

Background

Frailty is common in AML but rarely assessed before treatment.

Objective

Does frailty predict survival, remission, and chemotherapy tolerance in AML?

Study Scope

14

Studies

2,342

Patients

5

Countries

50.5%

Median frailty prevalence (range 13–89%)

Half of all AML patients are frail — yet frailty is rarely captured before treatment begins.

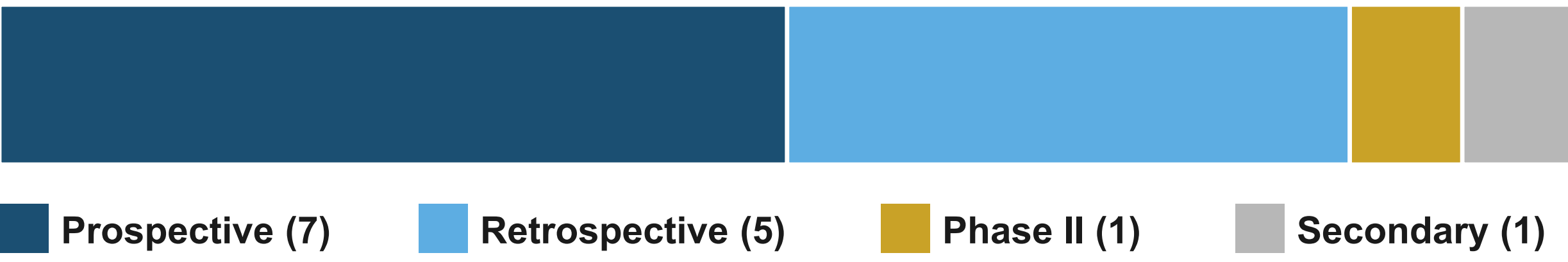
Design

Random-effects meta-analysis of adjusted OS hazard ratios from 7 studies (N=1,594).

Setting

5 countries; academic & referral centers.

Study Designs



Frailty Tools

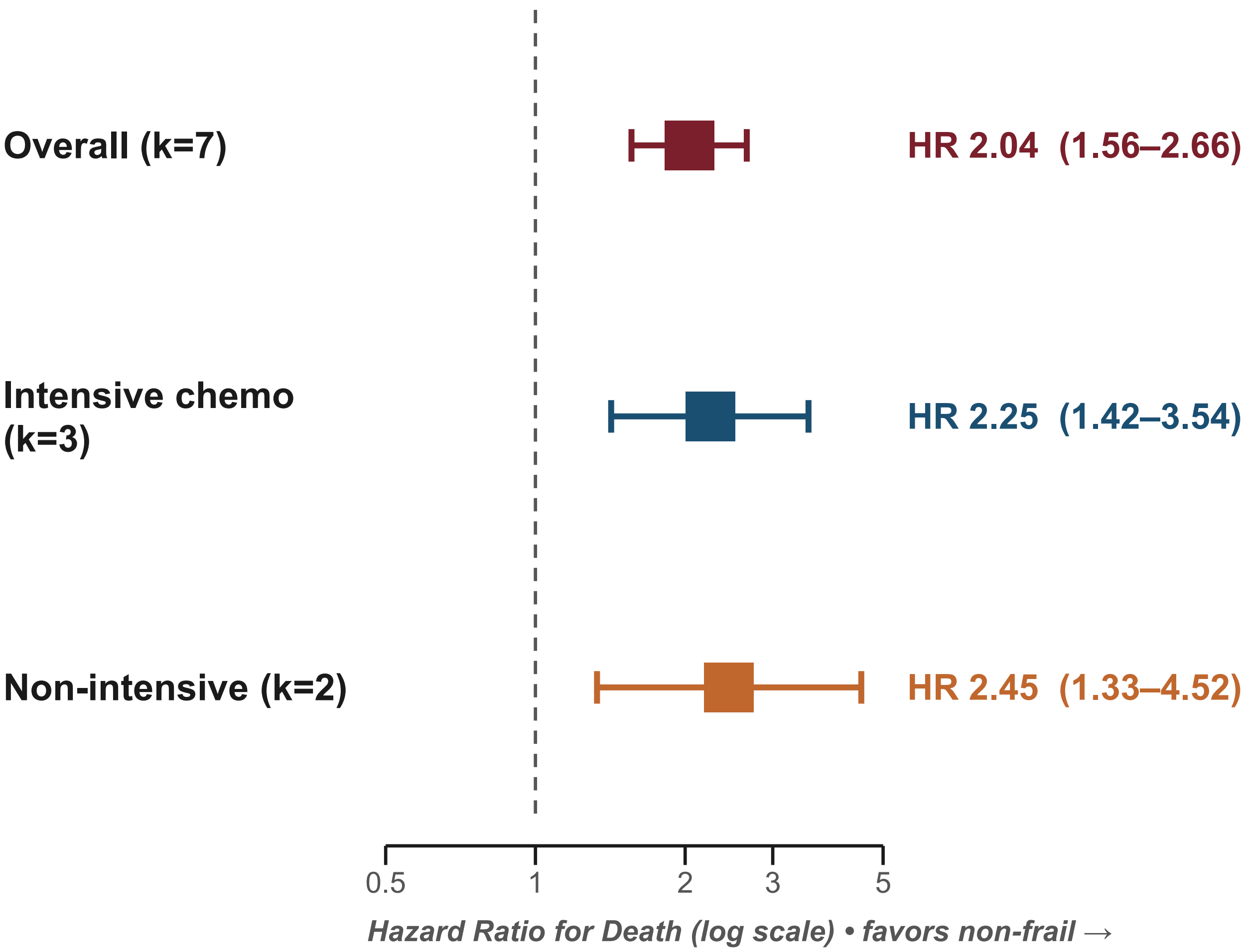
- CGA / SPPB (5 studies)
- VA Frailty Index
- Clinical Frailty Scale

Risk of Bias



Most studies carried moderate-to-serious risk of bias, chiefly from unmeasured confounding.

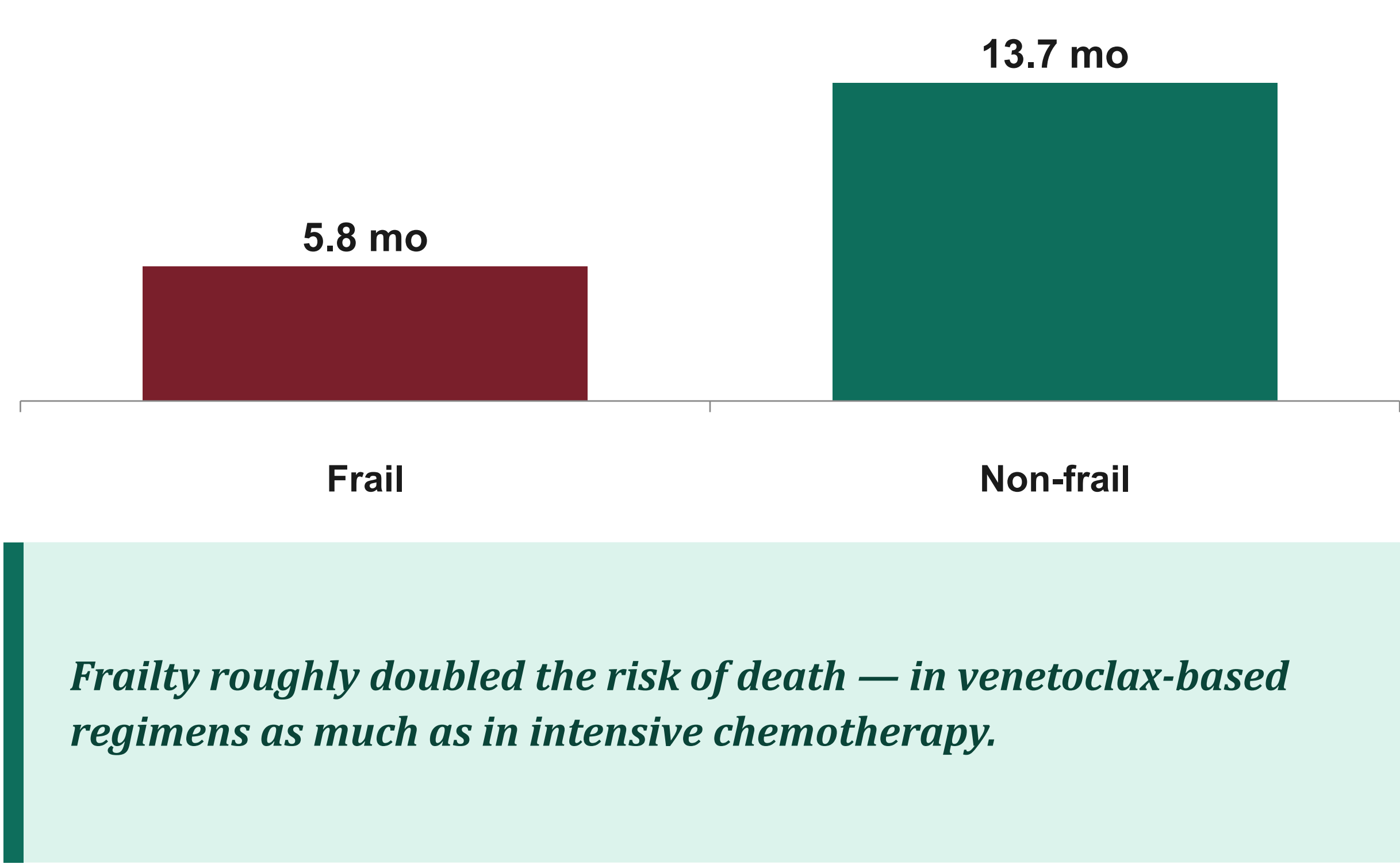
Frailty & Survival



HR 2.04

Pooled hazard ratio for death (95% CI 1.56–2.66; p<0.0001)

Overall Survival



Toxicity

Outcome	Frail	Non-frail
Complete remission	38.9–57%	50–86.9%
30-day mortality	7.7–18.9%	0–10.8%
Grade 3–4 infections	72.9%	58.8%

Conclusions

- Frailty independently predicts worse survival and lower chemo tolerance, regardless of treatment intensity.
- Frailty affects roughly 1 in 2 patients and doubles the risk of death.
- Routine CGA-based frailty assessment should guide AML practice and trials.

2×

Higher mortality with frailty

1 in 2

AML patients are frail