

Fitness-Based Induction Selection and Outcomes in Adult Acute Myeloid Leukemia at a Tertiary Cancer Center in Southern California

J. QI, MD¹, T. OSTAD, MD¹, K. PARK, PHARMD², J. NGUYEN, DO¹ AND M. AKHTARI, MD³

1. Department of Medicine, Loma Linda University Medical Center, Loma Linda, CA, USA

2. Division of Hematology/Oncology, Department of Medicine, Loma Linda University Medical Center, Loma Linda, CA, USA

3. Division of Transplant, Cellular Therapy, and Hematological Malignancies, Department of Medicine, Loma Linda University Medical Center, Loma Linda, CA, USA

SOHO
2026
ANNUAL
MEETING



INTRODUCTION

- Acute Myeloid Leukemia (AML) induction has historically relied on intensive chemotherapy
- Older adults and patients with comorbidities may not be candidates for intensive therapy because of treatment-related toxicity and early mortality
- Broader use of lower-intensity regimens has increasingly individualized induction selection

OBJECTIVE

- Evaluate whether prespecified fitness criteria align with induction intensity selection and early outcomes in adults with AML

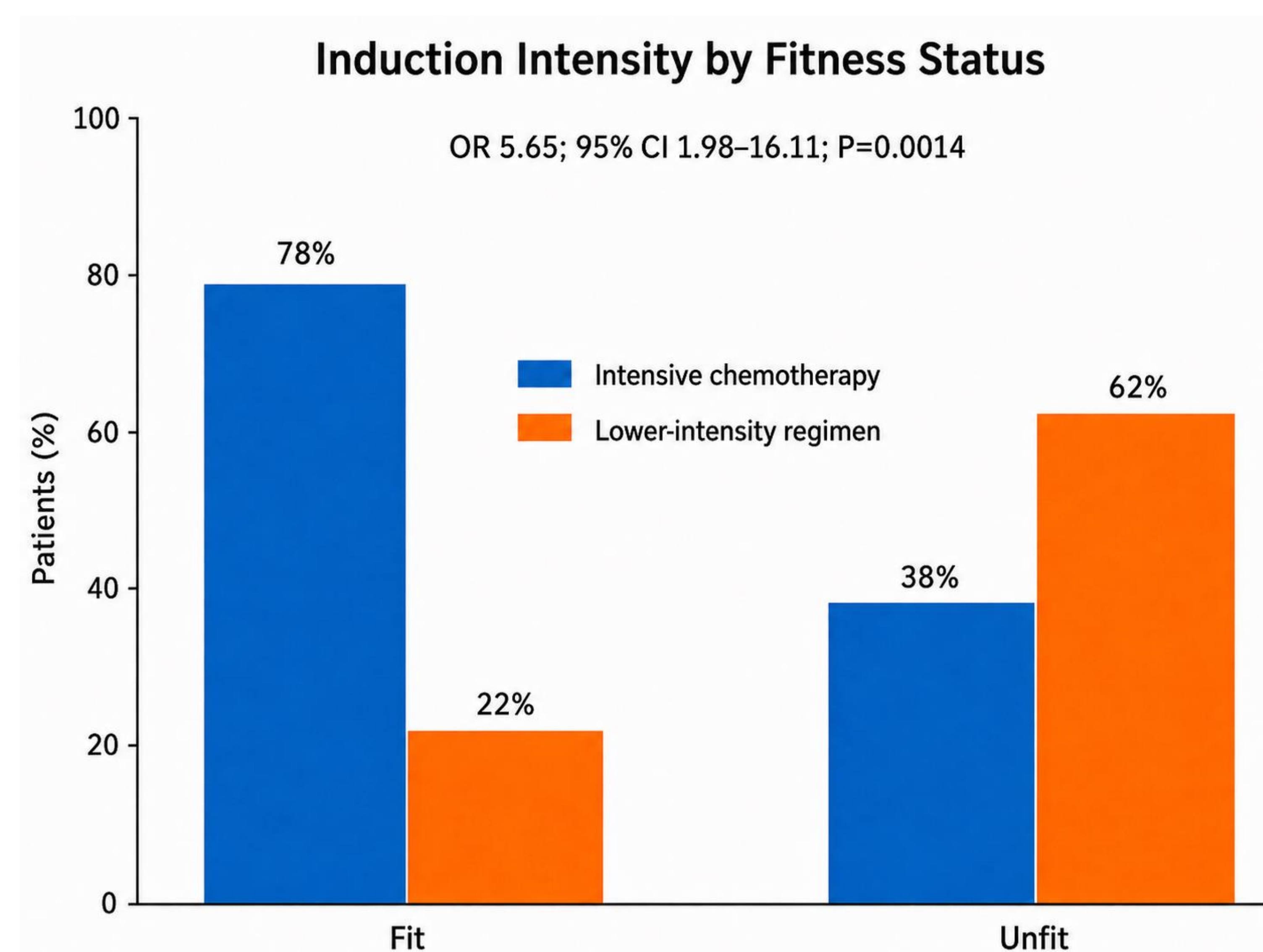
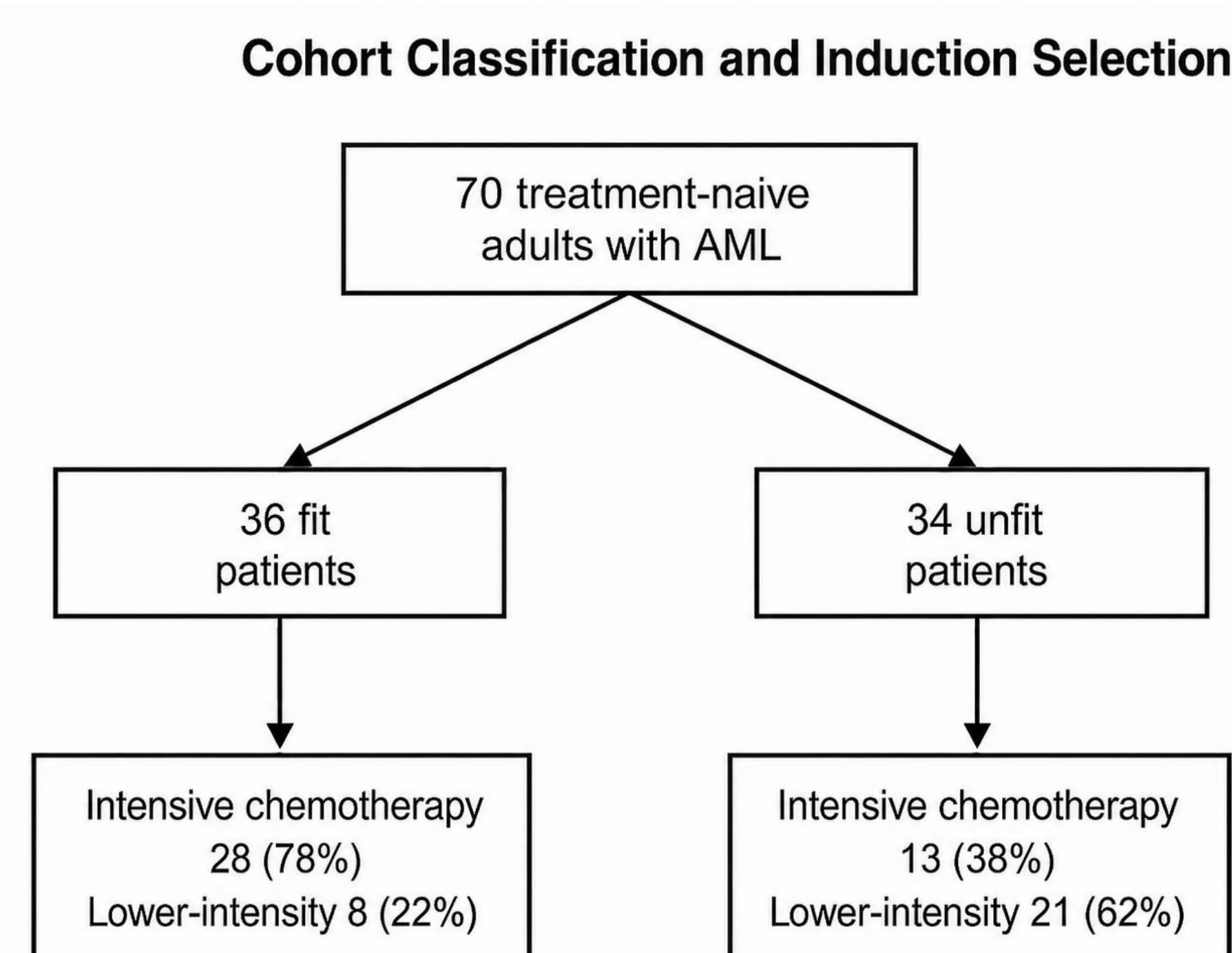
METHODS

- Single-center retrospective cohort study
- 70 treatment-naïve adults with AML were studied from January 2019–December 2025
- Unfit classification (≥ 1 criterion):
 - Age ≥ 75 years
 - ECOG PS ≥ 2
 - Treated CHF or stable angina
 - Chronic lung disease requiring baseline O₂

- Intensive chemotherapy:
 - 7+3
 - liposomal daunorubicin + cytarabine
- Lower-intensity regimens:
 - HMA $\pm$ venetoclax
 - Low-dose cytarabine $\pm$ venetoclax
- Primary endpoint
 - Association between fitness and induction intensity selection
- Secondary endpoints
 - 30-day, 60-day mortality
 - 1-year OS

RESULTS

CONCLUSIONS



Early Mortality and 1-Year Overall Survival

Outcome	Fit	Unfit
30-day mortality	2.8%	0%
60-day mortality	2.8%	8.8%
Estimated 1-year OS	82% (95% CI, 64–92)	60% (95% CI, 42–75)

- Prespecified fitness classification strongly aligned with induction intensity selection
- Low early mortality across fitness groups may reflect fitness-adapted treatment selection and modern supportive care
- These findings provide real-world benchmarks for AML induction counseling and supportive care planning

CONTACT

Jerry Qi, MD

jerryqimd@gmail.com

Figure 1. Cohort classification and induction selection

Figure 2. Intensive chemotherapy was more frequently selected in fit than unfit patients (78% vs 38%)

Figure 3. Early mortality was low overall; estimated 1-year OS was 82% in fit and 60% in unfit patients

OR 5.65, 95% CI, 1.98–16.11; P=0.0014