Acute Myeloid Leukemia (AML)

AML is a cancer that begins in the bone marrow, but often moves into the blood. It can then spread to other parts of the body, such as organs and tissues.¹

FACTS AND FIGURES

• AML is the most common form of leukemia in adults, accounting for approximately a third of all leukemias worldwide.²

• AML patients face the lowest survival rates of all leukemias. Only 1 in 4 adults with AML survive longer than five years.³

• In 2012, the worldwide incidence of AML was estimated to be 351,965.⁴

RISK FACTORS

Possible risk factors for AML include:⁵

• Being male
• Smoking, especially after age 60
• Previously treated with chemotherapy or radiation therapy
• Having had treatment for childhood ALL
• High dose radiation exposure (e.g., survivor of an atomic bomb blast or nuclear reactor accident)
• Having or having a family history of a blood disorders such as myelodysplastic syndrome

DIAGNOSIS

• A diagnosis of AML is usually made with information from a physical exam and blood or bone marrow tests, including a complete blood count, a peripheral blood smear and cytochemistry tests.¹

• Patients with AML may or often have symptoms including fever, shortness of breath, easy bruising or bleeding, weakness and fatigue, weight loss or loss of appetite and petechiae (flat, pinpoint spots under the skin caused by bleeding).¹
PROGNOSIS & TREATMENT

- The current standard of care – a chemotherapy regimen of daunorubicin and cytarabine – was established in the 1970s.6
- Acute means that this leukemia can progress quickly if not treated, and would probably be fatal within a few months.1
- Many patients will relapse within 2 years of receiving treatment.1
- Additional treatments approved or under clinical investigation include antibody–drug conjugates,7 immunotherapies8 and selective inhibitors.9

REFERENCES