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

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**

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
- Night sweats
- Weight loss

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

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