Thinking ahead with CML

THE GOAL OF CML TREATMENT

Today, there are several effective treatments for people living with chronic myeloid leukemia (CML). One of the most common types of treatment is known as a tyrosine kinase inhibitor (TKI). In CML, TKIs work by targeting BCR-ABL, the gene responsible for creating leukemia cells.

CML starts with an abnormal change, or mutation, in a cell's DNA. This mutation, called BCR-ABL, creates leukemia cells. The goal of treatment with a TKI is to keep BCR-ABL1 levels low. This is the amount of protein produced by the BCR-ABL gene. If BCR-ABL1 levels consistently remain low, your treatment is doing its job to keep your CML controlled. **BCR-ABL1 levels are tested regularly to help determine whether your treatment is working to control CML.**

WHY YOU MAY NEED TO SWITCH TKI TREATMENTS

Sometimes a TKI loses its effectiveness. Or in some cases, the side effects become unmanageable.



Lack of response

Typically, your healthcare provider will monitor your response to treatment at regular intervals. For many people with CML, their initial treatment will become less effective over time. If you are not reaching expected milestones, your healthcare provider may suggest increasing your dose or switching to a new treatment.



Intolerance

If the side effects of a particular treatment become unmanageable, your healthcare provider may recommend changing your dose or switching to a new treatment. It's important to have an open conversation about side effects with your healthcare provider, and to continually let them know how you are feeling.

See next page for more reasons you may need to switch TKI treatments.



Treatment resistance

This is when a particular treatment becomes less effective in controlling CML over time. For instance, your BCR-ABL1 levels may not remain stable, or may even start to rise. This may happen over a number of years. **If your CML becomes resistant to a TKI treatment, your healthcare provider may recommend a mutation test and/or switching to a new TKI that may help you get back to seeing results.**



A mutation

One reason that your CML may become resistant to treatment is that it has developed a mutation. A mutation is a change in a gene. For CML, this involves the BCR-ABL gene.

Mutations can be detected by lab tests that your healthcare provider can request. **If your treatment results are not what they should be, talk to your healthcare provider about mutation testing. Your healthcare provider may recommend a new treatment based on this test.**

YOUR NEXT STEPS.

When treating CML, knowledge is power. **Learning all you can now and talking with your healthcare provider can help you be prepared should the time come to consider a new treatment option.**

It's important to know that for most people, there are options. For example, if you are on a first-generation TKI, your healthcare provider may recommend that you switch to a TKI that may be more effective and generate a faster response. If your CML develops a mutation, your healthcare provider may recommend that you switch to a TKI that has been shown to work against that particular mutation.

Talking to your healthcare provider is key

Remember, it's never too early to start thinking ahead with CML.
Download our Doctor Discussion Guide at **CMLtreatment.com**
or scan the code below to get the conversation started.

Learn more about a treatment for CML at CMLtreatment.com, or scan this code.

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