

- 1: APML subtype is excluded because it is treated differently and has a much better prognosis
- 2: 7+3 is the standard of care. However elderly patients with many comorbidities generally have a poor prognosis and may be given a less intensive alternate regimen (such as azacytidine or decitabine) with goal of palliation rather than cure
- 3: 5+2 = 5 days of Ara-C (cytarabine) + 2 days of Daunorubicin or Idarubicin MEC = Mitoxantrone, Etoposide, and Cytarabine
- 4: Complete remission is defined as
- -Marrow showing < 5% blasts
- -Recovery of peripheral blood cells without any blasts in the blood
- -No evidence of disease anywhere else
- 5: This is not an exhaustive list, only the most common mutations are included
- 6: DLI = donor lymphocyte infusion. Used to potentiate graft vs leukemia effect but also will worsen GVHD