

MY CHILD HAS ALL. WHAT NOW?

The journey has begun.

The path of a parent with a child that has **Acute Lymphoblastic Leukemia (ALL)** is never easy, whether it's your first visit to clinic or your 50th. This pamphlet is to you help you navigate your child's journey and to better understand what kind of treatment your child will receive.



Summary: What should I know?

Know your child's type of ALL: B-cell or T-cell

Understand your child's risk classification

Understand the phases and types of treatment your child will receive.

Types of ALL

The type of treatment your child will receive depends upon their ALL diagnosis as there are two types of ALL: B-cell and T-cell.

B-cell ALL: a B-cell is a type of white blood cell that produces antibodies to help T-cells fight off infection. B-cell ALL is cancer of these cells.

T-cell ALL : a T-cell is a type of white blood cell that fights off infections in the body with the help of antibodies produced by the B-cells. T-cell ALL is cancer of these cells.



Source: SkyCinema, n.d.

High Risk vs. Standard Risk Classification

Classification is used to ensure the best treatment option and survival for your child.

If your child has T-cell ALL, your child will be classified as high risk. This means that the treatment methods used to treat your child's cancer will be more intense in order to combat the spread of your child's aggressive cancer.

If your child has B-cell ALL your child's oncologist will determine if their treatment should be for high risk or low risk by examining different biomarkers based on your child's genetics and how far the cancer has progressed in your child's body.

Phases of Treatment and Types of Treatment

Phases

1. **Induction**-initial treatment to reduce the symptoms of leukemia and to kill the cancerous cells
2. **Consolidation/intensification**– eliminate any cancer cells left in the body
3. **Maintenance**– kill any cancer cells that survived the first two phases

Treatment Types

1. **Chemotherapy**– intense drugs that stops cancer cells from mutating and spreading throughout the body, thus killing the cancerous cells. Can be given orally, through an intramuscular injection, or through an IV.
2. **Stem cell transplant**– replaces healthy blood forming cells that have been killed by accident from chemotherapy. Sometimes called a bone marrow transplant.
3. **Radiation Therapy** – use of high energy X-rays or other forms of radiation to target and kill cancer cells in the body .
4. **Targeted Therapy**– special medicines or treatments that attack and kill the cancer cells, but do not harm other cells in the body.

It's going to be okay.

98% of children with ALL regain normal blood cell counts and have decreased cancer cells in their bodies within weeks after starting treatment (St. Jude's Research Hospital, 2016).

90% of these children will be cured (St. Jude's Research Hospital, 2016).

Acute Lymphoblastic Leukemia Death Rates have ***only decreased*** since **1975** (National Cancer Institute: SEER, n.d.)

References

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