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:

<table>
<thead>
<tr>
<th>Fast Growth</th>
<th>Slow Growth</th>
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</thead>
<tbody>
<tr>
<td>Acute lymphocytic</td>
<td>Chronic lymphocytic</td>
</tr>
<tr>
<td>Acute myelogenous</td>
<td>Chronic myelogenous</td>
</tr>
</tbody>
</table>

GLOBAL INCIDENCE

410,000+

NEW CASES OF LEUKEMIA ARE EXPECTED TO OCCUR GLOBALLY IN 2020.

SOURCE: GLOBOCAN 2012

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, 9 OUT OF 10 people with CML are in the chronic phase when diagnosed.

SOURCE: CANCER RESEARCH UK

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
- Pale skin
- Night sweats
- Weight loss

RISK FACTORS

The Philadelphia chromosome, a genetic abnormality present in more than 95% of 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** (about 70% of people diagnosed with CML are 55+)
- **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