

What are the most important prognostic factors to consider in AML?

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Hello, I am Dr. Pinkal Desai, Leukemia Physician at Weill Cornell Medicine and New York-Presbyterian Hospital. If we think about prognostic factors, you could divide them into patient-specific or clinical, and the other is more molecular or genetic. From the standpoint of a patient-directed prognostic factor, I think age is one of the most important ones because younger patients under 60 years generally have a better prognosis for AML compared to patients who are over 60 or 65. Clinically, age is an important prognostic factor, not just about the disease biology, but also the ability to handle treatment and transplants and chemotherapy. It's important to have the distinction.

Having said that, I do believe that age is not a solid line, so there is a biological age and an actual age. There are certainly people who are younger and have multiple comorbidities that biologically their age is much older, and certain patients who are older but still have an excellent performance status and ability to handle chemotherapy, that they do much better than what would be expected; but in general, age should be a thing to consider in terms of prognosis. From a biology of disease standpoint, I believe the most important one, and I would argue that over everything, I think that the biology of the disease is the most important prognostic variable here. The two things that dictate this are the cytogenetic risk and the second one is molecular risk that define the leukemia and its risk classification based on that.