

---

## What is the efficacy of high-intensity therapy and stem cell transplant in older adults compared with younger patients?

### James M. Foran, MD

Associate Professor of Oncology  
Mayo Clinic College of Medicine and Science  
Jacksonville, Florida

That question was evaluated in the E2906 study, where intensive induction therapy was evaluated in older fit adults aged 60 years and older. The median survival was nearly 14 months, although the high risk of relapse remained a significant barrier to curative therapy.<sup>1</sup> Allogeneic transplant was found to be feasible in this population following intensive therapy, with results revealing a 48% survival rate and 42% disease-free survival rate at 2 years with low incidence of acute graft-versus-host disease.<sup>2</sup> In short, transplantation toxicity, relapse, and survival for older adults are not significantly different than those for younger adults undergoing similar intensive therapy and allogeneic transplant. This has also been shown to be true in older adults after reduced-intensity conditioning.<sup>3,4</sup>

Knowing this, it is critical that therapeutic decision-making be centered on the individual patient. Although older patients are not necessarily as fit as younger patients, they have as much to lose from the disease and as much to gain from transplant, including significant reduction in risk of relapse. Patients over age 60 should be referred for consultation with a transplant center so they can be fully evaluated for candidacy and all treatment options can be considered.

***For more information on high-intensity therapy and stem cell transplant in older adults, please view the CE Activity by clicking [here](#).***

***(<https://managingaml.com/ce-education/48-bridging-to-transplant-in-older-aml-patients-old-notions-and-new-evidence>)***

### References

1. Devine SM, Owzar K, Blum W, et al. Phase II Study of Allogeneic Transplantation for Older Patients With Acute Myeloid Leukemia in First Complete Remission Using a Reduced-Intensity Conditioning Regimen: Results From Cancer and Leukemia Group B 100103 (Alliance for Clinical Trials in Oncology)/Blood and Marrow Transplant Clinical Trial Network 0502. *J Clin Oncol*. 2015;33(35):4167-4175.
2. Foran JM, Sun Z, Claxton DF, et al. Maintenance decitabine (DAC) Improves disease-free (DFS) and Overall survival (OS) after intensive therapy for acute myeloid leukemia (AML) in older adults, particularly in FLT3-ITD-negative patients: ECOG-ACRIN (E-A) E2906 randomized study. *Blood*. 2019;134(Supplement\_1):115.

3. Gooley TA, Chien JW, Pergam SA, et al. Reduced mortality after allogeneic hematopoietic-cell transplantation. *N Engl J Med.* 2010;363(22):2091-2101.
4. McClune BL, Weisdorf DJ, Pedersen TL, et al. Effect of age on outcome of reduced-intensity hematopoietic cell transplantation for older patients with acute myeloid leukemia in first complete remission or with myelodysplastic syndrome. *J Clin Oncol.* 2010;28(11):1878-1887.