References


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further characterized by the presence of circulating blasts and amphiphilic granules, which are characteristic of acute myeloid leukemia.

The majority of patients with acute myeloid leukemia are treated with chemotherapy, which may include combinations of cytarabine, anthracyclines, and other agents. The response rate and survival outcomes are influenced by several factors, including the patient's age, the cytogenetic risk group, and the presence of additional co-morbidities.

In select cases, hematopoietic cell transplantation (HCT) can be considered as a curative option. However, the high-risk profile of acute myeloid leukemia makes it challenging to achieve durable engraftment, and the transplant-related mortality remains high. Thus, the use of reduced-intensity conditioning regimens and the support of novel immunomodulatory strategies are under investigation to improve outcomes for this patient population.

In conclusion, acute myeloid leukemia is a complex neoplastic disease that requires a multidisciplinary approach, including risk assessment, appropriate use of chemotherapy, and consideration of hematopoietic cell transplantation as a potential curative option. Continuous advancements in the understanding of the molecular and genetic landscape of the disease will likely lead to further refinement of therapeutic strategies and improved outcomes for patients with acute myeloid leukemia.
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