

CHALLENGES IN ACUTE MYELOID LEUKEMIA AMONG THE ELDERLY: A 5-YEAR COHORT FROM A PUBLIC BRAZILIAN HOSPITAL

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Introduction: Acute myeloid leukemia (AML) remains a significant public health issue within the Brazilian public healthcare system. Current challenges include the availability of novel therapies, adequacy of hospital infrastructure, and management of infectious complications.

Methods: A retrospective chart review was conducted for patients diagnosed with AML (excluding acute promyelocytic leukemia) between 2019 and 2024 at a university hospital in northeastern Brazil. This study was approved by the Institutional Review Board (IRB protocol number: 6.998.279).

Results: Twenty-seven patients aged 60 years or older were diagnosed with AML during the study period. Of these, seven patients were deemed ineligible for chemotherapy and received supportive care (cytoreduction when indicated and transfusional support). Six patients underwent intensive chemotherapy with daunorubicin and cytarabine. Fourteen patients received low-intensity therapy: 11 were treated with venetoclax combined with low-dose cytarabine, 2 with venetoclax and azacitidine, and 1 with azacitidine monotherapy. The overall one-year survival rate in this age group was 28.9%, with a median overall survival of 8.3 months.

When stratified by treatment intensity, patients receiving low-intensity therapy had a median overall survival of 10.9 months, compared to 1.1 months for those receiving intensive chemotherapy and 1.5 months for those receiving supportive care alone.

Conclusions: AML continues to be associated with high mortality in this patient population. The incorporation of low-intensity therapies may offer reduced toxicity and improved survival among elderly patients in low- and middle-income countries. Cost-reduction strategies targeting these therapies may help expand access and improve outcomes.