

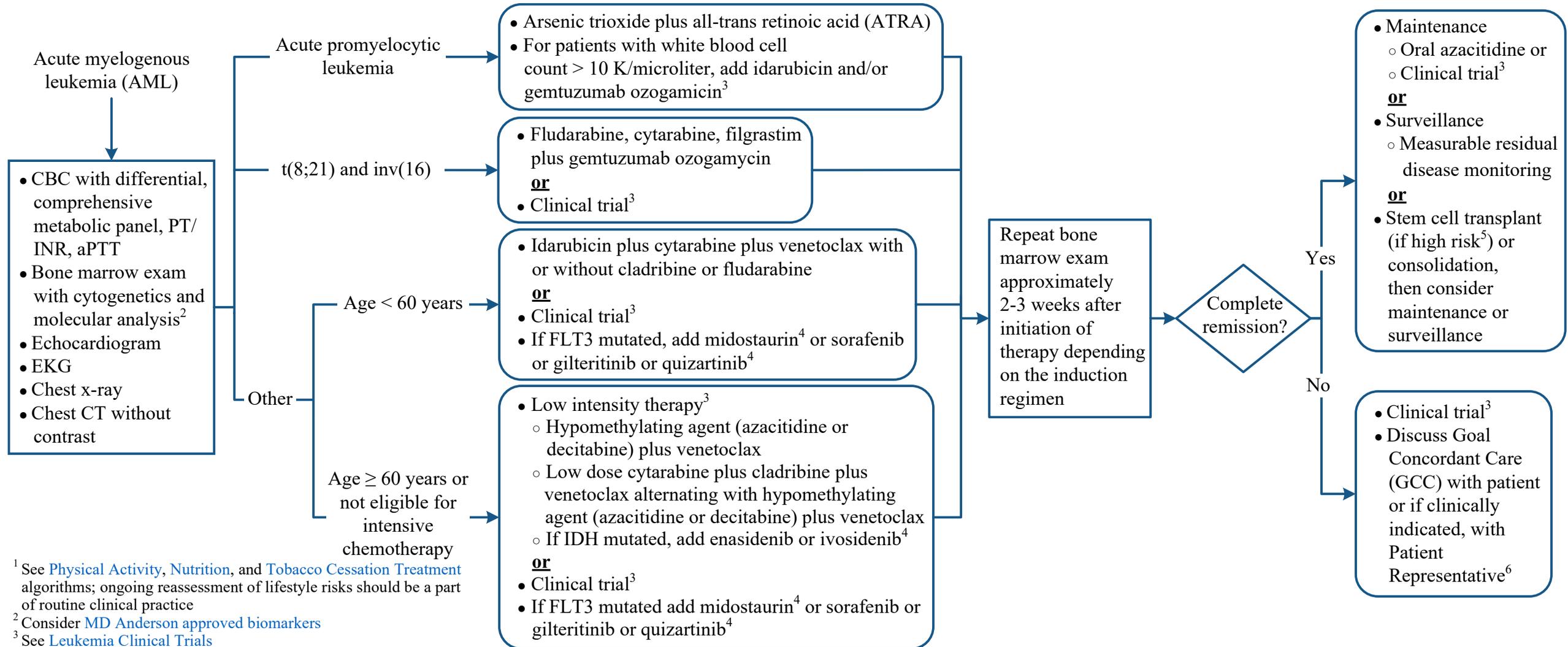
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Notes: Consider Clinical Trials as treatment options for eligible patients. Stem cell transplant guidelines are not included with this algorithm. Leukemia patients should be referred and treated at a comprehensive cancer center.

INITIAL EVALUATION¹

TREATMENT

EVALUATION



¹ See [Physical Activity, Nutrition, and Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

² Consider [MD Anderson approved biomarkers](#)

³ See [Leukemia Clinical Trials](#)

⁴ Not on MD Anderson Formulary

⁵ Intermediate and adverse risk categories per European LeukemiaNet (ELN) risk classification

⁶ GCC should be initiated by the Primary Oncologist. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

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SUGGESTED READINGS

- Dohner, H., Wei, A. H., Appelbaum, F. R., Craddock, C., DiNardo, C. D., Dombret, H., . . . Lowenberg, B. (2022). Diagnosis and management of AML in adults: 2022 recommendations from an international expert panel on behalf of the ELN. *Blood*, *140*(12), 1345-1377. <https://doi.org/10.1182/blood.2022016867>
- Kadia, T. M., Ravandi, F., Cortes, J., & Kantarjian, H. (2015). Toward individualized therapy in acute myeloid leukemia: A contemporary review. *JAMA Oncology*, *1*(6), 820-828. <https://doi.org/10.1001/jamaoncol.2015.0617>
- Kantarjian, H., Kadia, T., DiNardo, C., Daver, N., Borthakur, G., Jabbour, E., . . . Ravandi, F. (2021). Acute myeloid leukemia: Current progress and future directions. *Blood Cancer Journal*, *11*, 41. <https://doi.org/10.1038/s41408-021-00425-3>
- Maiti, A., & Konopleva, M. Y. (2022). How we incorporate venetoclax in treatment regimens for acute myeloid leukemia. *The Cancer Journal*, *28*(1), 2-13. <https://doi.org/10.1097/PPO.0000000000000567>
- MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy
Advance Care Planning (ACP) Conversation Workflow (ATT1925)
- National Comprehensive Cancer Network. (2023). *Acute Myeloid Leukemia* (NCCN Guideline Version 6.2023). https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf
- Short, N. J., Konopleva, M., Kadia, T. M., Borthakur, G., Ravandi, F., DiNardo, C. D., & Daver, N. (2020). Advances in the treatment of acute myeloid leukemia: New drugs and new challenges. *Cancer Discovery*, *10*(4), 506-525. <https://doi.org/10.1158/2159-8290.CD-19-1011>
- Yilmaz, M., Kantarjian, H., & Ravandi, F. (2021). Acute promyelocytic leukemia current treatment algorithms. *Blood Cancer Journal*, *11*, 123. <https://doi.org/10.1038/s41408-021-00514-3>

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DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Leukemia Center providers at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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