

Geriatric assessment in older adults with AML

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions (with a minimum 70% passing score) and earn continuing medical education (CME) credit, please go to <http://www.medscape.org/journal/blood>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on Medscape.org. If you are not registered on Medscape.org, please click on the "Register" link on the right hand side of the website. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding the content of this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@webmd.net. American Medical Association's Physician's Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please refer to <http://www.ama-assn.org/ama/pub/category/2922.html>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA Category 1 Credits™. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit may be acceptable as evidence of participation in CME activities. If you are not licensed in the US, please complete the questions online, print the AMA PRA CME credit certificate, and present it to your national medical association for review.

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