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

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

ABOUT ACUTE MYELOGENOUS LEUKEMIA (AML)

AML is a fast-growing blood cancer. It’s also called acute myeloid leukemia. In AML, the body makes unhealthy blood-forming cells (stem cells) that don’t work properly. These cells grow quickly in the bone marrow (soft, spongy tissue inside the bones) and prevent the marrow from making normal red blood cells, white blood cells and platelets. With fewer healthy blood cells, the body can’t fight infections or stop bleeding very well.

ABOUT BLOOD OR MARROW TRANSPLANT (BMT)

BMT, also known as a bone marrow transplant, can be used to treat patients who have AML, 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 AML, the most common type of transplant is an allogeneic transplant. An allogeneic transplant 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 AML.
• Most transplants for AML are allogeneic.

WHEN TO SEE A TRANSPLANT DOCTOR

You or your child should see a transplant doctor right away if:
• The AML is in first complete remission (no signs of disease) unless it has a low risk of coming back
• You had a disease such as myelodysplastic syndrome (MDS) that became AML
• The AML was caused by another treatment, such as chemotherapy for another disease
• The initial chemotherapy doesn’t lead to remission (no signs of disease)
• The AML comes back 1 or more times after treatment
• Your child is under the age of 2 years when diagnosed

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 AML.
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 do **cytogenetic and molecular testing** to see how likely it is that the AML will come back (relapse). This means they 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 AML 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.

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

**Key point:**

- 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 chances of a cure or long-term remission if I get a transplant? If I don’t get a transplant?
- Does the type of AML I have make a difference on how well transplant might work for me?
- Does my current health or age affect how well transplant might work for me?
- What do my cytogenetic and molecular markers mean for my treatment?
- What are the possible side effects of transplant? How can they be reduced?
- How might my 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

Most recent medical review completed March 2016.

AT EVERY STEP, WE’RE HERE TO HELP

LEARN: BeTheMatch.org/patient  EMAIL: patientinfo@nmdp.org
ORDER: BeTheMatch.org/request  CALL: 1 (888) 999-6743
TRANSLATED RESOURCES: BeTheMatch.org/translations

Every individual’s medical situation, transplant experience and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a doctor’s medical judgment or advice.