PB2340 INFLUENCE OF INITIAL CLINICAL FEATURES IN THERAPEUTIC DECISIONS AND DIAGNOSTIC PROCESS OF ELDERLY PATIENTS WITH ACUTE MYELOID LEUKEMIA. A REAL WORLD EXPERIENCE

**Topic:** 35. Quality of life, palliative care, ethics and health economics

Lucía Bolea1, Carlos Jiménez1, Kyra Velazquez1, Juan Marquet1, Miguel Piris1, Fernando Martín1, Pablo Palomo1, Blanca De Felipe1, Lucía Perez1, Beatriz Astibia1, Claudia Nuñez-Torron2, Javier Lopez1, Pilar Herrera1

1 Hematology and Hemotherapy, Ramon y Cajal University Hospital, Madrid, Spain; 2 Hematology and Hemotherapy, Infanta Sofia University Hospital, Madrid, Spain

**Background:** Acute myeloid leukemia (AML) is considered a disease of older adults, with a median age at diagnosis of 68 years. Those who are not candidate to intensive chemotherapy represents a high-risk group. Numerous factors contribute to this poor outcome as age older than 75 years, frailty, comorbidities, poor performance status (PS) and unfavorable cytogenetics or secondary AML (sAML). Despite of the improvement of survival with new treatments, the prognosis is fateful with a life expectancy measures of months. Due to high frailty at diagnosis, we have to take into consideration that there is a group of patients that only receive best supportive care (BSC). There is currently a growing tendency to treat as many patients as possible because of the favorable impact of treatment on survival.

**Aims:** Our purpose was to analyze the impact that clinical features at diagnosis could have in therapeutic decisions and diagnostic process. Secondly, we studied the real-world overall survival (OS) in patients treated with non-intensive therapy and BSC.

**Methods:**

We performed a single-center retrospective analysis of 47 patients, older than 65 years and not candidate to intensive chemotherapy, diagnosed AML between 2019 and 2022. We included all patients with ≥ 20% of blast in a peripheral blood film and/ or a bone marrow aspirate, who had received non-intensive treatment or BSC. Owing to the time of recruitment and the policy of our hospital, none of the patients were evaluated by geriatrics or palliative care at diagnosis. Chi-squared test, Fisher’s exact test and Mann-Whitney U test were used to compare the clinical features in both groups. Survival rates and curves were estimated by Kaplan-Meier method.

**Results:**

Among all patients, 20/47 (42.6) received BSC and 27/47 (57.4%) non-intensive treatment. Table 1 show the clinical features of the population at diagnosis. The clinical features with statistically significant association were age and ECOG. The median age was 81 years in the global cohort (range 68 to 95), with a median age of 85.5 and 78 years in the group of BSC and non-intensive treatment respectively. In the group of non-intensive treatment, 26/27 (96.3%) of patients had ECOG 0-1 and 1/27 (3.7%) had ECOG 2-3; compared to 3/20 (15%) with ECOG 0-1 and 17/20 (85%) with ECOG 2-3 in BSC. All patients in the group of non-intensive treatment had a bone marrow aspirate and cytogenetic study at diagnosis, while 7/20 (35%) had these studies in the group of BSC. At a median follow-up of 91 days (range 3 to 943), the median OS was 89.5 days (range 3 to 943). In the group of BSC, at a median of follow-up of 24 days (range 3 to 894), the median OS was 22 days (range 3 to 541); in non-intensive treatment, at a median of follow-up of 165 days (range 28 to 943), the median OS was 165 days (range 60 to 943) (p<0.0001).

**Image:**
Summary/Conclusion:

We described a small cohort of patients with AML treated in the same hospital. In our cohort is remarkable that more than a half of patient did not receive any treatment at diagnosis. Older age and ECOG>2 at presentation were the significant factors that determined the treatment schedule more than AML characteristics. These clinical features could be also critical factors that guide the diagnostic process. The survival in both groups were fateful, especially in the group of BSC, as we expected. The implementation of geriatric assessment would help identify patients that may be candidate to targeted intervention in order to improve their baseline situation and make it fit to receive non-intensive treatment.