



Topic Nomination Form for New ASH Clinical Practice Guidelines

SAMPLE 2

Author Information

1. Date proposal submitted: September 12, 2016
2. Your name: Hannah Choe
3. Coauthor names, if applicable: N/A
4. Sponsoring ASH committee, if applicable: N/A
5. Your ASH member number: 1295080
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7. If ASH undertakes development of a guideline on this topic, would you be interested in serving on the guideline panel?

Yes

8. I understand that if this proposal moves forward, ASH leadership must approve all individuals to serve on the guideline panel. In accordance with ASH policy, a majority of the panel including the chair and the vice-chair must have no current material interests in companies with products that could be affected by the guidelines.

Yes

9. I understand that if this proposal moves forward, ASH staff and leadership will determine an appropriate schedule and budget to which all involved must adhere.

Yes

Title and Abstract

10. Title of your proposed topic: Guidelines for risk stratification and treatment elderly patients with Acute Myeloid Leukemia
11. Describe your proposed topic in <250 words, including the primary clinical question(s) to be addressed by guidelines. You may find it useful to complete the remainder of this form first:

The approach to the elderly patient with Acute Myeloid Leukemia (AML) is highly variable and often dependent on institutional biases. However, given the increasing incidence and advancing age of patients with AML, guidelines for risk stratification and subsequent treatment options for this subgroup could address the pitfalls of current treatment biases. Current guidelines are

open-ended with limited guidance or have limited impact. ASH guidelines could broaden the scope of current guidelines with greater impact from a wider audience. Specific areas of interest include induction treatment options for the elderly, “unfit” patients with multiple comorbidities or poor performance status, comparison of outcomes related to different transplant conditioning regimens and donor sources, and the role of post-remission therapy.

Scope

12. Describe the disease or condition to be addressed by guidelines. Consider if the scope could be limited to subtypes of the disease or risk groups:

Acute Myeloid Leukemia (AML) in the elderly patient

13. Which age group would be addressed? (Check all that apply.)

Infants

Children and adolescents

Adults

- Elderly adults

14. If applicable, describe other special populations or subgroups to be addressed, e.g., pregnant women, patients with co-occurring conditions:

Induction therapy for elderly patients with multiple comorbidities. Post-remission therapy in elderly patients.

15. If applicable, describe populations that should be excluded from the scope and explain why:

N/A

16. Are the described populations with this disease or condition commonly seen or treated by hematologists? Consider both U.S. and international settings. If possible, provide references.

Yes. AML is the most common acute leukemia in adults with median age at diagnosis of 67 years of age. With an increasingly aging population and rising incidence of AML diagnosis, consensus on the management of elderly patients with AML is pertinent.

Bhayat F, Das-Gupta E, Smith C, et al. The incidence of and mortality from leukaemias in the UK: a general population-based study. *BMC Cancer*. 2009;9:252.

17. Which aspect of clinical care is to be addressed by guidelines? (Check all that apply.)

Screening

Prophylaxis

Diagnosis

- Treatment

- Maintenance or management

Rationale for Guidelines

18. Will guidelines on this topic address uncertainty in clinical practice? If possible, provide references, evidence, or observations to describe the uncertainty.

Yes. While there is increasing evidence that elderly patients have improved outcomes with treatment – intensive chemotherapy, hypomethylating agents, allogeneic stem cell transplantation, novel therapies, there are no clear guidelines on risk stratification and appropriate choice of treatment for those with multiple comorbidities as well as post-remission therapy in this population.

Deschler B, de Witte T, Mertelsmann R, Lubbert M. Treatment decision-making for older patients with high-risk myelodysplastic syndrome or acute myeloid leukemia: problems and approaches. *Haematologica* 2006;91:1513–1522.

Lang K, Earle CC, Foster T, et al. Trends in the treatment of acute myeloid leukaemia in the elderly. *Drugs Aging* 2005;22:943-955.

Sanz MA, Iacoboni G, Montesinos P, et al. Emerging strategies for the treatment of older patients with acute myeloid leukemia *Ann Hematol* 2016;95:1583.

19. Will guidelines on this topic address practice variations? If possible, provide references, evidence, or observations to describe variations.

Yes. Currently there is no consensus on the best treatment approach for elderly patients that are not fit for intensive chemotherapy or on post-remission therapy.

Wang ES. Treating acute myeloid leukemia in older adults. *Hematology Am Soc Hematol Educ Program* 2014;1:14-20.

20. List guidelines currently included in the National Guideline Clearinghouse (www.guideline.gov) that address this topic. Include title, year of publication, and sponsoring organization. If possible, also conduct a web search for guidelines from organizations with pertinence to the topic (e.g., the British Committee for Standards in Haematology, other U.S. medical specialty societies, disease-specific societies), including organizations not included in the Clearinghouse (e.g., the National Comprehensive Cancer Network).

NCCN Clinical Practice Guidelines in Oncology Acute Myeloid Leukemia version 2.2016

Canadian Consensus guidelines (expert panel)

Brandwein J, Geddes M, Kassis J, et al. Treatment of older patients with acute myeloid leukemia (AML): a Canadian consensus. *Am J Blood Res* 2013;3:141–164.

National Guideline Clearinghouse (members of the Hematology Disease Site Group Cancer Care Ontario)

Schuh AC, Fletcher GG, Leber B, Sabloff M. Systemic treatment of acute myeloid leukemia (AML). Toronto (ON): Cancer Care Ontario (CCO); 2016 Feb 2. 245 p. (Program in Evidence-based Care (PEBC) Guideline; no. 12-9).

European LeukemiaNet (expert panel)

Döhner H Estey E, Amadori S, et al. Diagnosis and management of acute myeloid leukemia in adults: recommendations from an international expert panel, on behalf of the European LeukemiaNet. Blood 2010;115:453-474

21. How will new guidelines by ASH complement existing guidelines? Consider the clinical utility of existing guidelines (setting, scope, format), their quality (rigor of methodology, transparency, currency), and the credibility of the authors and sponsoring organization. Note: the Guideline Oversight Subcommittee and the Committee on Quality may determine that it is in ASH's best interests to endorse an existing guideline.

Aside from the Canadian Consensus guidelines, the current expert panel guidelines referenced above do not assert specific recommendations. They do, however, provide broad scope and transparency with inclusion of excellent discussions from the current evidence. New guidelines by ASH could complement the current guidelines by formatting guidelines by stratification tools – cytogenetics, performance status, comorbidity, or by proposing a new stratification assessment tool based on current evidence. Current guidelines lack clear stances on best options for induction therapies, transplant referrals and type of transplant, and post-remission therapies.

22. Share any knowledge you have of plans by other organizations to maintain any existing guidelines or develop new guidelines on this topic:

N/A