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What one word comes to mind when you hear the words "acute leukemia"?
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Noticity film Response as coming in.











# Learning Objectives

- 1. Distinguish between front line options for older adults with acute myeloid leukemia based on disease characteristics, frailty, and patient preference.
- Identify the two recent developments in acute myeloid leukemia that have moved the field to consider waiting for molecular testing to make treatment decisions.
- 3. Describe treatment options for older adults with Ph+ acute lymphoblastic leukemia.
- 4. Discuss the benefits of geriatric assessment for older adults with leukemia.

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1960e: zhemotherapy linst erroduced	2017: Midostaurin+chemotherapy approved for FLT3-mutated AML	2018 Ivosidenib approved for IDH1-mut AML	2020: CC-486 approved for post-remission
1970s: Cytarabine+Anthracycline regimes: (7+3) became standard therapy	2017: CPX-351 approved for newly diagnosed therapy-related AML	2018: Venetoclax+HDAC or LDAC approved for elderly AML patients	2022: Ivosidenib+azacitidine approved for elderly
Chemotherapy	2017: Enasidenib approved for IDH2-mut AML	2018: Glasdegib approved for elderty AML patients	AML patients 2022: Olutasidenib approved
Molecularly-targeted therapy	2017: Gemtuzumab ozogamicin approved for pediatriladult	2018 Gilteritinib approved for	for iDH1-mult adult AML 2023:
Antibody-conjugated cytotoxic therapy	patients with CD33+ AML	elderly AML patients	Quizartinib approved for FLT3-mut AML



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### Crisis in Cancer Care Quality

- How are we doing in routine care at aligning care with patient values (in AML)?

   Poor patient-provider concordance on goals and prognosis (Bories, Haematologica, 2018)
  - Patients frequently report not being involved in decision-making nor being informed about treatment options (LeBlanc, *Psychooncology*, 2017)
  - High rates of prognostic discordance (El-Jawahri, The Oncologist, 2018)
  - Low levels of preference elicitation (Loh, Leuk Lymphoma, 2020)
  - High rates of patient dissatisfaction with communication and decision making (Rood, Psychooncology, 2017)
- · What could we do to improve?









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anagement of Vulnerabilities in	n Older Patients (2023)
ASCO CARG SICC	ASCO &CARG SIOG
To be completed by the patient or caregiver	To be completed by provider
Patient Name Patient DOB Date Bring Compileral	Trave Same (New York State Same Same Same Same Same Same Same Sam
11 How many time have you fails in the last 6 months? 21 Does your health limit you in waking one block? 31 Does your health limit you in waking one block? 31 Does you fail and	Number Were made another service and a first age of Transmission The week in the off the play of the the Off Service from the off the play of the the Off Service from the off the play of the the Off Service from the off the play of the the Off Service from the off the play of the the the Off Service from the off the play of the the the Off Service from the off the play of the the the play of the the Off Service from the off the play of the play of the play of the play of the the play of the play
3) Does your health new limit you in climbing one flight of stain?  Dict invited at all  Climbing a limit  Limited a limit	Call Speed
4) Canyou get to places out of walking distance CI Whom Help (dive your own cit, or three allone on buses or taxid): 21 Who some Help the distances to busy our og a with you when traveling); or CI he you, unable to travel unless emergency arrangements are made for a speculated vehicle like an antabacio?	Note I are gaining trademonic large proceedings with if they are a constrained within gain and and gain the design of the second
Canyou go shopping for gracelies or clother (assuming you have transportation).     Who can have thanking rave of all integring reads you cannot assuming you had transportation);     Who cannot have predictioned to a set the you on thopping trips; or     Are you completely unable to do any shopping?	And on or way performance and way be following a ring. Lead waits will put, to put the file waited or software Make the performance and waite and the term bucking the carting lose Weath many parts a rank. Lead wait any "back logger." When the performance alternational performance Weath many parts a rank. Lead waite term bucking the carting lose Weath many parts a rank. Lead waite term bucking the carting lose Weath many parts a rank. Lead waite term bucking term buckets Weath many parts a rank. Lead waite term bucking term buckets Weath many parts a rank. Lead waite term buckets Weath many parts a rank waite term buckets Weath many parts a ran

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DOMAIN	MEASURE
Function	IADLs and ADLs
Falls	Fall screen in last 6 months
Comorbidity	Review of PMHx and medications
Cognition	Mini-Cog
Mood	Geriatric depression scale (GDS)
Nutrition	Unintentional weight loss (>10%)
Objective physical performance	Short Physical Performance Battery (SPPB) or gait speed









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Pre		es for	Treatm	ent Ou ©Class1: Sideel ©Class2: Ramis:	facts (m 184) sion (m = 107)	<ul> <li>among patients with AM</li> <li>Treatment preferences are varied, heterogeneous</li> <li>Survival often not</li> </ul>
9 6 0 -0.5 -1	0.34 0.37 Event feesurvival N = 294	Com plete rem is sion	0.20 0.20 Timein hospital	-0.23 -0.23 Stortterm side efects	4.73 Longtermside efeds	the most important aspect
						Richardson, Cancer Epi Bio Prev. 2020.









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