Commenting the paper by Schaich et al., Dr. Estey properly concludes that strategies other than dose-intensification should be pursued in elderly patients with untreated acute myeloblastic leukemia (AML). Despite several trials, the prognosis of AML in the elderly remains poor, as confirmed also by two recent studies in this journal.

Ferrara et al. studied 150 consecutive patients to investigate whether aggressive salvage chemotherapy results in an actual survival advantage in elderly patients with relapsed AML, and to compare hospitalization and load of supportive treatment between patients receiving aggressive management or only palliation. They concluded that aggressive chemotherapy results in an actual survival advantage only for a minority of elderly patients with relapsed AML, i.e., those with first complete remission lasting for more than 12 months.

Veneri et al. reported on 69 consecutive AML patients aged ≥66 years. Their study did not provide any evidence in favor of intensive treatment for non-M3 AML in the elderly. The authors raised the question of whether an aggressive treatment, although of some benefit for a minority of cases, should ever be applied to this setting of patients.

Using induction regimens designed to reduce toxicity and new drugs may represent an alternative strategy, although these results require confirmation of a larger prospective trials.

We need to learn much more about the biology of AML in the elderly and to define novel criteria for risk stratification before useful therapeutic strategies can be developed.

References


Inside Haematologica: new concepts in the management of multiple myeloma

In the last few years, the management of multiple myeloma has changed considerably with the identification of new biological markers, the adoption of novel transplantation approaches and the use of thalidomide. In this issue, three studies mark these changes.

Cytogenetic studies have previously shown that 13q- and monosomy 13 can be found in several patients with multiple myeloma, and that these abnormalities might be associated with an adverse outcome. Nomdedeu et al. have performed a genotyping analysis on purified neoplastic plasma trees.