

Transcript Details

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Changing Our View of Acute Myeloid Leukemia in Older Adults

ReachMD Announcer:

Welcome to ReachMD. The following program, "Changing Our View of Acute Myeloid Leukemia in Older Adults" is developed and sponsored by AbbVie. This activity is intended for United States and Puerto Rico health care professionals only.

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Dr. Erba:

AML is the most common acute leukemia that affects adults, representing 1.2 percent of all new cancer cases in the United States. Survival among younger patients with AML has improved over the past decade; however, older patients continue to have a poor prognosis.

Hello! I am Dr. Harry Erba, director of the Leukemia Program and Medical Director of the Hematologic Malignancies Inpatient Service at Duke University in Durham, North Carolina. And, in this episode, I will be discussing the changing standards of care in acute myeloid leukemia, or AML.

Studies from real-world practice and experimental clinical trials have demonstrated that age and frailty are the primary predictors of outcome among patients with AML. Therefore, proper assessment of a patient's fitness has represented a critical step in the therapeutic decision-making process in AML.

In the past, we focused on curing patients who are eligible for intensive chemotherapy. We have tried to achieve complete responses without measurable residual disease, that is, MRD negativity, in these patients because we know they have a higher chance of cure without relapse. In fact, those patients considered to be eligible for intensive induction chemotherapy have high rates of complete remission, whereas patients considered to be ineligible had much lower rates of complete remission with these choices of less intensive chemotherapy.

The majority of patients with AML do not receive intensive chemotherapy; therefore, we must change the way we think about older patients with AML. Because only 15 to 20% of older patients were expected to achieve complete remission with less intensive chemotherapy, and less intensive chemotherapy had not improved overall survival compared with best supportive care alone, many did not receive any treatment other than best supportive care and/or hospice care.

But today, as a result of an increased understanding of AML pathogenesis, agents exist that target the disease on a molecular level, and do not have the same toxicities as intensive cytotoxic therapy, offering alternative therapeutic interventions for older patients.

ReachMD Announcer:

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