

Acute Lymphocytic Leukemia (ALL): Treatment Choices



There are many treatment choices for acute lymphocytic leukemia (ALL). Which one may work best for you? It depends on a number of factors, such as:

- Your age
- Your overall health
- Your subtype of ALL
- Results of your lab tests
- If the leukemia cells have certain gene or chromosome changes
- If the leukemia is affecting your brain and spinal cord, spleen, or liver
- Your personal needs and preferences
- How well the leukemia responds to the first treatment (induction)

Learning about your treatment options

You may have questions and concerns about your treatment options. You may want to know how you'll feel and function after treatment, and if you'll have to change your normal activities.

Your healthcare provider is the best person to answer your questions. They can tell you what your treatment choices are, how well they're expected to work, and what the risks and side effects are. Your healthcare provider may suggest a certain treatment. Or you might be offered more than one and asked to decide which one you'd like to use. It can be hard to make this decision. While it's important to take the time you need to make the best decision for you, ALL treatment tends to be started very soon after diagnosis.

Types of treatment for ALL

Chemotherapy

Chemotherapy is the main way to treat ALL. The treatment uses strong medicines to kill cancer cells. The chemo medicines are put into your blood. The goal is to kill the ALL cells quickly and put the cancer into remission. Remission means there are no signs of cancer in your body. Chemo may also be put right into your cerebrospinal fluid (CSF) to prevent cancer growth or to kill cancer cells around your brain and nervous system. This is called intrathecal chemotherapy. It's also called central nervous system (CNS) prophylaxis.

Radiation therapy

This type of treatment uses high-energy X-rays to kill cancer cells. It's not part of the main treatment for ALL. But it may be used to kill or prevent the spread of cancer in your central nervous system (brain and spine). It may be used as part of a stem cell transplant. In rare cases, it may be done to shrink a tumor that's affecting a certain part of your body.

Stem cell transplant with high-dose chemotherapy

If the normal doses of chemotherapy don't work, you may need very high doses of chemo. These high doses can damage the stem cells in your bone marrow. Blood stem cells are the "starter" cells for new blood cells. Sometimes, high-dose chemotherapy is used to kill all your stem cells. Then you're given stem cells from a

volunteer donor. Over time, they go into your bone marrow and restore your body's ability to make blood cells. This is called a stem cell transplant.

Targeted therapy

These medicines target certain abnormal proteins on ALL cells, such as those caused by the Philadelphia chromosome. These medicines can be helpful if your ALL cells have this mutation. They're taken daily as pills.

Clinical trials for new treatments

Researchers are always finding new and better ways to treat ALL. These new methods are tested in clinical trials. Talk with your healthcare provider to find out if there are any clinical trials you should consider.

Talking with your healthcare providers

At first, thinking about treatment options may seem overwhelming. Talk with your healthcare providers, nurses, and loved ones. Make a list of questions. Consider the benefits and possible side effects of each option. Discuss your concerns with your healthcare providers before making a decision.

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