TRANSPLANT AND ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

Learning more about treatment options for acute lymphoblastic leukemia (ALL) can help you make decisions that are best for you. Be The Match® can help you understand how transplant may be used to treat ALL.

READ ON TO LEARN ABOUT:
• Transplant as a treatment option
• Questions to ask your doctor

ABOUT ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)
ALL is a fast-growing blood cancer. It’s also called acute lymphocytic leukemia or acute lymphoid leukemia. In ALL, the body makes unhealthy lymphocytes, a type of blood cell, in the bone marrow. Normal lymphocytes help your body fight infections. In ALL, the lymphocytes don’t fight infections very well. They also grow quickly and crowd out the bone marrow, preventing it from making the normal red blood cells, white blood cells and platelets that your body needs.

ABOUT BLOOD OR MARROW TRANSPLANT (BMT)
BMT, also known as a bone marrow transplant, can be used to treat patients who have ALL, including older patients in their 70s. It replaces the unhealthy blood-forming cells (stem cells) with healthy ones. For some people, transplant can cure the disease. For others, it may delay relapse (the disease coming back).

For ALL, the most common type of transplant is an allogeneic transplant. This type uses healthy blood-forming cells donated by someone else to replace the unhealthy blood-forming cells. First, you get chemotherapy, with or without radiation, to kill the unhealthy cells. Then, the healthy donated cells are put into your bloodstream through an intravenous (IV) catheter. The new cells travel to the inside of your bones and begin to make healthy blood cells.

The entire transplant process, from the start of chemotherapy or radiation, until hospital discharge, can last weeks to months. This is followed by many months of recovery near the transplant center and at home. Doctors, nurses and social workers will closely care for you to prevent and treat any side effects or complications.

Key points:
• For some patients, transplant may be the best treatment to cure the ALL or delay relapse.
• Most transplants for ALL are allogeneic.

WHEN TO SEE A TRANSPLANT DOCTOR
You or your child should see a transplant doctor early after diagnosis if:
• The initial chemotherapy doesn’t lead to remission within 28 days of starting treatment
• The ALL has a high risk of relapse (coming back)
• The disease comes back 1 or more times after chemotherapy
• Your child is diagnosed as an infant

YOUR FIRST APPOINTMENT WITH A TRANSPLANT DOCTOR
Even if you don’t need a transplant right away, it’s important to see a transplant doctor early. Most patients have a better chance of a cure if they have a transplant in the early stage of ALL.

At your first appointment, the transplant doctor will:
• Review your medical history.
• Talk with you about your treatment options.
• Discuss the risks and benefits of transplant.
• Make recommendations for you and your other doctors.
• Start a donor search even if you don’t need a transplant right away. This can help you get a transplant faster if it’s needed later.
LEARN ABOUT YOUR RISK FOR RELAPSE

Doctors look at certain factors to see how likely it is that the ALL will come back (relapse) including:

• The number of white blood cells in your bloodstream when you were diagnosed

• Cytogenetic and molecular testing results

To do cytogenetic and molecular testing, doctors look at the chromosomes and genes in the leukemia cells. Chromosomes and genes carry instructions that tell your body how to make all the different substances it needs to work properly. Certain changes in the ALL chromosomes and genes predict a lower risk of relapse. Others predict a higher risk. To do this testing, doctors study your blood and your bone marrow.

For children 14 years old or younger, your doctor may test for minimal residual disease (MRD). This test looks for chromosomes and genes from the ALL that may still be in your child’s bone marrow. The results tell doctors if the ALL is likely to come back.

Ask your doctor for a copy of your test results and to explain what the results mean. Remember, if the ALL has a high risk of relapse and you’re healthy enough for transplant, it’s important to see a transplant doctor right away.

Key points:

• Cytogenetic and molecular testing tells you and your doctors about your risk of relapse.
• See a transplant doctor right away if the disease has a high risk of relapse.

QUESTIONS TO ASK YOUR DOCTOR

It’s important to ask questions so that you can make informed decisions about your treatment plan. Questions you may want to ask include:

• What are my (or my child’s) chances of a cure or long-term remission with a transplant? Without a transplant?
• Does my (or my child’s) current health or age affect how well transplant might work?
• What do my (or my child’s) cytogenetic and molecular markers mean for my (or my child’s) treatment?
• What are the possible side effects of transplant? How can they be reduced?
• How might my (or my child’s) quality of life change over time, with or without transplant?

OTHER RESOURCES TO HELP YOU LEARN MORE

Be The Match has free resources to help you learn about transplant.

Visit BeTheMatch.org/patient-before.

Here are just a few that you might find helpful:

• Videos: BeTheMatch.org/LearnTheBasics
• Booklet: Transplant Basics
• Brochure: Transplant Outcomes and Treatment Decisions

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