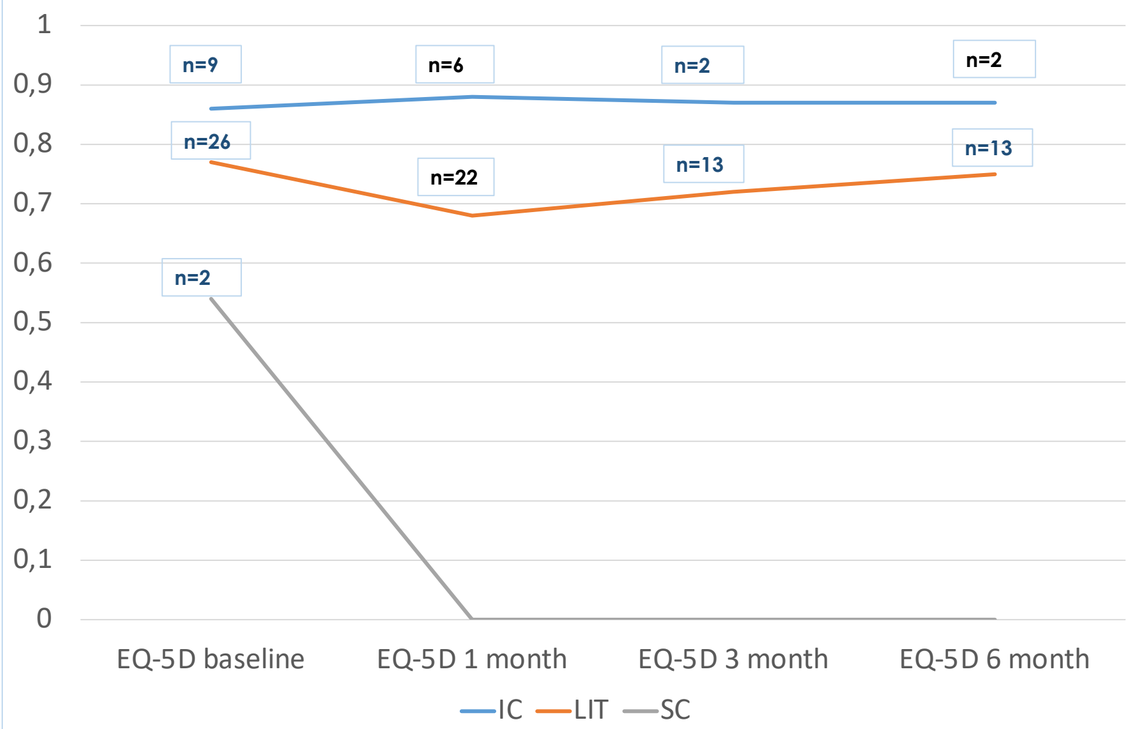
- **Early mortality** (**30** days-mortality): **7** (16.6%);
- **Overall mortality**: **21** (50%)—**IC: 4** (44%), **LIT: 11** (44%), S**C: 6** (100%).

Baseline **HRQoL score**: 0.86 (IC), 0.77 (LIT), 0.54 (SC)

% of patients with Positive Evolution (alive and good HR-QoL)



Quality of life evolution in those alive



Conclusion

Preliminary results in that **single center study suggest less-intensive therapy have positive results, is better tolerated and have a smaller impact on HRQoL** than intensive chemotherapy. Longer-term outcomes remain to be studied.

References

1. **Arber et al.** *International Consensus Classification of Myeloid Neoplasms and Acute Leukemias: integrating morphologic, clinical, and genomic data.* **Blood**. 2022;140(11):1200–1228.
2. **Döhner et al.** *Diagnosis and management of AML in adults: 2022 recommendations from an international expert panel on behalf of the ELN.* **Blood**. 2022;140(12):1345–1377.
3. **Döhner et al.** *Genetic risk classification for adults with AML receiving less-intensive therapies: the 2024 ELN recommendations.* **Blood**. 2024;144(21):2169–2173.

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