Acute Myeloid Leukemia (AML)

AML is a blood cancer that starts in the bone marrow but moves quickly into the blood, sometimes spreading to other parts of the body.

### What is AML?

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).

### Global Incidence

AML is the most common type of leukemia in adults. Average age at diagnosis is 68. In 2012, the worldwide incidence of AML was estimated to be 350,000+.

### Causes and Risk Factors

Today, researchers understand a lot more about what may cause AML. DNA mutations, which may result from exposure to radiation, cancer-causing chemicals or the aging process, are commonly found in AML cells.

### Signs and Symptoms

At first, patients with AML often have non-specific symptoms usually associated with more common ailments like the flu. Often, signs and symptoms result from a shortage of normal blood cells, which happens when the leukemia cells crowd out the normal blood-making cells in the bone marrow.

**These signs and symptoms include:**

- Fever
- Easy bruising or bleeding
- Shortness of breath
- Weight loss or loss of appetite
- Weakness or feeling tired
- Petechiae [red or purple pinpoint spots on the skin]

### Prognosis

In general, prognosis for AML patients is poor.

**Prognosis is influenced by patient age, AML subtype, and other factors**

- Estimated 5-year survival rate for AML is 28.3%
- Average survival of patients with relapsed/refractory AML is 6 months or less

### Treatment

**Standard types of frontline (or initial) treatment for AML include:**

- **Chemotherapy**, which may be given in two phases: induction therapy and consolidation therapy
- **Stem cell/bone marrow transplants** are typically used in younger, generally healthy patients when a donor is available
- **Hypomethylating agents** are typically used in older patients who are ineligible for intensive treatment
- Research has also shown that the **presence or absence of specific gene mutations**—including in isocitrate dehydrogenase (IDH), CEBPA, NPM and FLT3—can inform prognosis and guide treatment decisions in AML
- **Innovative, targeted therapies** directed against mutations - those currently approved and those in development - have broadened the treatment landscape.