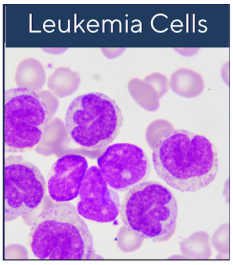
[ACT]IVATED AML

RESOURCE GUIDE

Patient Empowerment Network

An [ACT]IVATED patient is informed, empowered, and engaged in their care.

- ☑ Get information about choosing an AML specialist or treatment center
- ☑ Talk with family and friends about how you feel and how they can help you
- ☑ Find out what your insurance covers
- ☑ Ask your doctor if you have any specific mutations and how that relates to treatment options
- ☑ Talk openly with your doctor about your fears or concerns
- ☑ Determine if financial assistance is available



KNOW YOUR MUTATION

FLT3 Mutation: FLT3 gene contains instructions for FLT3 protein, which helps white blood cells grow. A mutation of FLT3 encourages the growth of too many abnormal white blood cells. Occurs in 25-30% of AML patients.

- **FLT3 TKD Mutation:** Involves a single change/deletion of FLT3 gene
- **FLL 3 ITD Mutation:** Involves multiple copies of FLT3 gene in a row

IDH1 or IDH2 Mutation: These genes provide instructions for making a particular enzyme called isocitrate dehydrogenase 1 or 2, which are found in mitochondria (the energy-producing centers within cells). A mutation of IDH1 or IDH2 can cause abnormal cancer cells to grow and spread in the body.

MRD: Stands for measurable residual disease. This means that you are in complete remission. Required to have less than 5% blasts but more than 0, neutrophil count above 1,000 and platelet count above 100,000.

FAVORABLE CYTOGENETIC ABNORMALITIES

- Translocation between chromosomes 8 and 21 (seen most often in patients with M2)
- Translocation or inversion of chromosome 16
- Translocation between chromosomes 15 and 17 (seen most often in patients with M3)

UNFAVORABLE ABNORMALITIES CYTOGENETIC

- Deletion (loss) of part of chromosome 5 or 7
- Translocation or inversion of chromosome 3
- Translocation between chromosomes 6 and 9
- Translocation between chromosomes 9 and 22
- Abnormalities of chromosome 11 (at the spot q23)
- Loss of a chromosome, so the cell has only 1 copy instead of the normal 2 (known as monosomy)
- Complex changes (those involving 3 or more chromosomes)

AML EXPERT TIPS

[ACT]IVATION TIP: "Ask your physician and your oncologist when you're talking with them about what all the newest therapies are and what would be specifically the best treatment for their specific leukemia with respect to the different mutations." - Dr. Catherine Lai

[ACT]IVATION TIP: "Have a conversation with your provider about mutations, and do you as a patient have a specific mutation that can be tracked and also specifically what risk group on my end, what risk group am I in, because that also gives some insight as to your risk of relapse." - Dr. Catherine Lai

[ACT]IVATION TIP: "Make sure that you're reporting all your symptoms, however small that they may be at your appointment, so it can be discussed in asking if it might be related to a late effect, and then also asking if there is a survivorship clinic or a program that you can be a part of." - Dr. Catherine Lai

[ACT]IVATION TIP: "For genetically adverse risk, it would be to have a conversation about whether or not you should be going to transplant. And for MRD-positive patients, I would say is to ask about how frequently my testing should be done to monitor for MRD, MRD-positive disease." - Dr. Catherine Lai

AML FACTS

- AML is one of the most common types of leukemia in adults
- AML is slightly more common among men than women
- AML starts in the bone marrow, but most often it quickly moves into the blood

AML RESOURCES

- ACCC
- CancerCare
- Cancer Grace
- Family Reach
- Know-AML.com
- Cancer Support Community
- LLS
- Triage Cancer

Produced by Diverse Health Hub