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The American Society of Hematology 2020 Guidelines for the Treatment of Newly Diagnosed Acute Myeloid Leukemia in Older Adults, developed in partnership with the McMaster GRADE Center, provide treatment recommendations for this vulnerable population based on rigorous, systematic reviews of all available evidence. These guidelines were written to help older adults with acute myeloid leukemia (AML) and their health care providers make critical care decisions, including whether and how to proceed with cancer treatment and the need for blood transfusions for those in hospice care. Access to the full guidelines on the Blood Advances website: American Society of Hematology 2020 guidelines for treating newly diagnosed acute myeloid leukemia in older adults Learn more about the development process behind the AML guidelines. Guideline Implementation Tools and Resources Webinar 17th, 5:00 p.m. Eastern time This 75-minute webinar will highlight the guideline recommendations along with the underlying evidence and rationale for the recommendations. Register here ASH Clinical Practice Guidelines App The ASH Clinical Practice Guidelines App provides easy access to each recommendation of all guidelines published by ASH, including rationale for each recommendation, benefits and damage associated with each recommended course of action, and links to the complete proof-of-decision tables used to develop the recommendations. This information is also available via web interface. Download for iOS Download for Android ASH Pocket Guides App The ASH Pocket Guides App includes all OF ASH's pocket guides. This information is also available via web interface. Download for iOS Download for Android ASH Declarations ASH Statement in support of Palliative Blood Transfusions in Hospice Settings published in 2020 - Ann Oncol (2020); 31(0): 0-0.Writers: M. Heuser, Y. Ofran, N. Boissel, S. Brunet Mauri, C. Craddock, J. Janssen, A. Wierzbowska & C. Buske, on behalf of the ESMO Guidelines CommitteeHighlights: These Updated ESMO Clinical Practice guideline provides key recommendations on the management of acute myeloid leukemia (AML) including acute promyelocytic leukemia (APL) Authorship includes a multidisciplinary group of experts from different institutions and countries in Europe, including levels of evidence and degrees of recommendation where appropriate recommendations take the approval status of AML drugs in Europe Deems up to the year 2019 Detailed guidance on diagnosis, classification, response assessment, treatment and follow-up is provided for adults with AML and APL In 2020 guidelines intended to support patients, clinicians and other health professionals and decision makers, the American Society of Hematology (ASH) has evidence-based recommendations for older adults with new Acute myeloid leukemia (AML).1 The guidelines were developed to help patients of diagnosis through post-remission therapy, and end-of-life and hospice care. While an average adult aged 75 years who can live in the United States for dozens of more years, with about a 96% chance of living in 1 year, an adult of the same age with AML has measured an average life expectancy just in months. Only 1 in 5 older adults with AML will survive after 1 year, and there is less than 4% chance of 3-year survival. For adults aged 65 to 74 years, the prognosis is only slightly better. So, on average, getting diagnosed with AML at age 65 years or older in the United States meant dying a decade too soon, the guideline authors wrote. In developing these guidelines, the members of the panel focused primarily on helping clinicians with decision-making and treatment alternatives using 6 critical questions for managing AML in older adults. Questions involve the pursuit of antileukemic treatment versus best supportive management, therapy intensity, the role and duration of post-therapy, combination vs monotherapy for induction and beyond, duration of less intensive therapy, and the role of transfusion support for patients who no longer receive antileukemic therapy. The following are the questions and recommendations provided by the ASH panel for treating older patients with newly diagnosed AML. Question 1: Should older adults with newly diagnosed AML who are candidates for antileukemic therapy only be offered antileukemic therapy instead of best supportive care? Recommendation 1: Based on moderate certainty in the evidence of effects, the ASH guideline panel recommends offering antileukemic therapy on best supportive care to older adults with newly diagnosed AML who are candidates for such therapy. Question 2: Should older adults with newly diagnosed AML who are considered antileukemic therapy candidates receive intensive antileukemic therapy at less intensive antileukemic therapy? Recommendation 2: Based on low certainty, the ASH guideline panel recommends conditionally intensive antileukemic therapy on less intensive antileukemic therapy in this patient population. Question 3: Should older adults with newly diagnosed AML who reach remission after at least 1 cycle of intensive antileukemic therapy receive postremission therapy against no additional therapy? Recommendation 3: Based on low certainty in the evidence of effects, the panel conditionally recommends post-therapy on no additional therapy for patients who reach remission after at least 1 cycle of intensive antileukemic therapy and who are not candidates for allogeneic hematopoietic is not. The guideline authors also noted that in some settings, patients may receive 2 cycles of intensive antileukemic therapy even after achieving with the first one. For such cases, they recommend the second cycle of intensive therapy through postremission therapy. Arber DA, Orazi A, Hasserjian R, Thiele J, Borowitz MJ, Le Beau MM, et al. The 2016 review to the World Health Organization classification of myeloid neoplasms and acute leukemia. Blood. 2016 May 19. 127 (20):2391-405. [Medline]. [Full text]. Smith MT, Skibola CF, Allan JM, Morgan GJ. Caustic models of leukemia and lymphoma. IARC Sci Publ. 2004. 373-92. [Medline]. Ghiaur G, Wroblewski M, Loges S. Acute Myeloid Leukemia and his Microenvironment: A Molecular Conversation. Semin Hematol. 2015 Jul. 52 (3):200-6. [Medline]. Larson RA, Wang Y, Banerjee M, Wiemels J, Hartford C, Le Beau MM, et al. 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