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PATIENTS & CAREGIVERS

The ALL Guide: Information for Patients and Caregivers



Revised **2020**

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ONCOLOGY

A six-word narrative about living with blood cancer from patients in our LLS Community

Stay strong and keep moving forward. Find the positive in every day. Be your own best patient advocate. Changed my life for the better. Accept, learn and focus on present. Learning to live a different life. Sudden and life changing—be positive. Waiting, worrying, anxiousness/happy I'm alive! Embrace a new normal each day. 5 years, 41 infusions, constant fatigue. Patience, positive attitude, hope and faith. Test to test, I will survive! Treatment, fatigue, treatment, fatigue and survival. Love life, live better every day. I don't look back only forward. So far, so good, live life. Meditation, mindfulness, wellness, faith, nutrition and optimism. Finding the joy while living with uncertainty. Watch, wait, treat, regroup, rest, re-energize. Blessed to be doing so well! Eye opening needed learning and healing. Feel great: uncertain travel plans annoying. Renewed faith, meditation, diet, mindfulness, gratitude. Watchful waiting can be watchful worrying. Scary, expensive, grateful, blessings, hope, faith. Thank god for stem cell transplants! Do not know what to expect. Extraordinarily grateful, I love my life. Diagnosed; frightened; tested; treating; waiting; hoping. I'm more generous, impatient less often. Embrace your treatment day after day. Live today, accept tomorrow, forget yesterday. Strength you never realized you had. Challenging to our hearts and minds. Life is what we make it. Live life in a beautiful way.



Discover what thousands already have at
www.LLS.org/Community

Join our online social network for people who are living with or supporting someone who has a blood cancer. Members will find

- Thousands of patients and caregivers sharing experiences and information, with support from knowledgeable staff
- Accurate and cutting-edge disease updates
- The opportunity to participate in surveys that will help improve care.

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New treatments may have been approved since this book was printed.
Check www.LLS.org/DrugUpdates or call (800) 955-4572.

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INTRODUCTION

Acute lymphoblastic leukemia (ALL) is a type of blood cancer. Other names for ALL are “acute lymphocytic leukemia” and “acute lymphoid leukemia.” ALL is the most common type of leukemia in children.

Advances in the treatment of ALL have resulted in improved remission rates. The number of patients with ALL who have gone into remission or have been cured increases each year.

- About 6,150 people in the United States were expected to be diagnosed with ALL in 2020.
- About 70,308 people in the United States are living with or are in remission from ALL as of 2016.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklets *Acute Lymphoblastic Leukemia (ALL) in Adults* and *Acute Lymphoblastic Leukemia (ALL) in Children and Teens* at www.LLS.org/booklets. Or contact our Information Specialists for a copy.

New treatments may have been approved since this book was printed. Check www.LLS.org/DrugUpdates or call (800) 955-4572.

Feedback. Visit www.LLS.org/PublicationFeedback to give suggestions about this booklet.

Overview of This Section

- Blood cells are made in the bone marrow. They begin as stem cells. Stem cells develop while still in the bone marrow, and they become red blood cells, white blood cells or platelets. Then they leave the marrow and enter the bloodstream.
- Acute lymphoblastic leukemia (ALL) starts with a change (mutation) to a single cell in the bone marrow.
- If you are diagnosed with ALL, choose a doctor who specializes in treating the disease (a hematologist-oncologist).
- A patient may have many tests to diagnose and plan treatment for ALL including blood tests, bone marrow tests and imaging (x-rays and scans) tests.

About Bone Marrow, Blood and Blood Cells

The general descriptions below may help you understand the information in the rest of this Guide.

Bone marrow is the spongy center located inside the bones where blood cells are made.

Blood cells begin as stem cells in the bone marrow. Stem cells grow and mature into different types of cells: red blood cells, white blood cells and platelets. After they have matured, the red blood cells, white blood cells and platelets enter the bloodstream.

Platelets help stop bleeding by clumping together (called **clotting**) at the site of an injury.

Red blood cells carry oxygen around the body. When the number of red blood cells is below normal, a condition called **anemia** usually develops. Anemia may make you feel tired or short of breath. It may make your skin look pale.

White blood cells fight infection in the body. There are two major types of white blood cells:

- Lymphocytes, which are infection-fighting cells:
 - B cells
 - T cells
 - NK cells
- Germ-eating cells:
 - Neutrophils
 - Monocytes

Plasma is the liquid part of the blood. Although mostly water, plasma also has some vitamins, minerals, proteins, hormones and other natural chemicals in it.

Normal Blood Cell Count Fast Facts

The ranges of blood cell counts listed below are for adults. They may be a little different from lab to lab and for children and teens.

Red blood cell (RBC) count

- Men: 4.5 to 6 million red cells per microliter of blood
- Women: 4 to 5 million red cells per microliter of blood

Hematocrit (the part of the blood made up of red cells)

- Men: 42% to 50%
- Women: 36% to 45%

Hemoglobin (amount of the red cell pigment that carries oxygen)

- Men: 14 to 17 grams per 100 milliliters of blood
- Women: 12 to 15 grams per 100 milliliters of blood

Platelet count

- 150,000 to 450,000 platelets per microliter of blood

White blood cell (WBC) count

- 4,500 to 11,000 white cells per microliter of blood

Differential (also called diff)

- Shows the part of the blood made up of different types of white cells
- The types of white cells counted are neutrophils, lymphocytes, monocytes, eosinophils and basophils.
- In the white blood cell count, adults usually have about 60% neutrophils, 30% lymphocytes, 5% monocytes, 4% eosinophils and less than 1% basophils in the blood.

About ALL

Leukemia is the general term for a number of different types of blood cancer. ALL is one of four main types of leukemia.

ALL is a type of cancer that begins in the bone marrow. A person can get ALL at any age. The overall risk of getting ALL is low for both children and adults. However, ALL remains the most common type of cancer in children under age 20.

Causes of ALL. ALL starts with a change (mutation) to a single cell in the bone marrow. Doctors do not know what causes most cases of ALL. There is no way to prevent ALL. You cannot catch ALL from someone else.

Signs and Symptoms. A **sign** is a change in the body that the doctor sees in an exam or a test result. A **symptom** is a change in the body that the patient can see or feel.

Many signs and symptoms of ALL are the same as symptoms caused by other illnesses. Most people with signs and symptoms of ALL do not have ALL, but may have another disease or condition.

A person who has ALL may have

- Aches in legs, arms or hips
- Black-and-blue marks for no clear reason
- Frequent infections
- Enlarged lymph nodes
- Fever without obvious cause
- Pale-looking skin
- Pinhead-sized red spots under the skin called **petechiae** (peh tee' key uh)
- Prolonged bleeding from minor cuts
- Shortness of breath during physical activity
- Tiredness or no energy
- Unexplained weight loss

Diagnosis

It is important for patients to receive the correct diagnosis. ALL is diagnosed with blood and bone marrow tests.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for full list of questions.

(NOTE: The use of “I (we)” and “me (us)” in lists of questions is used to encompass situations in which the patient may not be old enough or able to make his or her own decision. A parent, spouse, relative, or caregiver may be assisting or making the decision.)

1. What kind of testing will be done to monitor the disease and treatment?
2. How long does it take to get the results back?
3. How are the results communicated to me (us)?
4. How often will testing be needed?
5. Where will the testing be done?

Blood Cell Counts. A **CBC** (complete blood count) shows the numbers of red blood cells, white blood cells and platelets in a person’s blood. Usually, patients with ALL have lower-than-normal red blood cells and platelets.

Bone Marrow Tests. Tests called **bone marrow aspiration** and **bone marrow biopsy** are done to make sure the diagnosis of ALL is correct. These tests take a close look at the ALL cells. They also find out the percentage of ALL cells in the bone marrow.

The doctor uses information from these tests to decide

- The type of drug therapy a patient needs
- How long treatment will last

How are the Blood and Bone Marrow Tests Done?

Blood Test — A small amount of blood is taken from the patient's arm with a needle. The blood is collected in tubes and sent to a lab.

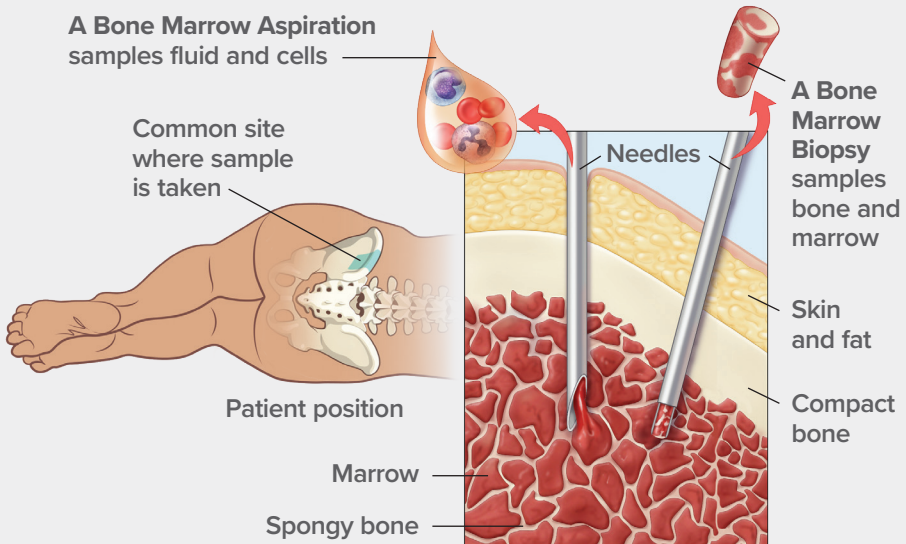
Bone Marrow Aspiration — A sample of fluid with cells is removed from the bone marrow and sent to a lab for testing.

Bone Marrow Biopsy — A very small amount of bone filled with bone marrow cells is taken from the body and sent to a lab for testing.

Both bone marrow tests are done with special needles. Some patients are awake for the procedure, but some adults and most children are given a drug that makes them sleep. Patients then get medication to numb the part of the body that will be used to get the sample of cells. The sample of cells is usually taken from the patient's hip bone.

Blood and bone marrow tests may be done in the doctor's office or in a hospital. A bone marrow aspiration and biopsy are almost always done at the same visit.

Bone Marrow Aspiration and Biopsy



Left: The place on the back of the patient's pelvic bone where a bone marrow aspiration or biopsy is done. **Right:** Where the needle goes inside the bone to collect the liquid sample for aspiration and the bone sample for biopsy. The needles are different sizes for each of these tests.

Blood and bone marrow tests may be done during and after treatment. The tests are repeated to see if treatment is working.

Blood Cell and Bone Marrow Examination. The blood cells and bone marrow cells are stained (dyed) and examined through a microscope. A person with ALL usually has too many leukemic blast cells in the blood and bone marrow. Blast cells are immature (young) cells that do not function like normal mature white blood cells. The blood and bone marrow samples can also be used for additional tests, explained below.

- Immunophenotyping — This test is used to identify cells based on the types of proteins on the cell surface. It can help determine the subtype of ALL, whether it is B-cell ALL or T-cell ALL.

- Cytogenetic analysis (Karyotyping) — Each cell in the body has chromosomes that carry genes. Genes give the instructions that tell each cell what to do. In many cases of ALL, the chromosomes of leukemia cells have abnormal changes that can be seen under the microscope. Cytogenetic analysis examines the chromosomes of the leukemia cells.
- FISH — This test is used to look at the genes or chromosomes in cells and tissues. Doctors use this test to find changes in chromosomes and genes in the leukemia cells.
- PCR — This test finds and measures some genetic mutations and chromosome changes that are too small to be seen, even with a microscope. This allows doctors to determine the amount of minimal residual disease (MRD), which is the small amount of cancer cells left in the body after treatment.

Tracking Your ALL Tests

These tips may help you save time and learn more about your health.

- Ask your doctor why certain tests are being done and what to expect.
- Discuss test results with your doctor.
- Ask for and keep copies of lab reports in a file folder or binder.
 - Organize the reports in order by date.
- Find out if and when follow-up tests are needed.
- Mark upcoming appointments on your calendar.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Understanding Lab and Imaging Tests* at www.LLS.org/booklets. Or contact our Information Specialists for a copy.

Overview of This Section

- People with ALL should choose an ALL specialist. These doctors are called **hematologist-oncologists**.
- Ask questions about your treatment choices and do not be afraid to be involved in making decisions about your own care. See the *Treatment and Follow-Up Care Question Guides* on pages 45-50.
- Adults with ALL who may want children, and parents of children who have ALL, should ask about future fertility (ability to have a child). Find out which treatments may cause problems with fertility and what choices you have that may lessen the risk of becoming infertile (unable to have children).
- The first round of treatment with chemotherapy is called **induction therapy**. Most patients with ALL need to start induction chemotherapy right away. Induction therapy is done in the hospital.
- Older adolescents and adults younger than 40 should speak to their doctors about treatment with pediatric protocols.

Finding the Right Doctor

Choose a doctor who specializes in treating leukemia and knows about the most up-to-date treatments. This type of specialist is called a **hematologist-oncologist**. A hematologist is a doctor who has special training in disorders of the blood, and an oncologist is a doctor who has special training in cancer. A hematologist-oncologist specializes in diagnosing and treating blood cancers. Your local cancer specialist may work with a leukemia specialist. Always check to see if the doctor's affiliated hospital or your chosen hospital is covered under your insurance.

How to Find a Leukemia Specialist

- Ask your primary care doctor for a recommendation.
- Contact your community cancer center.
- Reach out to doctor and/or health plan referral services.
- Call an LLS Information Specialist at (800) 955-4572.

- Use online doctor-finder resources, such as
 - The American Medical Association’s (AMA) “DoctorFinder” online at <https://apps.ama-assn.org/doctorfinder/>
 - The American Society of Hematology’s (ASH) “Find a Hematologist” online at <http://www.hematology.org/Patients/FAH.aspx>

When you meet with the specialist, doctor, nurse and healthcare team, ask questions to get a better idea of the doctor’s experience and to understand how the office works. See pages 45-50 for a full list of questions.

1. How many patients have you treated who have this disease?
2. What problems or symptoms should be reported to the nurse or doctor right away?
3. Is there a release form available so my family/caregiver can be given medical information?

Make sure you feel comfortable interacting with the doctor and the rest of the staff. You will be spending a lot of time speaking with this staff and at this treatment center.

WANT MORE INFORMATION?



You can view, print or order the free LLS fact sheet *Choosing a Blood Cancer Specialist or Treatment Center Facts* at www.LLS.org/booklets, or you can contact our Information Specialists for a copy.

Ask Your Doctor

Talk with the doctor and ask questions about how he or she plans to treat your leukemia. This will help you become actively involved in making decisions about your care.

When you meet with your doctor

- Ask questions. See pages 45-50 at the end of this book for a full list of questions. Find other “What to Ask” healthcare question guides at www.LLS.org/whattoask.
 - What are the treatment choices?
 - Are there any clinical trials that I can join?
 - When do you think treatment should begin?
 - How long will treatment last?
- Take notes. It may be helpful to write down the answers to your questions and review them later.
- Audio record information from the doctor and then listen to the recording later. Ask the doctor and staff if you can record the conversation (cell phones have a “record” function, ask someone how to use it).
- Bring a caregiver, friend or family member who can listen to the doctor along with you, take notes and offer support.
- Make sure you understand what the doctor is saying. If you do not understand, ask the doctor to explain it again.

If you need more information or are not sure about your treatment choices, consider getting another opinion (a “second opinion”) from a different qualified doctor. If you are unsure or feel uncomfortable about how to tell your doctor you are getting a second opinion, call our Information Specialists to discuss a way that makes you comfortable. You may also want to check with your insurance to ensure that a second opinion will be covered.

Before-Treatment Considerations

Fertility Concerns. Some cancer treatments can affect fertility (a person’s ability to have children in the future). For adults who have leukemia and may want to have children in the future, and parents of children who have leukemia, it is important to talk with the doctor about whether the cancer treatments could affect fertility.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for a full list of questions in this Guidebook.

1. Will this treatment affect the ability to have a child in the future?
2. If yes, are there other treatment options available?
3. What are the options for preserving fertility?
4. How much time do I (we) have to make any decisions?

WANT MORE INFORMATION?



You can view, print or order the free LLS fact sheet *Fertility Facts* at www.LLS.org/booklets, or contact our Information Specialists for a copy.

Treatment Planning

Before you begin treatment, you and your doctor will discuss your treatment options. One option may be a clinical trial. Like all treatment options, clinical trials have possible risks and benefits. It is important to talk to your doctor about your best treatment option.

There are three stages of treatment for ALL

- Induction therapy
- Consolidation therapy
- Maintenance therapy

Children with ALL often have additional phases of treatment, and the treatments are given for longer periods of time. For more information, see *ALL Treatment in Children* on page 25.

Consolidation and maintenance treatments are given once the patient has achieved a remission and are called “postremission therapies.” These are described beginning on page 21.

The goal of treatment for ALL is to cure the disease.

- Many children with ALL are cured.
- The number of adults with ALL in remission (no sign of the disease after treatment) is increasing.
- The length of remission in adults has improved.

Many children with ALL are treated in clinical trials. Adults with ALL should talk to their doctors about clinical trials. A clinical trial may be a good treatment choice for a child or adult. Clinical trials are explained beginning on page 27.

Factors that may affect treatment include

- Patient age
- Number of white blood cells in the blood at the time of diagnosis
- ALL subtype
- Changes in the chromosomes and/or genes in the leukemia cells
- Response to initial treatment (induction therapy)
- Whether leukemia cells are found in the central nervous system



Write down your ALL subtype here: _____

About ALL Treatments

New treatments may have been approved since this book was printed. Check www.LLS.org/DrugUpdates or call (800) 955-4572.

Treatment for patients with ALL may include

- Chemotherapy
- Drug therapy
- Stem cell transplantation
- New approaches and drugs under study (in **clinical trials**)

A patient may receive different drugs from those described in this Guide. This may still be considered proper treatment.

Speak to your doctor to find out what treatment is best for you.

Our Information Specialists can help you plan questions to ask your doctor about treatment.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for full list of questions.

1. What is the subtype?
2. What are the treatment options, including clinical trials?
3. What is the goal of treatment?
4. What are the benefits and risks of these treatments?
5. Is there one treatment recommended over others?

Induction Therapy. Induction therapy is the first round of treatment with chemotherapy. Most ALL patients need to start induction chemotherapy right away. Induction therapy is usually done in the hospital.

Patients are often in the hospital for four to six weeks.

The goals of induction therapy are to

- Kill as many ALL cells as possible
- Get blood counts back to normal
- Get rid of all signs and symptoms of ALL for an extended period of time

Some Induction Therapy Drugs for ALL and How They Are Given

Name of Drug	How Administered
Daunorubicin (Cerubidine®) or doxorubicin (Adriamycin®)	IV injection via central line*, port* or PICC*
Vincristine (Oncovin®)	IV injection via central line, port or PICC
Dexamethasone or prednisone (corticosteroids)	Oral (by mouth)
Pegaspargase (PEG-L asparaginase; Oncaspar®)	IV injection via central line, port or PICC or by intramuscular (into the muscle) injection
Cyclophosphamide (Cytosan®)	IV injection via central line, port or PICC

*See below and page 18 for an explanation of these terms.

Chemotherapy and Other Drugs. Not everyone with ALL receives the same type of treatment. Your treatment may include chemotherapy, targeted therapy, immunotherapy and stem cell transplantation.

Treatment for ALL is usually long-term chemotherapy. Chemotherapy drugs kill or damage cancer cells. Different types of chemotherapy drugs work in different ways to kill leukemia cells so often more than one chemotherapy drug is given.

Some drugs are given by mouth (orally). Other drugs are inserted directly into the patient's body through a **central line**, a **port**, or a **PICC**. Central lines, ports, and PICCs can be used to give medications, nutrition and blood cells. These devices can be used in the reverse to take blood samples out of the patient. Central lines, ports and PICCs can stay in place for weeks or months. The purpose of these devices is to avoid the constant use of needles and IVs for giving medication and taking necessary samples. Talk to your doctor about how drugs will be administered to you or your child.

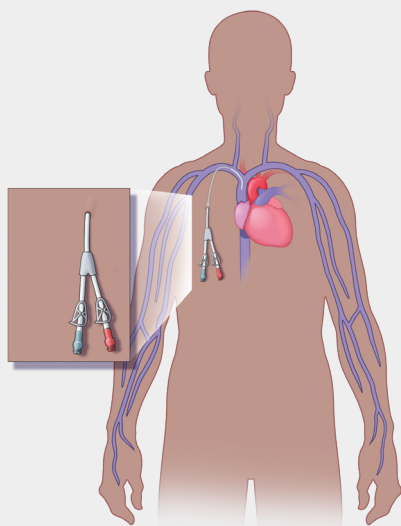
Central Lines, Ports and PICCs

Central Line (catheter) — A thin tube that is put under the skin and into a large vein in the chest. The central line stays firmly in place. “Indwelling catheter” is another word for central line.

Port — This is a small device that is used with a central line. The port is placed under the skin of the chest. After the site heals, no dressings are needed and no special home care is required. The doctor or nurse can give medicines or nutrition to the patient or take blood samples from the patient using the port. A needle is simply inserted through the skin into the port. A numbing cream can be put on the skin before the port is used.

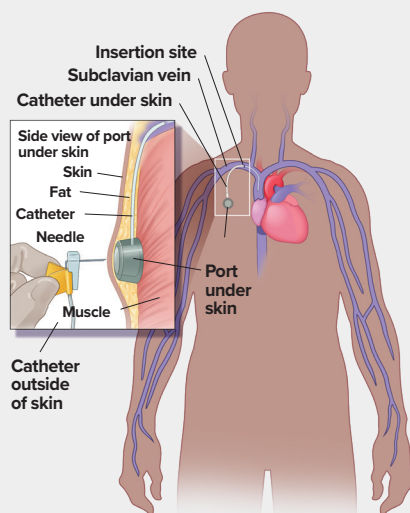
PICC or PIC Line (short for “percutaneously inserted central venous catheter”) — A PICC or PIC (not shown) is inserted through a vein in the arm.

Hickman® Catheter



Hickman® Catheter: An example of a type of central line.

Port and Catheter



Port: A port used with a central line.

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Some ALL Drugs

These are some of the standard ALL drugs used. Some drugs under study in ALL clinical trials are also listed.

Drug Types	Drug Names
Antimetabolites	clofarabine (Clolar [®]), cytarabine (cytosine arabinoside, Ara-C; Cytosar-U [®] ; DepoCyt [®]), fludarabine (Fludara [®]), hydroxyurea (Hydrea [®]), 6-mercaptopurine (Purinethol [®] , Purixan [®]), methotrexate (Xatmep [®] ; Abitrexate [®] ; Trexall [®]), nelarabine (Arranon [®]), 6-thioguanine (thioguanine; Tabloid [®])
Anthracyclines	daunorubicin (Cerubidine [®]), doxorubicin (Adriamycin [®]), mitoxantrone (Novantrone [®]), idarubicin (Idamycin [®]).
DNA Repair Enzyme Inhibitor	etoposide (VP-16; VePesid [®] , Etopophos [®])
DNA-Damaging Agents	cyclophosphamide (Cytoxan [®]), ifosfamide (Ifex [®])
Drugs that Prevent Cells from Dividing	vincristine (Oncovin [®]) vincristine sulfate liposome (Marqibo [®])
Enzymes that Prevent Cells from Surviving	asparaginase <i>Erwinia chrysanthemi</i> (Erwinaze [®]), pegaspargase (PEG-L-asparaginase, Oncaspar [®]), calaspargase pegol-mknl (Asparlas [™])
Tyrosine Kinase Inhibitors (TKIs)	imatinib mesylate (Gleevec [®]), dasatinib (Sprycel [®]), nilotinib (Tasigna [®]), ponatinib (Iclusig [®]), bosutinib (Bosulif [®])
Corticosteroids	prednisone, methylprednisolone, dexamethasone
Immunotherapies	rituximab (Rituxan [®]), blinatumomab (Blinicyto [®]), inotuzumab ozogamicin (Besponsa [®]), tisagenlecleucel (Kymriah [®])
Janus Kinase Inhibitor	Ruxolitinib (Jakafi [®])

Information about side effects of treatment begins on page 29.

New treatments may have been approved since this book was printed. Check www.LLS.org/DrugUpdates or call (800) 955-4572.

WANT MORE INFORMATION?



Visit www.LLS.org/booklets (filter by Side Effect Management) to view, print or order the full *Side Effects Management* series. Or contact our Information Specialists for a copy.

Use the lines provided on page 51 to list your treatments and when you took them.

Central Nervous System (CNS) Leukemia

Patients may have ALL cells in the lining of the spinal cord and brain, which make up the central nervous system (CNS). A spinal tap (also called a **lumbar puncture**) is used to check the spinal fluid for ALL cells. Even if ALL cells are not found in the spinal fluid, patients are still treated as a prevention (prophylaxis) against CNS leukemia. Every patient with ALL gets treatment to prevent CNS leukemia.

The spinal cord and brain are hard to reach with chemotherapy that is given through a vein in the arm. Some patients have chemotherapy injected right into the spinal canal. This is called intrathecal chemotherapy. Drugs such as **methotrexate**, **cytarabine**, and corticosteroids (**prednisone**, **dexamethasone**) are used.

Some patients receive systemic chemotherapy. These patients receive the chemotherapy drugs through a vein. The drugs may include **high-dose methotrexate**, **intermediate-dose/high-dose cytarabine** and **pegaspargase**.

Other patients may receive radiation therapy to the spine and brain. In most practices, doctors do not use cranial (to the head) radiation for pediatric patients except in patients who have CNS leukemia or CNS relapse. When radiation therapy is used, the chance of long-term side effects is higher.

Spinal taps are done from time to time throughout treatment. This test checks to see if ALL cells remain in the central nervous system.

Testing after Induction Therapy

At the end of induction therapy, blood and bone marrow tests are done to see how well treatment is working. The doctor will see if you are in **remission**. A complete remission is achieved when you no longer have signs and symptoms of leukemia.

If you are not in remission, typically another course of chemotherapy is given, usually using different drugs.

Even when you have achieved a complete remission, some leukemia cells still remain in the body that cannot be seen with a microscope. This is called **minimal residual disease (MRD)**. MRD is not found by common blood or bone marrow tests. MRD tests use highly sensitive methods to detect small amounts of cancer cells in the blood or bone marrow.

In patients who achieve a complete remission after induction therapy, the presence of MRD means they have an increased risk of relapse. **Blinatumomab (Blincyto®)** is approved by the U.S. Food and Drug Administration (FDA) to treat adults and children with B-cell ALL who are in remission but still have MRD.

Postremission Therapy

Postremission therapy refers to ALL treatments given to patients after their disease is in a complete **remission**. Even after a patient with ALL is in remission, more treatment is usually needed because it is believed that some residual leukemia cells are still in the body. Postremission therapy consists of **consolidation (intensification) therapy** and **maintenance therapy**.

- Consolidation therapy is usually given in cycles for four to six months.
- Maintenance therapy is usually given for about two years for adults and two to three years for children.

Consolidation therapy is typically combination chemotherapy. Depending on the treatment regimen used, consolidation therapy may contain different drugs than those used during induction. For others, the drugs used during consolidation are the same as the ones used during induction.

As part of consolidation therapy, some patients in remission may receive an allogeneic stem cell transplant. Allogeneic transplants are explained in the section on *Stem Cell Transplantation* beginning on page 22.

The third phase of treatment is maintenance. The goal of maintenance therapy is to prevent relapse. Patients receive lower doses of chemotherapy drugs and some medications orally (by mouth). Most maintenance therapy regimens include **6-mercaptopurine, methotrexate, vincristine** and corticosteroids.

Some Consolidation and Maintenance Therapies

- Vincristine (Oncovin®), by intravenous (IV) infusion
- Prednisone or dexamethasone, by mouth
- 6-mercaptopurine (Purinethol®), by mouth
- Blinatumomab (Blincyto®), by IV infusion
- Methotrexate, by mouth, IV, or injection into the spinal fluid
- Cytarabine (cytosine arabinoside, Ara-C, Cytosar-U®), by IV or injection into the spinal fluid
- Cyclophosphamide, by IV injection
- Pegaspargase (PEG-L asparaginase; Oncaspar®), by injection or by intramuscular or subcutaneous injection
- Central nervous system prophylaxis therapy

Stem Cell Transplantation

This is a procedure in which patients receive healthy stem cells to replace their own stem cells that have been destroyed by cancer or cancer treatments. The goal of stem cell transplant is to help the body start a new supply of blood cells after the patient receives high-dose chemotherapy.

There are two types of stem cell transplantation, one that uses replacement blood stem cells from a donor (**allogeneic transplant**) and one that replaces the patient's stem cells with his or her own stem cells (**autologous transplant**).

When doctors are planning treatment, they use a number of factors to determine a patient's need for a stem cell transplant. These factors may include: the individual's disease; if the patient is not doing well with other

treatments; if the expected benefits of a transplant exceed the risks; if there is a stem cell donor; and physical ability to have the transplant. A stem cell transplant is not for every patient, but it can be helpful for some.

A stem cell transplant is usually not considered for a child unless

- Doctors have determined that the child's type of ALL is not likely to respond well to chemotherapy
- Chemotherapy has not worked well
- The child's ALL has returned (relapsed)

Additional information about different kinds of transplants available for some ALL patients is below. Talk to your doctor about whether a stem cell transplant is a possible treatment for you.

Allogeneic Stem Cell Transplantation. An allogeneic transplant is a treatment that uses stem cells from a donor. The stem cells in the donor's blood must be a "match" to the patient. The donor may be a brother or sister (siblings are most often the best match). The donor might also be an unrelated person with stem cells that match the patient's. Stem cells may also come from cord blood (the blood in the umbilical cord after a baby's birth). Allogeneic transplants are done in the hospital. The following bullets list the process.

- Stem cells are collected from a donor, frozen and stored.
- The patient is given high-dose chemotherapy and/or radiation therapy to kill the ALL cells in the body.
- The donor stem cells are given to the patient through an intravenous (IV) line or central line.
- The donor stem cells go from the patient's blood to the marrow and begin a new supply of red blood cells, white blood cells and platelets.

For patients who may not be able to withstand the high doses of chemotherapy that are given to patients during stem cell transplant, there is another type of allogeneic stem cell transplant. **Reduced-intensity allogeneic stem cell transplant** (also called a **nonmyeloablative transplant**) uses lower doses of chemotherapy than a standard allogeneic transplant. Some older or sicker patients may be helped by this treatment. Talk to your doctor about whether stem cell transplant might work for you.

Autologous Stem Cell Transplantation. An autologous transplant uses the patient's own stem cells, but this type of transplant is not commonly used to treat ALL. This is because of the high relapse rate following this type of transplant in patients with ALL. Your doctor will talk with you about whether an autologous transplant is a treatment option for you.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklets *Blood and Marrow Stem Cell Transplantation* and *Cord Blood Stem Cell Transplantation Facts* at www.LLS.org/booklets. Or contact our Information Specialists for copies.

Ph-Positive ALL

About one out of four adults with ALL has a type called **Ph-positive ALL**. A small number of children (2 to 4 out of 100 children) with ALL have Ph-positive ALL. Ph stands for Philadelphia chromosome, a genetic abnormality.

Patients with Ph-positive ALL are usually treated with a type of drug called a tyrosine kinase inhibitor (TKI) combined with chemotherapy. The following TKIs are FDA-approved for the treatment of Ph-positive ALL: **imatinib mesylate (Gleevec®)**, **dasatinib (Sprycel®)**, or **ponatinib (Iclusig®)**, which are all given orally (by mouth).

Relapsed and Refractory ALL

Some patients have **relapsed** ALL, which is when a patient achieves a remission after treatment but then the disease returns. Other patients have **refractory** ALL, which is when the ALL cells do not respond to treatment and patients do not achieve a remission.

For patients with relapsed or refractory ALL, treatment options may include:

- Different drugs than those used during the induction regimen
- Some of the same drugs that were successful in the induction phase, either at the same or higher doses
- An allogeneic stem cell transplant

For more information about allogeneic stem cell transplantation, see page 23.

The FDA has approved these drugs for relapsed and refractory ALL.

- **Liposomal vincristine (Marqibo®)** is for adult patients with Philadelphia chromosome-negative ALL who have relapsed two or more times. It is also approved for patients whose leukemia has progressed following two or more anti-leukemia therapies.
- **Nelarabine (Arranon®)** is for the treatment of T-cell ALL in adults and children age 1 year and older whose disease has not responded to or has relapsed following treatment with at least 2 chemotherapy regimens.
- **Blinatumomab (Blincyto®)** is approved to treat adults and children with relapsed or refractory B-cell ALL.
- **Inotuzumab ozogamicin (Besponsa®)** is for the treatment of adults with relapsed or refractory B-cell ALL.
- **Tisagenlecleucel (Kymriah®)** is a treatment for patients up to 25 years of age with B-cell ALL that is refractory or in second or later relapse.
- **Clofarabine (Clolar®)** is approved for the treatment of pediatric patients 1 to 21 years old with relapsed or refractory ALL after at least two prior regimens.

ALL Treatment in Children

ALL is the most common childhood cancer in the United States. Childhood ALL has one of the highest cure rates of all childhood cancers, approaching 90 percent for children younger than age 15.

Children usually receive more intense treatment than those given to adults. They also receive treatments for longer periods of time than adults.

Typical treatment for children with ALL involves multi-drug chemotherapy regimen that is divided into 5 phases: induction, consolidation, interim maintenance, delayed intensification and maintenance. Children with high-risk disease may have additional phases of treatment.

WANT MORE INFORMATION?



You can view, print or order the free LLS book *Acute Lymphoblastic Leukemia (ALL) in Children and Teens* and *Caring for Kids and Adolescents with Blood Cancer* workbook at www.LLS.org/booklets. Or contact our Information Specialists for copies.

ALL Treatment in Young Adults

Older adolescents and adults younger than 40 are often called young adults. Traditionally, treatment for this group has been similar to adult treatment. However, a number of cancer centers are now using pediatric protocols to treat young adult patients. Researchers have found that young adult patients treated on pediatric protocols have improved rates of survival compared with young adult patients treated on adult ALL regimens.

A new type of immunotherapy called **chimeric antigen receptor (CAR) T-cell therapy** uses the patient's own immune cells to target and eliminate cancerous cells. **Tisagenlecleucel (Kymriah®)** is currently approved for patients up to 25 years of age with relapsed or refractory ALL.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Chimeric Antigen Receptor (CAR) T-Cell Therapy Facts* at www.LLS.org/booklets, or contact our Information Specialists for a copy.

ALL Treatment in Adults

Today, cures are possible for some adults with ALL. But treatment results in adults are not as positive as treatment results in children. ALL in adults is more resistant to treatment than ALL in children. Older adults may have other medical problems, so a doctor may choose less-toxic drugs, or decrease the dosage and frequency of treatment. New and better treatments for ALL in adults are needed. Older adults may want to consider a clinical trial as a treatment option. See *About Clinical Trials* on page 27 for more information.

WANT MORE INFORMATION?



You can view, print or order the free LLS book *Acute Lymphoblastic Leukemia (ALL) in Adults* at www.LLS.org/booklets. Or contact our Information Specialists for a copy.

About Clinical Trials

There are new treatments under study for patients of all ages with ALL. New treatments are studied in clinical trials. Clinical trials are also used to study new uses for approved drugs or treatments, such as changing the dose of the drug or giving the drug along with another type of treatment. Some clinical trials combine drugs for ALL in new sequences or dosages. Different approaches may be more effective in treating ALL.

There are clinical trials for

- Newly diagnosed ALL patients
- Patients who did not have a good response to treatment (refractory disease)
- Patients whose cancer returned (relapsed disease)
- Patients who need to continue treatment after remission (maintenance therapy)

A carefully conducted clinical trial may provide the best available therapy for patients with ALL.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for a full list of questions.

1. Is a clinical trial a treatment option?
2. How can I (we) find out if our insurance covers the cost of the clinical-trial treatment and treatment-related costs, such as testing?
3. Who pays for the travel costs to get to the trial?

Ask your doctor if treatment in a clinical trial may be right for you. For more information, please call (800) 955-4572 to speak with an LLS Information Specialist who can provide more information about clinical trials and help search for a clinical trial for you. When appropriate, personalized clinical-trial navigation by trained nurses is also available through the Clinical Trial Support Center. Visit www.LLS.org/CTSC to learn more about this service.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklets *Understanding Clinical Trials for Blood Cancers* and *Knowing All Your Treatment Options* at www.LLS.org/booklets, or contact our Information Specialists for copies.

Overview of This Section

- Treatment side effects vary depending on the type of treatment (for example, chemotherapy, targeted therapy, radiation, etc).
- Some of the common side effects of treatment for ALL may include mouth sores, nausea, diarrhea and/or constipation or changes in blood counts.
- Parents should talk to the doctor if they think their child's learning skills may have been affected by leukemia or its treatment. The child's learning skills should be checked.
- Children and adults who have been treated for ALL should see their primary care doctor and a cancer specialist regularly for follow-up care.

Side Effects of ALL Treatment

The term **side effect** describes the way that treatment affects healthy cells, and often defines the negative or undesirable effects from a treatment.

The aim of treatment for ALL is to kill the ALL cells. But treatment for ALL also affects healthy cells in the body. Treatment side effects depend on the type of treatment. Patients react to treatments in different ways. Sometimes there are very mild side effects. Other side effects may be uncomfortable and difficult. Some side effects are serious and last a long time. Usually, side effects go away once treatment ends. Patients with ALL should talk with their doctors about side effects before they begin any type of treatment.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for full list of questions.

1. What side effects should be reported to the team right away?
2. What are the common side effects of this treatment?
3. How long will the side effects last?
4. How can potential side effects be prevented or managed?

Acute lymphoblastic leukemia treatment may affect your blood cell counts:

- The number of red blood cells may decrease (this is called **anemia**). Red blood cell transfusions (red blood cells that are donated and given to the patient) may be needed to increase red blood cell counts.

- Patients may have a drop in the number of platelets in their blood. A platelet transfusion may be needed to prevent bleeding if a patient's platelet count is very low.
- A big drop in the number of white blood cells may lead to an infection. These infections are usually treated with antibiotics. To help improve white blood cell counts, a patient may be given drugs called growth factors such as **Neupogen®** and **Neulasta®** to increase white blood cell counts. Growth factors are rarely given to children and only in certain circumstances.

Infection can be very serious for anyone who has ALL. Patients at home should contact a doctor if any signs of infection develop. A rise in temperature to 100.4°F or higher (or the onset of chills) may be the only sign of infection in a patient with a very low white blood cell count. Patients with an infection may also have:

- Coughing
- Sore throat
- Pain when urinating
- Frequent loose bowel movements

To lower the risk of infection

- Patients, visitors, and the medical staff need to wash their hands often and well.
- The patient's central line must be kept clean.
- Patients should take good care of their teeth and gums.

Chemotherapy may cause the amount of uric acid to increase in the blood of some ALL patients. Some patients also have a buildup of uric acid from the disease itself. Uric acid is a chemical normally present in the body, but a high level of uric acid can cause severe damage to the kidneys and heart.

Patients with high uric acid levels may be given:

- A drug called **allopurinol (Zyloprim®)**
- A drug used called **rasburicase (Elitek®)**

Other Treatment Side Effects. Some other common side effects of treatment for ALL may include:

- Mouth sores
- Diarrhea
- Hair loss
- Rashes
- Nausea
- Headache
- Peripheral neuropathy (numbness, tingling or muscle weakness usually in the hands and feet)
- Vomiting

Not all patients have these side effects. Treatment to prevent or manage nausea, vomiting, diarrhea and other side effects can help patients feel more comfortable.

There may be other side effects that are not listed here that you should watch for when taking a specific treatment. Talk to your healthcare team about the possible side effects of your treatment. You can also call our Information Specialists.

WANT MORE INFORMATION?



Visit www.LLS.org/booklets (filter by Side Effect Management) to view, print or order the full *Side Effect Management* series. Or contact our Information Specialists for a copy.

Long-Term and Late Effects

Long-term effects are side effects of treatment that may last for months or years after treatment ends. Fatigue is an example of a long-term side effect. In children, learning skills may be affected.

Late effects are side effects of treatment that may not show up until years after treatment ends. Heart disease is an example of a possible late side effect.

Children who are treated for ALL may have:

- Growth problems
- Fertility problems (ability to have children later)
- Bone problems
- Heart problems
- Learning problems

Adults who are treated for ALL may have:

- Fertility problems
- Thyroid problems
- Trouble concentrating
- Persistent fatigue

Not everyone who is treated for ALL develops long-term or late effects. It depends on the patient's age, overall health and the person's specific treatment.

Patients should talk with their doctors about any long-term or late effects that they experience. Parents should talk to their child's doctor if they think their child's learning skills may have been affected by the cancer treatment.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for full list of questions.

1. Who should I (we) work with to ensure life-long follow up?
2. How can I be monitored for long-term and late effects of treatment?
3. What types of long-term and late effects should be brought to the healthcare team's attention?

WANT MORE INFORMATION?



You can view, print or order these free LLS publications at www.LLS.org/booklets

- *Learning and Living with Cancer: Advocating for your Child's Educational Needs*
- *Long-Term and Late of Effects of Treatment in Adults Facts*

Visit www.LLS.org/FamilyWorkbook to find additional information about long-term and late effects in children in the chapter, Beyond Treatment in the *Caring for Kids* workbook.

Or, contact our Information Specialists for copies.

Follow-Up Care

Medical follow-up care is important for every ALL patient. Follow-up care helps the doctor see if disease has recurred or relapsed and evaluate for long-term and late effects.

Children and adults who have been treated for ALL should see their primary care doctors and their hematologist-oncologists (cancer specialists) regularly for follow-up care. Patients should talk with the doctor about how often to have follow-up visits. You can ask your doctor what tests will be needed and find out how often you should have these tests. It is important to get and keep a record of your cancer treatment, including the drugs you received and the time period you received them, so that your doctor can follow up on specific long-term effects that may be associated with your treatment. See page 51 for a place to list treatments.

Here are some questions you may want to ask your healthcare team.

See pages 45-50 for full list of questions.

1. Who should I (we) work with to ensure life-long follow up?
2. Will I (we) continue to see this healthcare team?
3. What information can be provided to my primary doctor about past treatment and what may be needed in the future?

Follow-up care includes physical exams and blood tests. Sometimes bone marrow tests are also needed. The doctor may advise longer periods of time between follow-up visits if a patient:

- Continues to be free of signs of ALL
- Does not need medical care for any long-term or late effects

Survivorship clinics provide services that help cancer patients manage issues related to surviving cancer. A survivorship clinic may help patients deal with physical and emotional changes that may occur after cancer treatment. To find a survivorship clinic and other resources for child and adult survivors, talk to your healthcare team and contact our Information Specialists.

Take Care of Yourself

- Keep all appointments with the doctor.
- Discuss how you feel with the doctor at each visit. Ask any questions you may have about side effects.
- People with ALL may have more infections than other people. Follow the doctor's advice for preventing infection.
- Eat healthy foods each day. It may help to eat 4 or 5 small meals instead of 3 big ones.
- Contact the doctor about tiredness, fever or other symptoms.
- Do not smoke. Patients who smoke should get help to quit.
- Get enough rest and exercise. Talk with your doctor before starting an exercise program.
- Keep a healthcare file with copies of lab reports and treatment records.
- Have regular cancer screenings. See your primary care doctor to keep up with other healthcare needs.
- Talk with family and friends about how you feel. When family and friends know about ALL and its treatment, they may worry less.
- Seek medical advice if you feel sad or depressed and your mood does not improve over time. For example, if you feel sad or depressed every day for a two-week period, seek help. Depression is an illness. It can and should be treated, even when a person is being treated for ALL. Treatment for depression has benefits for people living with cancer.

Resources and Information

LLS offers free information and services for patients and families affected by blood cancers. This section of the booklet lists various resources available to you. Use this information to learn more, to ask questions, and to make the most of your healthcare team.

For Help and Information

Consult with an Information Specialist. Information Specialists are master's level oncology social workers, nurses and health educators. They offer up-to-date information about disease, treatment and support. Language services are available. For more information, please

- Call: (800) 955-4572 (Monday through Friday, 9 am to 9 pm ET)
- Email: infocenter@LLS.org
- Live chat: www.LLS.org/InformationSpecialists
- Visit: www.LLS.org/InformationSpecialists

Clinical Trials Support Center (CTSC). Research is ongoing to develop new treatment options for patients. LLS offers help for patients and caregivers in understanding, identifying and accessing clinical trials. When appropriate, patients and caregivers can work with Clinical Trial Nurse Navigators who will help find clinical trials and personally assist them throughout the entire clinical trial process. Please visit www.LLS.org/CTSC for more information.

Free Information Booklets. LLS offers free education and support publications that can either be read online or ordered. Please visit www.LLS.org/booklets for more information.

Telephone/Web Education Programs. LLS offers free telephone/Web and video education programs for patients, caregivers and healthcare professionals. Please visit www.LLS.org/programs for more information.

Financial Assistance. LLS offers financial assistance to individuals with blood cancer. Visit www.LLS.org/finances for more information.

Co-Pay Assistance Program. LLS offers insurance premium and medication co-pay assistance for certain eligible patients. For more information, please

- Call: (877) 557-2672
- Visit: www.LLS.org/copay

LLS Health Manager™ App. This free mobile app helps you manage your health by tracking side effects, medication, food and hydration, questions for your doctor, and more. Export the information you've tracked in a calendar format and share it with your doctor. You can also set up reminders to take medications, drink water, and eat. Please visit www.LLS.org/HealthManager to download for free.

One-on One Nutrition Consultations. Access free one-on-one nutrition consultations by a registered dietitian who has experience in oncology nutrition. Dietitians assist callers with information about healthy eating strategies, side effect management, and survivorship nutrition. They also provide additional nutrition resources. Please visit www.LLS.org/nutrition for more information.

Podcast. The *Bloodline with LLS* is here to remind you that after a diagnosis comes hope. Listen in as patients, caregivers, advocates, doctors and other health care professionals discuss diagnosis, treatment options, quality-of-life concerns, treatment side effects, doctor-patient communication and other important survivorship topics. Please visit www.LLS.org/TheBloodline for more information and to subscribe.

Suggested Reading. LLS provides a list of selected books recommended for patients, caregivers, children and teens. Visit www.LLS.org/SuggestedReading to find out more.

Community Resources and Networking

LLS Community. The one-stop virtual meeting place for talking with other patients and receiving the latest blood cancer resources and information. Share your experiences with other patients and caregivers and get personalized support from trained LLS staff. Visit www.LLS.org/community to join.

Weekly Online Chats. Moderated online chats can provide support and help cancer patients reach out and share information. Please visit www.LLS.org/chat for more information.

LLS Chapters. LLS offers community support and services in the United States and Canada including the *Patti Robinson Kaufmann First Connection Program* (a peer-to-peer support program), local support groups and other great resources. For more information about these programs or to contact your chapter, please

- Call: (800) 955-4572
- Visit: www.LLS.org/ChapterFind

Other Helpful Organizations. LLS offers an extensive list of resources for patients and families. There are resources that provide help with financial assistance, counseling, transportation, patient care and other needs. For more information, please visit www.LLS.org/ResourceDirectory to obtain our directory.

Advocacy. The LLS Office of Public Policy (OPP) enlists volunteers to advocate for policies and laws to speed new treatments and improve access to quality medical care. For more information, please

- Call: (800) 955-4572
- Visit: www.LLS.org/advocacy

Additional Help for Specific Populations

Información en Español (LLS information in Spanish). Please visit www.LLS.org/espanol for more information.

Language Services. Let your doctor know if you need a language interpreter or other helper, such as a sign language interpreter. Often, these services are free.

Children's Concerns. Parents of a child with leukemia may want to talk to members of their child's healthcare team about how to find enough time for everything, pay for treatment, and best help their children. Visit www.LLS.org/FamilyWorkbook to find additional information.

The *Trish Greene Back to School Program for Children With Cancer.* This program is designed to increase communication among healthcare professionals, school personnel, parents and patients to assure children with cancer a smooth transition back to school. For more information, visit www.LLS.org/BackToSchool or call (800) 955-4572.

Information for Veterans. Veterans who were exposed to Agent Orange while serving in Vietnam may be able to get help from the United States Department of Veterans Affairs. For more information visit www.publichealth.va.gov/exposures/agentorange or call the Department of Veterans Affairs at (877) 222-8387.

World Trade Center Survivors. People involved in the aftermath of the 9/11 attacks and subsequently diagnosed with a blood cancer may be able to get help from the World Trade Center (WTC) Health Program. People eligible for help include

- Responders
- Workers and volunteers who helped with rescue, recovery and cleanup at the WTC-related sites in New York City (NYC)
- Survivors who were in the NYC disaster area and those who lived, worked or were in school in that area
- Responders to the Pentagon and the Shanksville, PA, crashes

For more information, please

- Call: WTC Health Program at (888) 982-4748
- Visit: www.cdc.gov/wtc/faq.html

People Suffering from Depression. Treating depression has benefits for cancer patients. Seek medical advice if your mood does not improve over time, for example, if you feel depressed every day for a two-week period. For more information, please

- Call: The National Institute of Mental Health (NIMH) at (866) 615-6464
- Visit: NIMH at www.nimh.nih.gov and enter “depression” in the search box

Health Terms

Anemia. A condition in which the number of red blood cells is below normal. Severe anemia can cause a pale complexion, weakness, tiredness and shortness of breath.

Antibiotic. A drug that is used to treat infections caused by bacteria or fungi.

Blast cell. Immature blood cell.

Bone marrow. The spongy material in the center of bones where blood cells are made (also called marrow).

Bone marrow aspiration. A procedure to remove and examine bone marrow cells to see if they are normal. A liquid sample of cells is taken from the bone marrow. Then the cells are looked at under a microscope.

Bone marrow biopsy. A procedure to remove and examine bone marrow cells to see if they are normal. A very small amount of bone filled with bone marrow cells is taken from the body. Then the cells are looked at under a microscope.

Central line. Special tubing the doctor puts into a large vein in the upper chest. This prepares a patient for chemotherapy treatment. The central line is used to give the patient chemotherapy drugs and blood cells. It also can remove blood samples. Also called **indwelling catheter**.

Central nervous system (CNS) prophylaxis. Treatment given to lower the risk of leukemia cells spreading to the central nervous system (brain and spinal cord).

Chemotherapy. Treatment that stops the growth of cancer cells, either by killing the cancer cells or by stopping them from dividing.

Chromosome. Part of the cell that contains genetic information. Chromosomes are made up of genes. Genes give the instructions that tell each cell what to do. Human cells have 23 pairs of chromosomes. The number or shape of chromosomes may not be normal in cancer cells.

Clinical trial. A careful study done by doctors for new drugs or treatments, or studies done to find new uses of approved drugs or treatments. The goals of clinical trials for blood cancers are to find cures, improve treatments and improve quality of life for patients.

Combination chemotherapy or drug therapy. The use of two or more drugs together to treat ALL and other cancers.

Consolidation therapy. Treatment that is given to a cancer patient after the disease is in remission following induction therapy.

Cytogenetic analysis. The examination of cells to look for changes in chromosomes. The results may be used to help diagnose disease and plan treatment.

FDA. The short name for the United States Food and Drug Administration. Part of the FDA's job is to assure the safety and security of drugs, medical devices and the U.S. food supply.

FISH. The short name for fluorescence in situ hybridization, a test to study abnormal genes and chromosomes in cells. This test can be used to plan treatment and to measure the results of treatment.

Hematologist. A doctor who specializes in treating blood diseases.

Hemoglobin. The part of the red blood cell that carries oxygen throughout the body.

Immune system. Network of cells, tissues, and organs in the body that work together to defend the body against infections.

Immunophenotyping. A lab test that identifies cells based on the types of markers on the surface of the cells. It can be used to diagnose specific type of leukemia and lymphoma cells.

Induction therapy. The first treatment given to treat ALL. The goal of induction therapy is to kill as many cancer cells as possible in order to achieve (induce) a remission.

Leukemia. A cancer of the bone marrow and blood.

Lymph node. A bean-shaped organ that is part of the body's immune system. There are hundreds of lymph nodes throughout the body.

Maintenance therapy. Treatment given to patients after induction and consolidation therapy to prevent disease relapse.

Oncologist. A doctor who has special training in diagnosing and treating cancer.

Pathologist. A doctor who has special training in identifying diseases by studying cells and tissues under a microscope.

PCR. The short name for polymerase chain reaction, a very sensitive lab test that can measure the presence of cancer cell markers in the blood or bone marrow. PCR is used to detect remaining cancer cells that cannot be detected by other tests.

Plasma. The liquid part of the blood.

Platelet. A blood cell fragment that helps prevent or stop bleeding.

Postremission therapy. Treatment given to cancer patients who have achieved a remission after induction therapy. It is used to kill any cancer cells that may remain in the body after initial therapy.

Radiation therapy. Treatment with x-rays or other forms of radiation to treat cancer and other diseases.

Refractory cancer. Cancer that does not respond to treatment. Refractory disease may be a disease that is getting worse or staying the same even after treatment.

Relapse or recurrence. A return of cancer after a period of improvement.

Remission. No sign of the disease, usually following treatment.

Stem cell. A type of cell found in bone marrow that matures into different types of cells: red blood cells, white blood cells and platelets.

My Healthcare Team Contact List

Use this list to remember names and contact information for members of your healthcare team.

CAREGIVER NAME:

Address: _____

Phone Number/Fax number: _____

Email address: _____

Additional information: _____

PRIMARY CARE DOCTOR NAME:

Address: _____

Phone Number/Fax number: _____

Email address: _____

Additional information: _____

PHARMACY NAME:

Address: _____

Phone number/Fax number: _____

Additional information: _____

Information Specialists:

Phone: 1-800-955-4572

Email: infocenter@LLS.org

Website: www.LLS.org/InformationSpecialists

HEMATOLOGIST-ONCOLOGIST NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Website/Portal: _____

Additional information: _____

NURSE/NURSE PRACTITIONER NAME:

Phone number/Fax number: _____

Email address: _____

Additional information: _____

SOCIAL WORKER NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

**INSURANCE CASE MANAGER/
CARE COORDINATOR NAME:**

Address: _____

Phone number/Fax number: _____

Website or email address: _____

Additional information: _____

PHYSICIAN ASSISTANT NAME:

Address: _____

Phone number/Fax number: _____

Email Address: _____

Additional information: _____

NURSE NAVIGATOR NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

OTHER:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

OTHER:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

Question Guide: My First Doctor's Visit

Asking questions will help you take an active role in managing your (or your loved one's) care. If you do not understand any part of the information your healthcare provider gives you, ask him or her to explain it in another way. The following are questions you may want to ask your healthcare team.

When you meet with the doctor, nurse and healthcare team, ask a few questions to get a better idea of the doctor's experience and to understand how the office works.

(Note: The use of "I (we)" and "me (us)" in lists of questions is used for situations in which the patient may not be old enough or able to make his or her own decision. A parent, relative, or caregiver may be assisting or making the decision.)

Questions for the Doctor

DOCTOR'S NAME: _____

Date of appointment or phone call: _____

1. How many patients have you treated who have my disease?
2. What problems or symptoms should be reported to the nurse or doctor right away?
3. How long does it normally take to receive a return phone call?
4. How can you be contacted when there are questions?
5. How can you be contacted at night? On weekends? On holidays?
6. Who are the other members of the team that I should be aware of?
7. Is there a release form available so my family/caregiver can be given medical information?

Questions for the Nurse

NURSE OR OTHER HEALTHCARE TEAM MEMBER'S NAME:

1. How long would I (we) have to wait for appointments?
2. What problems or symptoms should be reported to the nurse or doctor right away?
3. How long does it usually take to receive a return phone call?
4. Will there be nurses, social workers and case managers available to help with support needs and quality-of-life concerns?
5. Does your office accept my (our) insurance? Is it considered in-network?

To print copies of other question guides, go to www.LLS.org/WhatToAsk or call (800) 955-4572.

Question Guide: Treatment and Follow-Up Care

Talk with the doctor and ask questions about how he or she plans to treat your (your loved one's) leukemia. This will help you and your loved one to be actively involved in making decisions about medical care. The following are questions you may want to ask your healthcare team.

(Note: The use of "I (we)" and "me (us)" in lists of questions is used for situations in which the patient may not be old enough or able to make his or her own decision. A parent, relative, or caregiver may be assisting or making the decision.)

DOCTOR'S NAME: _____

Date of appointment or phone call: _____

Write down your diagnosis:

Write down your ALL subtype:

Before Treatment Begins

1. Will this treatment affect the ability to have a child in the future?
2. If yes, are there other treatment options available?
3. What are the options for preserving fertility?
4. How much time do I (we) have to make decisions?
5. What is the subtype?
6. What is the goal of treatment?
7. What are the treatment options?
8. Are there any clinical trials I could join?
9. When do you think treatment should begin?
10. How long will treatment last?
11. What are the benefits and risks of these treatments?
12. Is there one treatment recommended over the others?
13. How can potential side effects be prevented or managed?

Testing

1. What kind of testing will be done to monitor the disease and treatment?
2. How long does it take to get the results back?
3. How are the results communicated to me (us)?
4. How often will testing be needed?
5. Where will the testing be done?

Treatment

1. Will this be an in-hospital or an outpatient treatment?
If the treatment is outpatient:
 - 1a. Is it alright to attend work or school during treatment?
 - 1b. Will someone be needed to drive me home after treatment?
2. What kind of testing will be done to monitor this disease and treatment? How often will testing be needed? Where is the testing done?
3. How will we know if the treatment is effective? What options are available if the treatment is not effective?
4. What is the likely outcome of the disease (prognosis)?

Side Effects

1. What are the common side effects for this treatment?
2. What side effects should be reported to the healthcare team right away?
3. How long will the side effects last?
4. How can potential side effects be prevented or managed?
5. How should I report side effects (phone call, at the office visit, etc).

Social/Financial Concerns

1. Are there any side effects that will affect appearance or ability to do a job/go to school?
2. What kind of financial and social support services are available to me and my family?
3. How can I (we) find out if insurance will cover the costs of the treatment or the study treatment?
4. Who is the best person to speak to about bills and insurance coverage?
5. If I (we) do not have insurance coverage, how can the healthcare team help get the treatment needed? Is there someone I can speak to for assistance?
6. If I (we) get in a study treatment (clinical trial), will I (we) be responsible for paying treatment-related costs, such as tests, travel or for clinical-trial drugs?
7. How can I (we) find out if the insurance covers the cost of the clinical trial treatment and treatment-related costs such as testing?

Follow-Up Care and Long-Term and Late Effects

1. Who should I (we) work with to ensure life-long follow up?
2. Will I (we) continue to see this healthcare team?
3. How can I be monitored for long-term and late effects of treatment?
4. What types of long-term and late effects should be brought to the healthcare team's attention?
5. If I have side effects later, how can the healthcare team be reached?
6. What information can be provided to my primary doctor about past treatment and what may be needed in the future?

To print copies of other question guides, go to www.LLS.org/WhatToAsk or call (800) 955-4572.

My List of Treatments

Use this space to list your treatments and when you took them.

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____



Get support.

Reach out to our

INFORMATION SPECIALISTS

The Leukemia & Lymphoma Society team consists of master's level oncology social workers, nurses and health educators who are available by phone Monday through Friday, 9 a.m. to 9 p.m. (ET).

- Get one-on-one personalized support and information about blood cancers
- Know the questions to ask your doctor
- Discuss financial resources
- Receive individual clinical-trial searches



Contact us at

800-955-4572 or

**[www.LLS.org/
informationspecialists](http://www.LLS.org/information specialists)**

(Language interpreters can be requested)



For more information, please
contact our Information Specialists
800.955.4572 (Language interpreters
available upon request).

**BEATING
CANCER
IS IN
OUR BLOOD.**

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The mission of The Leukemia & Lymphoma Society (LLS) is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. Find out more at www.LLS.org.