



## Appendix

<b>Title</b>	Acute Myeloid Leukaemia (AML) & Acute Lymphoblastic Leukaemia (ALL) Clinical Patient Pathway
<b>Author &amp; Owner</b>	Greater Manchester Cancer

Version Control		
Version/ Draft	Date	Revision summary
1.0	18.02.2016	Initial draft for review
2.0	13.07.2017	Revised
3.0	23.11.2017	Approved
4.0	30.05.2018	Revised

### Pathway Details/Supporting Information

The AML & ALL pathway outlines referral, diagnostic tests, diagnosis, treatments and support services. It incorporates national cancer target time lines and supportive and palliative care pathways. Key discussion points, contact with Key-Worker, holistic needs assessment and key information points are identified by symbols along the pathway. Additional national resources or information to meet the patient/carer needs may be offered at any stage along the pathway.

#### a) First haematology review in A&E / Ward / Day Unit / OPD Clinic

- Patients' seen as they present via emergency routes or attend haematology OPD clinic / Day Unit
- Patients' are seen within 24hrs wherever possible. Particular urgency applies to patients with a raised WBC, coagulopathy and infection
- Assessment to be carried out (includes full examination)
- Baseline bloods incl FBC, DIC screen, G&S, B12/Folate, DCT, Biochemical profile, LDH, CRP, urate, +/- Blood Cultures
- Imaging such as CXR, CT etc as indicated

#### If suspicious of acute leukaemia and suitable for intensive therapy

- If in secondary care level 1, refer to level 2b/3 (AML) or level 3 (ALL)
- If seen in A&E/general ward/OPD/Day Unit and suspicion is high admit patient to haem ward
- Bone Marrow to be performed on same day and must include samples for aspirate, trephine, flow cytometry, cytogenetics, molecular studies, biobank and trial samples as indicated
- Virology screening for CMV-IgG, HBV, HCV and HIV; additional virology tests as appropriate
- Letter to GP re consultation

#### b) Specialist MDT Discussion

- Patient treatment / management plan discussed at relevant Specialist Haematology MDT:  
Central Sector (Manchester Foundation Trust)  
North East Sector (Pennine Foundation Trust)  
North West Sector (Salford Royal, Bolton, Wrightington, Wigan & Leigh)  
South Sector (The Christie, East Cheshire, Stepping Hill, Tameside)
- Early involvement of level 3 centre if patient suitable for stem cell transplant
- Participation in a clinical trial to be considered where available
- Young adults aged 16-18 years must be seen within 48hrs of referral and referred to the Teenage and Young Adult (TYA) unit at The Christie for their treatment. Patients aged 19-24 years must be offered referral and tour of TYA facilities but may opt to receive treatment at local unit. All patients follow the TYA cancer pathway and must be discussed at the TYA MDT. Please note special MDT form to be completed.

### **c) Consultation for Diagnosis**

- Patient attends clinic / day unit or is seen on ward with family / carer
- Assign key worker; Clinical Nurse Specialist present during consultation (breaking bad news)
- Diagnosis and treatment options discussed
- Assisted conception / fertility issues discussed, refer to Reproductive Medicine Unit (St Mary's-MFT)
- Written information on diagnosis and treatment given, clinical trial offered where appropriate
- Discussion of tissue typing of patient and siblings (if appropriate)
- Holistic needs assessment undertaken within 4 weeks of diagnosis, disease progression or change in circumstances
- Patient offered summary of the consultation discussing treatment options
- GP informed of cancer diagnosis within 24 hours

### **d) Administration of Treatment**

- Treatment to be commenced as soon as possible; delays in starting chemotherapy are acceptable in cases of severe infection requiring immediate attention or other exceptional circumstances
- Establish central venous access
- Intensive chemotherapy administered on inpatient ward (level 2b/3)
- Low dose chemotherapy given in day case unit
- Supportive care (blood transfusions, prophylactics) as required
- Palliative Care and end of life pathway (RESPECT form) as appropriate

Designated level 2b facilities: CFT, MFT, PFT (Royal Oldham) and Salford Royal

Designated level 3 facilities: CFT and MFT

### **e) Survivorship**

- End-of-treatment summaries for people with leukaemia (and their GPs). Discuss these with the person, highlighting personal and general risk factors, including late effects related to their treatment
- Provide information to people with leukaemia when they complete treatment about how to recognise possible relapse and late effects of treatment.
- Late effects follow up for all survivors

### References

<https://pathways.nice.org.uk/pathways/blood-and-bone-marrow-cancers>