



What to expect during each stage of treatment and beyond

Acute myeloid leukaemia

This information sheet tells you what you can ask for before, during and after your acute myeloid leukaemia treatment. You can ask your team for more information and support.

Working with your team means you can make sure you are getting the treatment, information and support that are right for you.

1. Your doctor visit

Your doctor should do a check up to see if they can find what is making you feel unwell. They will ask you about any symptoms you might be having. For example you might be feeling very tired or fatigued, have an infection that won't go away or be anaemic.

- How you are feeling and how to stay emotionally healthy
- Who you can talk to about getting the support you need
- Where you can get more information and support

Full blood count is where the doctor will take a sample of your blood. This is sent to the laboratory to be checked under a microscope.

If your doctor thinks you have acute myeloid leukaemia they will send you to get more tests with a specialist. Your specialist is a doctor that is trained in working with people with acute myeloid leukaemia. Your doctor should give the specialist information on your health in the past, if someone else in your family has had cancer and your test results.

Your doctor should work with you to make sure you have the information and help you need. You can ask your doctor about:

- What is happening in your body and why it could be happening
- What will or might happen

You can bring a family member or friend to your visits. You can ask your doctor for more information and support to make sure you have what you need.

2. Tests

The specialist will do bone marrow tests to see if you have acute myeloid leukaemia. This is called a diagnosis.

You can ask the specialist:

- What will happen in the tests
- What the tests will tell you

Bone marrow tests

Bone marrow is a type of tissue found inside

your bones. A long, thin needle is used to take a sample of bone marrow from the back of your hip bone. The samples are sent to the laboratory to be checked under a microscope. This is done under anaesthetic so you cannot feel it. There are two types of bone marrow tests. They are normally done at the same time.

A **bone marrow aspiration** is where the cells are taken using a syringe or type of needle.

A **bone marrow trephine biopsy** is where a larger piece of bone marrow is taken.

2. Tests cont'd

You can ask your doctor about finding a cancer peer support group. It can help knowing that there are other people who

understand what you are going through. Your friends and family can talk to a support group for carers.

3. Treatment

Acute myeloid leukaemia can develop quickly so you will need to start your treatment as soon as you are diagnosed. Your specialist should work with a team. Your team is made up of people that understand acute myeloid leukaemia.

If your treatment starts quickly your specialist might have to talk to your team when your treatment has already started.

You can ask your specialist or team:

- What treatment you are having
- Why you are having that treatment
- What will happen in that treatment
- What the treatment will do
- When treatment will start and how long it will take
- Risks and benefits of the treatment
- How you might feel during the treatment, side effects and what you can do to feel as well as possible
- What you can expect after the treatment

Your team might suggest you take part in a clinical trial. A clinical trial is used to test a new treatment, or to see if a treatment works better than another. You can ask for more time, or a second opinion before you decide on your treatment.

Complementary therapies include things like massage, acupuncture and meditation as well as other medicines you might take at the same time as your treatment. Some therapies might not work well with your treatment. Therefore, it is very important to talk to your team about any complementary therapies you are using, or would like to use.

You might have one treatment or a mix of treatments:

Intensive chemotherapy or drug therapy is where drugs are used to stop the cancer growing. You might need a high dose or a lot of

chemotherapy to treat your leukaemia. There are two stages.

The **induction stage** removes all of the leukaemia cells. This is called remission.

The **consolidation stage** helps stop the leukaemia from coming back.

It is the most common treatment for leukaemia.

Radiation therapy or radiotherapy is where radiation is used to stop the cancer growing.

It might be used with chemotherapy, or before a stem cell transplant.

Allogeneic stem cell transplant or allo-SCT is where you are given some of someone else's stem cells. This person is a donor. They give a sample of blood. Stem cells are taken out of this blood. Stem cells help the body grow new healthy cells. Their cells are put in to your blood through a drip or needle in to your vein.

It might be used if your chemotherapy or radiotherapy has killed some of your bone marrow and stem cells.

Palliative treatment is used at all stages of your treatment. It helps reduce your symptoms and any side effects of treatment. It can help you feel well.

Sometimes your leukaemia treatment might not work. This is called refractory disease.

Your team might talk to you about a stem cell transplant. If a transplant will not work for your leukaemia your team will talk with you about palliative treatment.

For more information about treatment and side effects you can ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

3. Treatment cont'd

Your team should talk to you about your needs before, during and after your treatment. You can ask for information and support at any time to make sure you have everything

you need. Your team can connect you with other services and health professionals to make sure you stay physically and emotionally healthy.

4. After your treatment

After your treatment is finished, your team should give you a treatment summary. Your treatment summary has all of the information on the treatment you received:

- Tests you had to diagnose your leukaemia, and the results of these tests
- Treatment you had, and when you had it
- Support services and other treatment plans you received

Your team should work with you to make a plan now that your treatment is finished. You and your doctor will have a follow-up plan that includes:

- The follow-up that is best for you
- Plans for managing any side effects of treatment
- How to get help quickly if you think your cancer has come back or got worse

Your doctor should work with you and talk about:

- Finding more information and support to keep physically and emotionally well, and get what you need
- Signs and symptoms to look for that might mean the cancer is coming back
- Healthy living

Sometimes acute myeloid leukaemia can come back after treatment. It is usually found at a follow-up visit, or if you notice any symptoms come back. It is important to have regular check-ups.

If you notice anything different go to your doctor. You can ask your doctor for a check-up and for information and support.

5. Living with cancer

Side effects

Some people get side effects during and after their treatment. Side effects are your body responding to the treatment you are having.

They are normal, but can make you feel unwell. You might have side effects straight away, not at all, or months after your treatment.

You can talk to your doctor about your side effects or **visit** www.cancervic.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan

Your doctor might work with you to make an advance care plan. An advance care plan is a way of setting out your wishes and making sure everyone knows what you want in future medical care.

You can talk to your doctor about making an advance care plan together or **visit**

www.advancecareplanning.org.au

Palliative care

Palliative care is used at different stages of your treatment to help you feel well. Palliative care can help with pain relief, to reduce your symptoms and to improve your quality of life.

You can talk to your doctor about the type of palliative care that is best for you or **visit** www.palliativecare.org.au

Cost

There are costs at every stage of your cancer including treatment, accommodation and travel. You might have costs if you are having treatment in a private health service even if you have private health insurance.

You can talk to your team and your private health insurer if you have questions about the cost of each treatment you might have.

5. Living with cancer cont'd

You can also talk to the social worker at your hospital.

You can talk to your doctor about the cost of your treatment or **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

You can talk to your doctor about the cost of accommodation and travel or **visit** www.cancerCouncil.com.au/get-support/practical-support-services

[cancerCouncil.com.au/get-support/practical-support-services](http://www.cancerCouncil.com.au/get-support/practical-support-services)

There are a lot of things to think about when you have leukaemia. There is also a lot of information and support. It is important that you do what is right for you. You can work with your team to make sure you have the best care.

Information and support

Cancer Council

- You can talk to a cancer nurse: **13 11 20**
-  If you need an interpreter: **13 14 50**

Leukaemia Foundation

- Information and support: **1800 620 420**
- www.leukaemia.org.au

Carers Australia

- Information and support for carers: **1800 242 636**

For more information visit
www.cancerpathways.org.au



Australian Government
Cancer Australia

