This award has come at a critical juncture in our research. One important goal of our research is to look how care for people with acute myeloid leukemia (AML) is provided and ask how can do better. As one example, we have pioneered an “Early Hospital Discharge” strategy that allows patients to spend more time outside the hospital following intensive chemotherapy and shown that this is safe and cost-effective and may improve the patient’s quality of life. We are one of a handful of institutions worldwide that care for patients in this fashion. As one down-side of this care approach, readmission for fever is common. Therefore, the aim of the project funded by this award is to look at patients who did have a readmission for fever and study whether we can identify a lower-risk group of individuals who might not require readmission and could be safely treated at home – again the goal being to improve patient care and maximize the time spent outside of the hospital. So far, we have collected detailed information on over 200 AML patients readmitted for fever. Notably, 12% of these patients had hospital stays less than 3 days, 43% had no identifiable source of the fever found, and 46% had a transfusion within 24 hours of the fever (which can cause fevers in itself). Building on this dataset, we are now working on how we can separate such patients reliably from those who we think needed hospitalization for treatment with broad-spectrum antibiotics. At the completion of the initial part of the project, we hope to develop a clinical trial where the goal will be to test whether such patients could be safely managed outside the hospital. In this trial, we would also study patient and caregiver quality of life and care costs with this strategy. We believe this trial has the potential to change the standard of care for AML patients.