**Introduction**

Acute myeloid leukemia (AML) is a malignant disease characterized by a clonal proliferation of myeloid blast cells with a differentiation arrest.1 It is primarily a disease of older adults with a median age at diagnosis of 68 years, with an approximately ten times age-adjusted incidence of those aged ≥ 65 years in comparison to that of those aged < 65 years.2 The prognosis of patients with elderly AML (eAML) is still unsatisfactory, because of patients-related characteristics (concomitant comorbidities, poor performance status, and pharmacokinetic and pharmacodynamic changes related to decreased drug clearance) and disease-related factors (unfavorable cytogenetics and molecular profile, multidrug-resistant abilities of the leukemic cells, and antecedent hematologic disease).3

In clinical practice, currently available therapeutic options for eAML patients are standard intensive chemotherapy (IC; anthracycline + intermediate-dose cytarabine, followed by post-remission therapy) and hypomethylating therapy (HMT), including azacytidine (AZA) and decitabine (DAC). Generally, IC

**Reference**

1. Shallis RM, Wang R, Davidoff A, Ma X, Zeidan AM. Epidemiology of acute myeloid leukemia: Recent progress and enduring challenges. *Blood Rev.* 2019;36:70-87.

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3. Ossenkoppele G, Lowenberg B. How I treat the older patient with acute myeloid leukemia. *Blood.* 2015;125(5):767-774.