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ACUTE MYELOID LEUKEMIA IN THE ELDERLY: A MULTICENTER EXPERIENCE IN COLOMBIA, ON BEHALF OF ACHO'S RENEHOC INVESTIGATORS

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Background

The overall survival (OS) of acute myeloid leukemia (AML) decreases as age increases among patients. There are clinical and biological differences in AML in older patients. Even with actual treatments, 70% of patients older than 65 years will die of their disease within 1 year of diagnosis.

Aims

Our aim was to characterize the elderly patients (>65 years old) with acute myeloid leukaemia (AML), who were attended in 13 health institutions in Colombia, from 2009 to 2021, including RENEHOC (online platform) and PETHEMA date base (Spanish Program for Hematology Treatments).

Methods

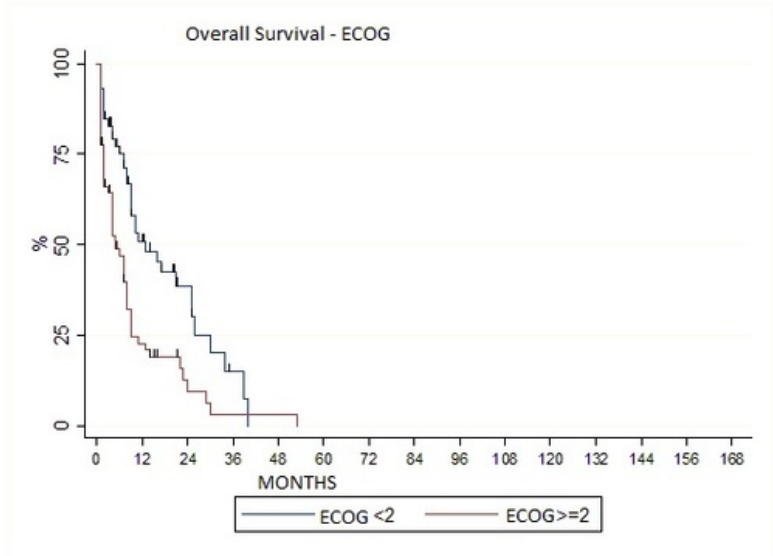
An ambispective registry of elderly AML patients, treated in approved centers over the last 12 years. Descriptive statistics were used for patient's demographic and clinical characteristics. The Kaplan-Meier method was used to assess RFS and OS.

Results

A total of 175 patients were included. 54,86% were male and the median age at diagnosis was 73 years old. Most of the patients were classified according to the Eastern Cooperative Oncology Group (ECOG) as ECOG 0-1 (52,7%), ECOG 2 (25 %) and ECOG > 2 (22.3%). 24,26% presented as secondary AML, from these 34% had previous history of myelodysplasic syndrome. At presentation, fever was the main symptom (39,16), followed by bleeding (18,56%). The most frequent comorbidities were hypertension in 20% and diabetes in 9,4%. 24.34% of the patients had one comorbidity while 21.6% of the population had 3 or more. For treatment: 32,9% of the patients received hypomethylating agents, 23,2% received intensive chemotherapy with cytarabine and idarrubicine, 14,1 % had FLUGA (fludarabine low dose and cytarabine) and supportive therapy in 16,7% of the patients. After induction, complete remission (CR) was achieved in 16,9% of patients; CR with incomplete hematologic recovery (Cri) in 7% and 20,9% had primary refractory disease. Mortality during in induction therapy was 12,9%.

The median age of patients in the intensive chemotherapy group was 66 years old (66-70), with ECOG 0-2 in 63,8%. The OS was 36.1% (95%CI: 27.0%–45%) at 1 year and 0 % at 5 years of follow-up, the relapse-free survival (RFS) was 38.3 % (95%CI: 27.4%- 49.1%) at 1 year and 0% at 5 years.

According to the ECOG, the OS at 1 year was 50,9 % (95%CI: 36.1%–63.9%) for patients with ECOG <2, while the OS at 1 year was 22.7% (95%CI: 12.7%–34.4%) for ECOG >2 with p<0.001.



Conclusion

Management of AML in older patients remains a medical challenge, not only because of the age, but also because older adults are more likely to have impaired functional status and comorbidities that limit treatment options. More refined assessments tools and scales are needed to differentiate between fit and fragile older adults. This multicenter report analyzing real world data from AML patients in Colombia confirmed the impact of clinical factors: age, ECOG on OS and RFS. Challenges includes access to newer treatments with novel, targeted and less intensive therapies.

Keywords: acute myeloid leukemia, survival, elderly

Keyword(s):

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