
Survival in elderly acute myeloid leukemia patients

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We read with interest the paper by Pulsoni *et al.*¹ on survival in unselected elderly patients. We would like to back their conclusions with a brief presentation of our data. Between 1992 and 2003, 159 non-M3 AML patients over 60 years were diagnosed and treated in our institution. 34 patients (21.9%) were treated with aggressive induction chemotherapy (daunorubicin/idarubicin + cytarabine ± etoposide, while the others were treated with supportive and palliative measures. Elderly AML patients were more likely to display multilineage dysplasia and to have lower white blood cell counts and marrow blast percentage than younger patients. As in the study by Pulsoni *et al.*¹ there was an inherent selection bias, more patients <70 years old and with good performance status and other favourable features being assigned to receive chemotherapy. The complete remission rate in the aggressively treated patients was 11.7%. The median survival was 2.3 months in the palliative group and 4 months in the chemotherapy group ($p=0.042$). The one year survival rate was 5.4 % in the palliative group and 8.8% in the chemotherapy group (Figure 1). Even though these data reached borderline statistical significance they represent a very modest gain in real terms. We can appreciate that the hospital stays were longer, the overall costs higher and the quality of life worse in the aggressively treated patients compared to patients treated only with supportive measures.

In conclusion, very few elderly AML patients actually benefited from aggressive induction chemotherapy. These dismal results are probably explained both by a low tolerance to aggressive chemotherapy as well as by the characteristics of the leukaemic clones (unfavourable and complex cytogenetic abnormalities, dysplasia). The few one year survivors were all under 70 years old. Our results are similar to those reported by the Italian group, despite a much better quality of tertiary health care in Italy compared to Romania. This matter is very sensitive, since elderly patients with AML comprise the majority of our AML patients. Furthermore, against the background of a continuously ageing population we expect the number of AML cases to increase in the following years

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References

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