

Chronic Myelogenous Leukemia



Treatment Options

Version 1.2016

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete *NCCN Guidelines for Patients®: Chronic Myelogenous Leukemia*. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com.

NCCN Guidelines for Patients®
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How do doctors choose treatment options?



■ The main treatment used to rid the body of cancer is called the primary treatment.	41
■ Primary treatment options depend on the phase of CML. The phase is a rating of how much the CML has progressed.	41

What are the primary treatment options for CML?

Chronic phase	■ TKI (tyrosine kinase inhibitor) therapy with imatinib, nilotinib, or dasatinib	42
Accelerated phase	<ul style="list-style-type: none"> ■ Clinical trial ■ TKI therapy with imatinib, dasatinib, nilotinib, bosutinib, or ponatinib ■ Omacetaxine ■ Hematopoietic cell transplant (stem cell transplant) 	60
Blast phase	<ul style="list-style-type: none"> ■ Clinical trial ■ Chemotherapy + TKI followed by stem cell transplant if possible ■ TKI followed by stem cell transplant if possible 	62

How will I know if treatment is working?

■ An outcome or improvement caused by treatment is called a treatment response.	44
■ The treatment response is based on bone marrow tests and blood tests.	45
■ Doctors give scheduled follow-up tests at certain points during treatment to check the treatment response.	48
■ Follow-up tests let doctors know if the treatment response goal for each follow-up point has been reached. This helps to guide the next treatment options.	48
■ If the response goal has not been reached, your doctor may give more tests to check why treatment isn't working as well as it should.	49

What are the next treatment options for chronic phase CML?

<p>3-month follow-up treatment</p>	<p>If the 3-month response goal was reached, you will stay on the same dose of your current TKI. If the response goal was not reached, options include:</p> <ul style="list-style-type: none"> ■ Clinical trial ■ Switch to a different TKI ■ Stay on the same TKI and check again at the 6-month follow-up ■ And, discuss stem cell transplant 	<p>50</p>
<p>6-month follow-up treatment</p>	<p>If the 6-month response goal was reached, you will stay on the same dose of your current TKI. If the response goal was not reached, options include:</p> <ul style="list-style-type: none"> ■ Clinical trial ■ Switch to a different TKI you haven't had before ■ And, discuss stem cell transplant 	<p>52</p>
<p>12-month follow-up treatment</p>	<p>If the 12-month response goal was reached, you will stay on the same dose of your current TKI. If the response goal was not reached, options may include:</p> <ul style="list-style-type: none"> ■ Switch to a different TKI you haven't had before (other than imatinib) ■ Stay on the same dose of your current TKI ■ Increase imatinib dose up to 800 mg (if TKIs or omacetaxine aren't options) ■ Clinical trial ■ And, discuss stem cell transplant 	<p>54</p>

What are the options after a stem cell transplant?

<p>Had a complete cytogenetic response</p>	<ul style="list-style-type: none"> ■ Continue scheduled follow-up tests as long as there are no signs of CML <p>If there are signs of CML, options include:</p> <ul style="list-style-type: none"> ■ TKI (imatinib, dasatinib, nilotinib, bosutinib, ponatinib) or omacetaxine ■ Donor lymphocyte infusion ■ Interferon/PEG-interferon ■ Clinical trial 	<p>64</p>
<p>No complete cytogenetic response or had a relapse</p>	<ul style="list-style-type: none"> ■ Slowly stop treatments that lower the immune system, then options are the same as those listed above 	<p>64</p>

How do I decide between treatment options?

<p>Ask your doctors questions. You may also want to get a second opinion.</p>	<p>68</p>
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