

CHRONIC MYELOID LEUKEMIA AT-A-GLANCE

CHRONIC MYELOID LEUKEMIA IS A TYPE OF LEUKEMIA, A CANCER FOUND IN BLOOD AND BONE MARROW, AND CAUSED BY THE RAPID PRODUCTION OF ABNORMAL WHITE BLOOD CELLS.

WHAT IS CML?

Leukemia is classified based on two attributes—its speed of progression and the type of white blood cells affected.

Leukemia is described as being either **acute** (fast growing) or **chronic** (slow growing), and either **myelogenous** (affecting the myeloid cells) or **lymphocytic** (affecting the lymphoid cells, or lymphocytes).

THE MAJOR TYPES OF LEUKEMIA ARE:



FAST GROWTH

ACUTE LYMPHOCYTIC
LEUKEMIA

ACUTE MYELOGENOUS
LEUKEMIA



SLOW GROWTH

CHRONIC LYMPHOCYTIC
LEUKEMIA

CHRONIC MYELOGENOUS
LEUKEMIA

GLOBAL INCIDENCE

656,000+

NEW CASES OF LEUKEMIA ARE EXPECTED TO OCCUR GLOBALLY IN 2040.

SOURCE: GLOBOCAN 2018

HOW IS CML STAGED?

There are 3 phases of CML which help predict disease outlook. Phases are based mainly on the number of immature white blood cells—myeloblasts, or blasts—seen in the blood or bone marrow.

PHASE 1: CHRONIC

PHASE 2: ACCELERATED

PHASE 3: BLAST

In the United States and Europe, a **MAJORITY** of people with CML are in the chronic phase when diagnosed.



SOURCE: AMERICAN CANCER SOCIETY 2018

SIGNS & SYMPTOMS

Symptoms of CML are often vague and can be caused by other cancers or even non-cancerous conditions, but may include:



WEAKNESS



FATIGUE



FEVER



ENLARGED SPLEEN



NIGHTSWEATS



WEIGHT LOSS

RISK FACTORS

The Philadelphia chromosome, a genetic abnormality present in almost all CML patients, develops after birth, **meaning people are not born with CML.**

The chromosomal swapping that creates the Philadelphia chromosome can occur in anyone. The only identified risk factors for CML are:



AGE
(ALMOST 50% OF ALL CML CASES ARE DIAGNOSED IN PEOPLE 65+)



GENDER
(CML IS SLIGHTLY MORE COMMON IN MALES THAN FEMALES)



RADIATION EXPOSURE

TREATMENT OPTIONS

A patient's treatment options are largely dependent on the type and phase of their leukemia but may include:



TARGETED THERAPY



INTERFERON



CHEMOTHERAPY



STEM CELL TRANSPLANT



IMMUNOTHERAPY