

## Geriatric assessment in older adults with AML

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Min G-J, Cho B-S, Park S-S, Park S, Jeon Y-W, Shin S-H, Yahng S-A, Yoon J-H, Lee S-E, Eom K-S, Kim Y-J, Lee S, Min C-K, Cho S-G, Kim D-W, Lee JW, and Kim H-J. Geriatric assessment predicts nonfatal toxicities and survival for intensively treated older adults with AML. *Blood*. 2022;139(11):1646-1658.

**1. Your patient is a 64-year-old man newly diagnosed with acute myeloid leukemia (AML). According to the prospective cohort study by Min and colleagues, which of the following statements about the prognostic value of geriatric assessment (GA) measures regarding treatment tolerance during induction chemotherapy in newly diagnosed older adults with AML is correct?**

- ☐ Physical impairment (Short Physical Performance Battery [SPPB]) and cognitive dysfunction (Mini-Mental State Examination in the Korean version of the CERAD Assessment Packet [MMSE-KC]) were significantly linked to nonfatal toxicities and/or prolonged hospitalization during induction chemotherapy
- ☐ Cognitive dysfunction was associated with grade III to IV acute renal failure
- ☐ Prolonged hospitalization was linked to SPPB but not MMSE-KC
- ☐ Cognitive dysfunction was not significantly associated with developing delirium during induction chemotherapy

**2. According to the prospective cohort study by Min and colleagues, which of the following statements about the prognostic value of GA measures regarding survival outcomes after induction chemotherapy in newly diagnosed older adults with AML is correct?**

- ☐ Depressive symptoms on the SGDS-K was the single most powerful predictor of survival outcomes
- ☐ Reduced physical function (SPPB) and depressive symptoms (SGDS-K) were significantly associated with inferior survival (SPPB:  $P = .027$ ; SGDS-K:  $P = .048$ )
- ☐ On univariate analysis, MMSE-KC was significantly associated with overall survival and NRM
- ☐ On multivariate analysis, only nutrition impairment by MNA was significantly associated with mortality

**3. Which of the following statements about improvement of existing survival prediction models by GA measures among newly diagnosed older adults with AML and other clinical implications of this single-institution prospective cohort study by Min and colleagues is correct?**

- ☐ The addition of cognitive impairment and MNA significantly improved the power of existing survival prediction models
- ☐ As depression is unlikely to influence cancer mortality, routine screening for depression is not warranted for older adults with AML
- ☐ Cognitive impairment has not been associated with worse survival in any previous studies
- ☐ GA improved risk stratification for treatment decisions and may inform interventions to improve outcomes for older adults with AML