



What to expect during each stage of treatment and beyond

AML cancer support

For more information about these leukaemias and where to go for support and help call the Leukaemia Foundation on 1800 620 420 or visit www.leukaemia.org.au

Also, qualified cancer nurses at the Cancer Council can answer your questions about the effects of cancer, explain what will

happen during treatment and link you to support groups and other community resources. Call the Cancer Council on **13 1120**.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral

Your general practitioner (GP) will assess your symptoms (for example, fatigue, anaemia or a persistent infection), conduct a physical examination and arrange a full blood count.

A full blood count is a simple blood test that involves taking a sample of blood and sending it to a laboratory for examination under a microscope.

Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support.

If AML is suspected, you will be referred to a specialist for further testing. Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and results of the initial tests.

It can be helpful to bring a family member or friend with you to your appointments.

2. Diagnosis and staging

The specialist will confirm whether you have AML by conducting bone marrow tests.

It can be helpful to contact cancer peer support groups and support groups for carers.

Bone marrow tests

There are two main types of bone marrow test – a bone marrow *aspiration* and a bone marrow *trepine biopsy*. These tests are usually done at the same time under an anaesthetic and involve a long, thin needle being inserted through the skin from the back of the hip bone.

For an aspiration, bone marrow cells are collected using a syringe. For a trephine biopsy, a larger piece of bone marrow is removed. The samples are sent to a laboratory for examination.

3. Treatment

Because AML usually develops quickly, treatment needs to begin as soon as you are diagnosed. To ensure you receive the best care, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs.

The team will be made up of professionals who have experience managing and supporting a person with AML. Your specialist will tell you when the team will be discussing your case. Immediate treatment is often required for AML, so your team might not be able to meet until after your treatment has begun.

Your team will plan your ongoing care and should discuss the different treatment options with you including the likely outcomes, possible side effects and the risks and benefits.

Your doctor may also suggest you consider taking part in a clinical trial.

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.

There are a number of ways to treat AML. In some cases, more than one type of treatment could be used to get the best outcome.

Treatment options:

Intensive chemotherapy is the most common treatment. For some people, very high doses of chemotherapy are needed to effectively treat their AML. There are usually two stages in this treatment: the induction stage to remove the leukaemia cells (remission), and the consolidation stage to help prevent the leukaemia from reappearing.

Radiation therapy (also called radiotherapy) may be given in combination with chemotherapy or before a stem cell transplant.

An **allogeneic stem cell transplant (allo-SCT)** replaces the blood-forming cells that have been destroyed during intensive chemotherapy or radiotherapy. Stem cells are collected from the blood of a suitable donor and put into the patient's blood stream through a drip into a vein.

Palliative treatment will be used at different stages to relieve various symptoms and help to improve your quality of life.

3. Treatment cont'd

Sometimes the leukaemia does not respond to treatment (called refractory disease). Some patients may be offered a stem cell transplant. For people who are not suitable for a transplant, palliative treatment will be offered.

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

Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

4. After treatment

After treatment is completed, your doctor should provide you with a treatment summary that details the care you received including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- support services provided to you
- contact information for key care providers.

You and your GP will receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you

- care plans for managing any side effects of treatment, should they occur
- how to get specialist medical help quickly if you think the cancer has returned or worsened.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on healthy living.

5. If cancer returns

AML can come back after treatment. This is why it is important to have regular check-ups.

Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer

Side effects: Some people experience side effects (for example, tiredness) that continue beyond the end of treatment. Sometimes side effects don't begin until months after treatment has finished. For more information about side effects ask your doctor or **visit** www.cancervic.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care. For more information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au/

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce your symptoms or help improve your quality of life. For more information about palliative care ask your doctor or **visit** www.caresearch.com.au

7. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital

For more information about treatment costs **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

For more information about accommodation and travel costs **visit** www.cancercouncil.com.au/get-support/practical-support-services/

