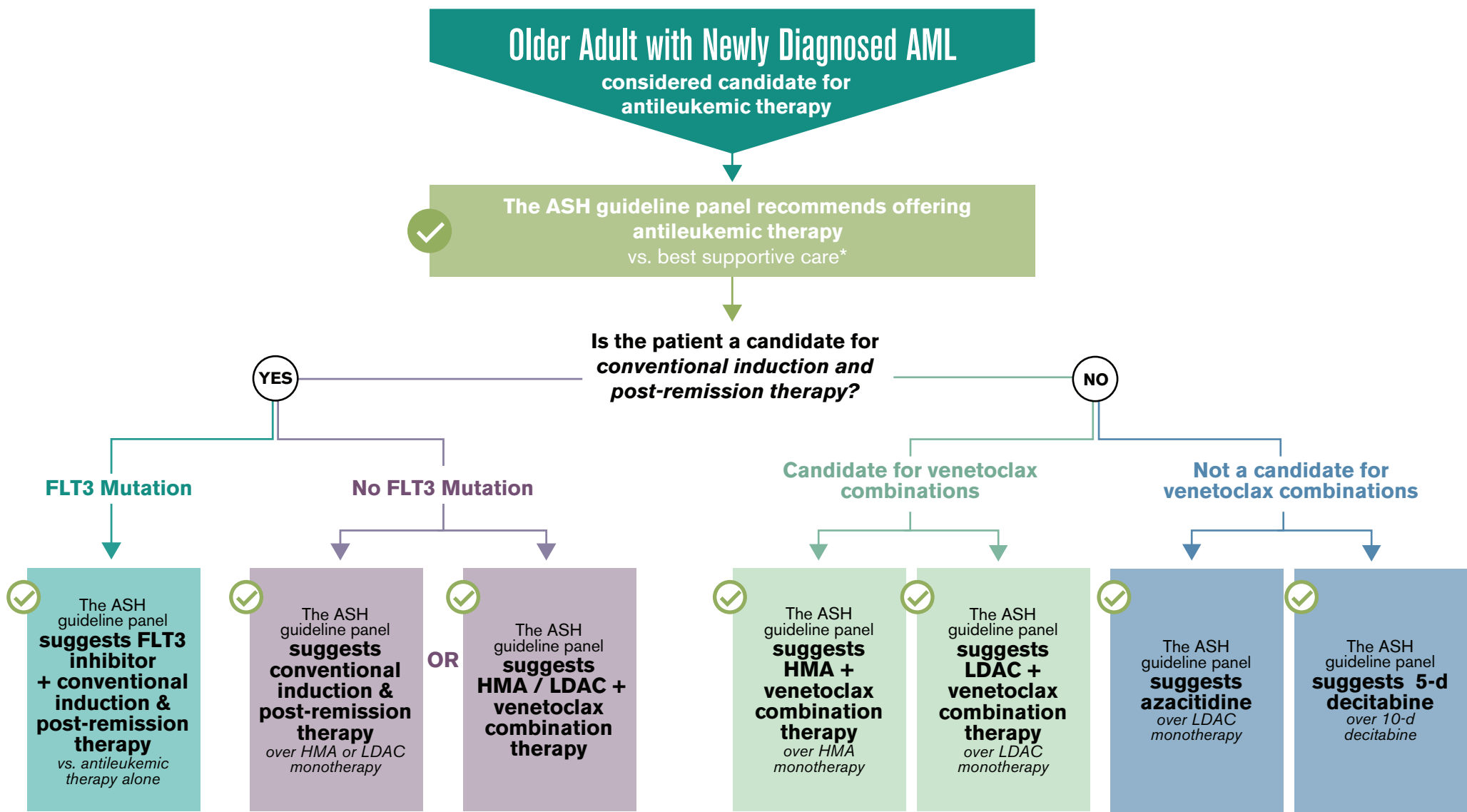




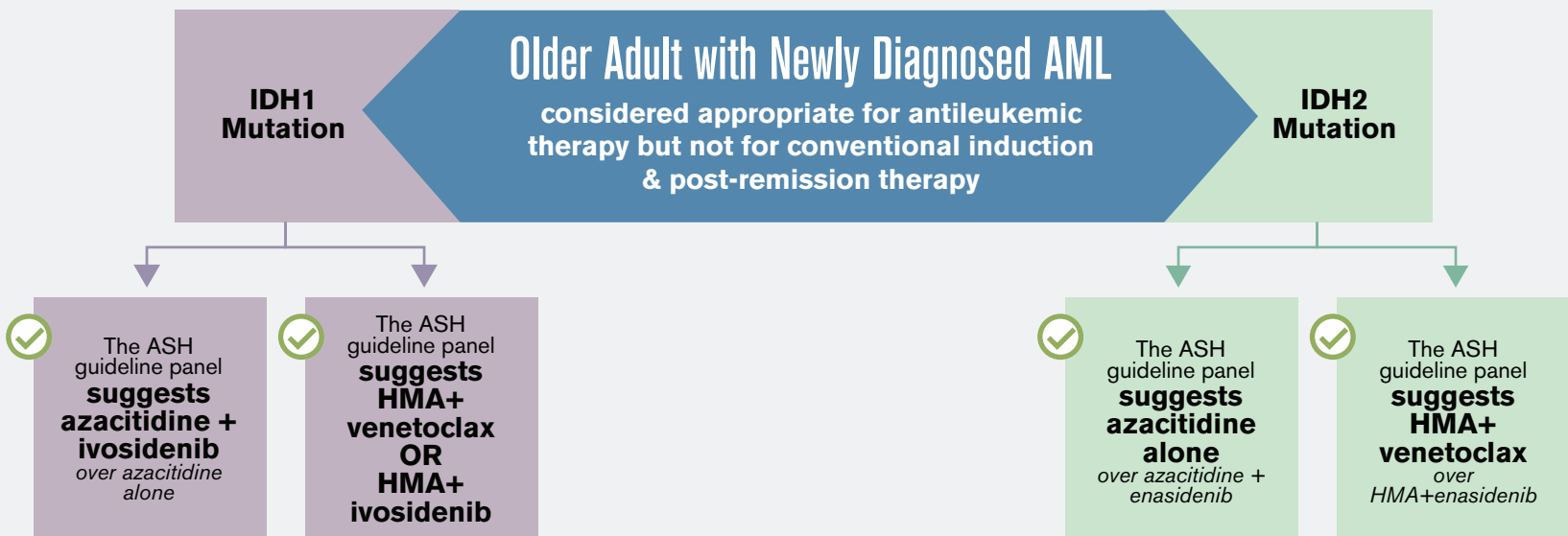
Initial Antileukemic Therapy



Allo-HCT: Allogeneic Hematopoietic Stem Cell Transplant; **AML:** Acute Myeloid Leukemia; **FLT3:** FMS- like tyrosine kinase 3; **HMA:** Hypomethylating agent; **LDAC:** Low-dose Cytarabine **5-d:** 5 day decitabine; **10-d:** 10 day decitabine

*Source: 2020 ASH CPG on AML in Older Adults. Evidence for this recommendation not rereviewed in 2025.

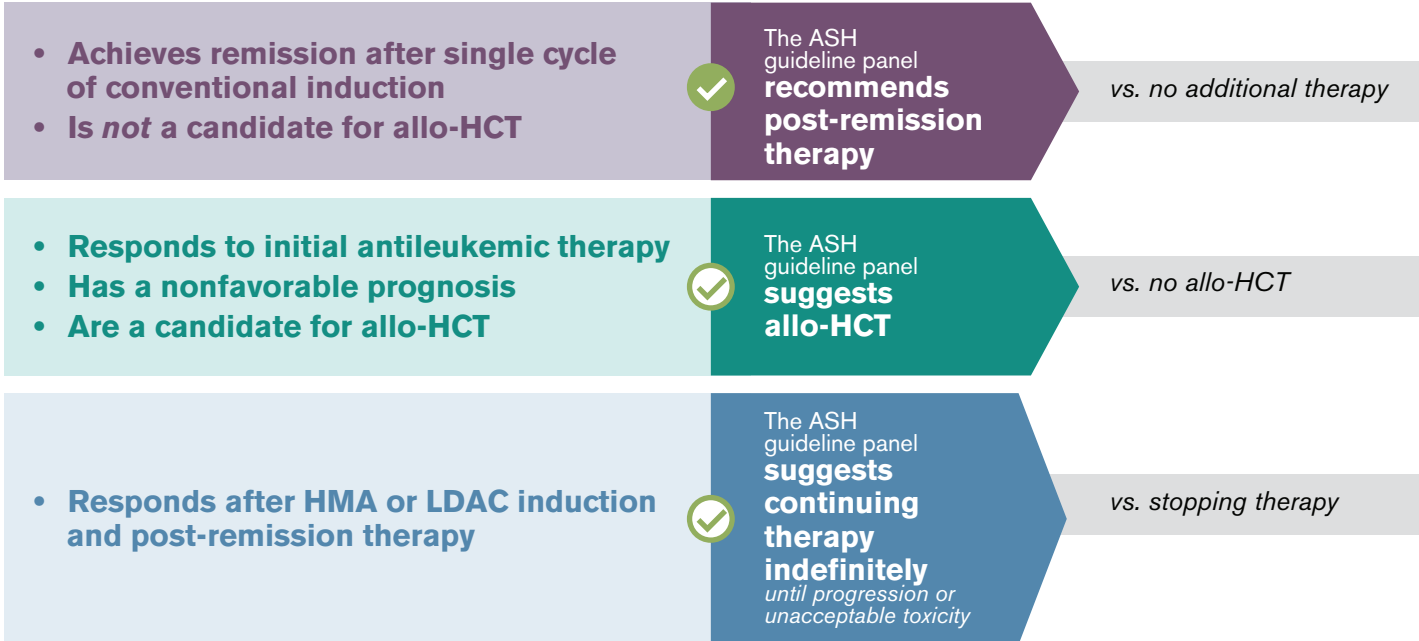
Actionable/Targetable Mutations



AML: Acute Myeloid Leukemia; **HMA:** Hypomethylating agent; **IDH:** Isocitrate Dehydrogenase; **LDAC:** Low-dose Cytarabine

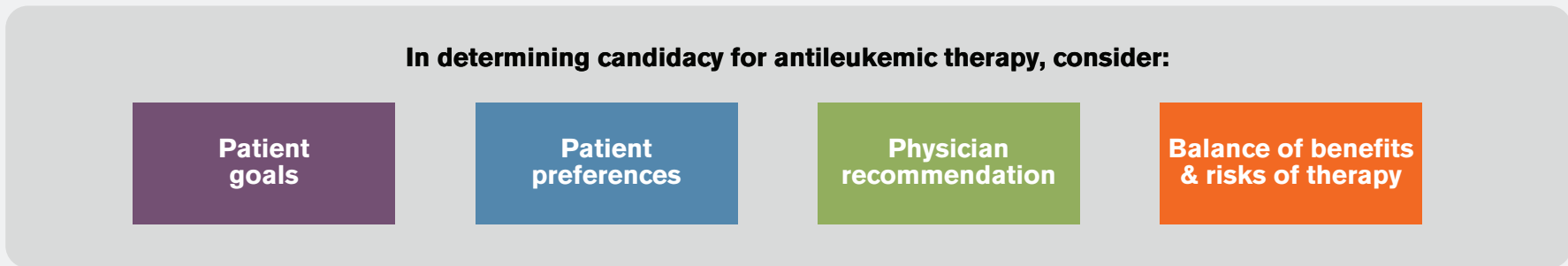
Response & Remission

ASH guideline panel recommendations for the older adult with newly diagnosed AML who:



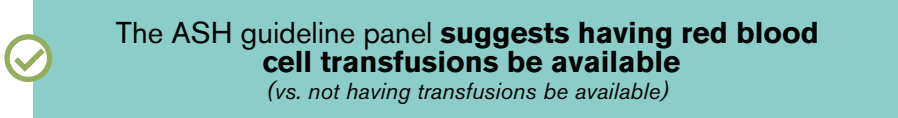
Allo-HCT: Allogeneic Hematopoietic Stem Cell Transplant; **AML:** Acute Myeloid Leukemia; **HMA:** Hypomethylating agent; **LDAC:** Low-dose Cytarabine

Candidacy for Antileukemic Therapy



Red Blood Cell Transfusion

For the older adult with AML who is no longer receiving antileukemic therapy, including those receiving end-of-life care or hospice care:



Source: 2020 ASH CPG on AML in Older Adults. The evidence for this recommendation was not rereviewed in 2025.

Remark: There may be rare instances where platelet transfusions may be of benefit in the event of bleeding, but there are even less data to support this practice and it is anticipated that platelet transfusions will have little or no role in end-of-life or hospice care.

Learn more about the 2025 ASH Clinical Practice Guidelines on Acute Myeloid Leukemia in Older Adults at hematology.org/amlguidelines

Recommendation Strength			
	Recommends... ✓	Recommends against... ✗	Suggests... ✓
			Suggests against... ✗
	INTERPRETATION OF STRONG RECOMMENDATIONS		INTERPRETATION OF CONDITIONAL RECOMMENDATIONS
Patients	Most individuals in this situation would want the recommended course of action, and only a small proportion would not.		Most individuals in this situation would want the suggested course of action, but many would not. Decision aids may be useful in helping patients to make decisions consistent with their individual risks, values, and preferences.
Clinicians	Most individuals should follow the recommended course of action. Formal decision aids are not likely to be needed to help individual patients make decisions consistent with their values and preferences.		Different choices will be appropriate for individual patients; clinicians must help each patient arrive at a management decision consistent with the patient's values and preferences. Decision aids may be useful in helping individuals to make decisions consistent with their individual risks, values, and preferences.
Policy makers	The recommendation can be adopted as policy in most situations. Adherence to this recommendation according to the guideline could be used as a quality criterion or performance indicator.		Policymaking will require substantial debate and involvement of various stakeholders. Performance measures should assess if decision making is appropriate.
Researchers	The recommendation is supported by credible research or other convincing judgments that make additional research unlikely to alter the recommendation. On occasion, a strong recommendation is based on low or very low certainty in the evidence. In such instances, further research may provide important information that alters the recommendations.		The recommendation is likely to be strengthened (for future updates or adaptation) by additional research. An evaluation of the conditions and criteria (and the related judgments, research evidence, and additional considerations) that determined the conditional (rather than strong) recommendation will help identify possible research gaps.

Sekeres M.A., Mattison R., Artz A., Baer, M.R., Chua C.C., Demichelis-Gomez R., Egan P.C., Fletcher L., Foucar C., Garcia J.S., Gilberto L., Gómez De León A., Lancet J., Loh K.P., Malcovati L., Marini B., Platzbecker U., Sorror, M.L., Tinsley-Vance S., Treitz J., Oliveros M.J., Ibrahim S., Roldan Y., Guyatt G., Brignardello-Petersen R. American Society of Hematology 2025 guidelines for treating newly diagnosed acute myeloid leukemia in older adults. *Blood Advances*. DOI: <https://doi.org/10.1182/bloodadvances.2025017934>