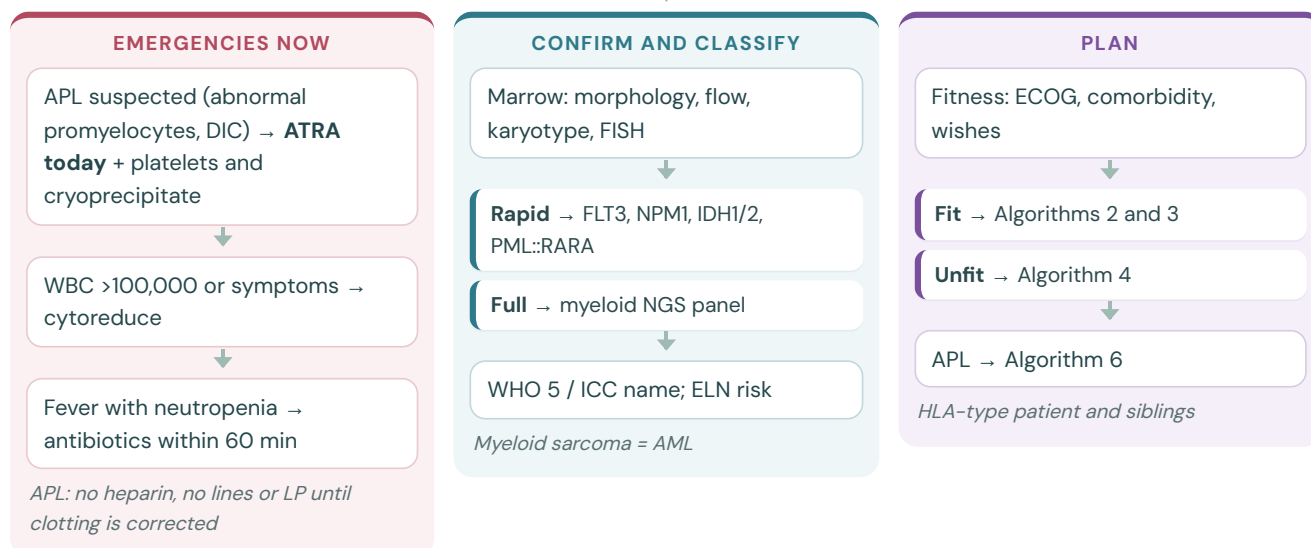


Acute Myeloid Leukaemia: Suspected acute leukaemia: the first 24 hours

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist
& Hemato-Oncologist

Blasts on the smear, unexplained cytopenias, bleeding with low fibrinogen, very high white count → CBC and smear, PT/aPTT/fibrinogen, chemistry with urate, phosphate and LDH; cultures if febrile



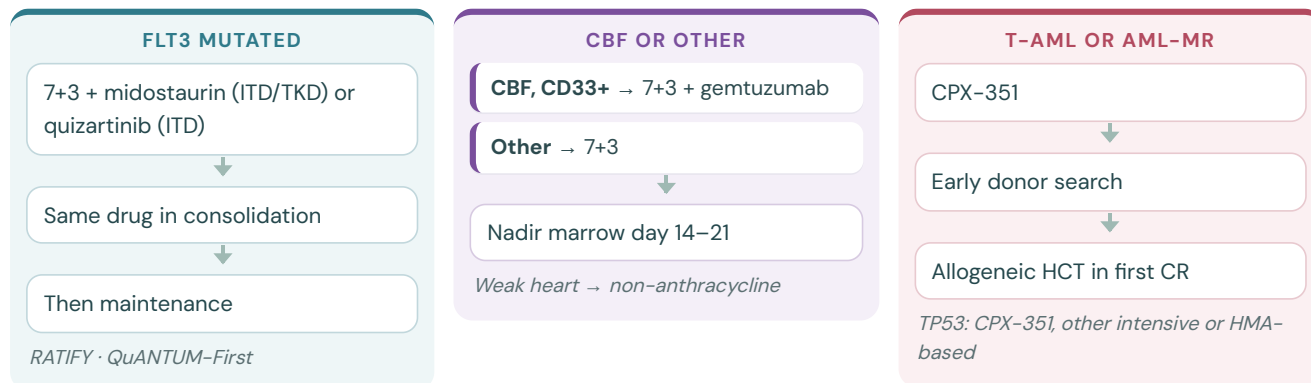
All: TLS prevention by risk · leukocyte-depleted blood products · echo, viral serology, pregnancy test · early referral to a leukaemia centre.

Acute Myeloid Leukaemia: Fit adults: induction by genetic subgroup

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Fit for intensive therapy (ECOG 0–2, no severe organ disease) → rapid genetics back within days



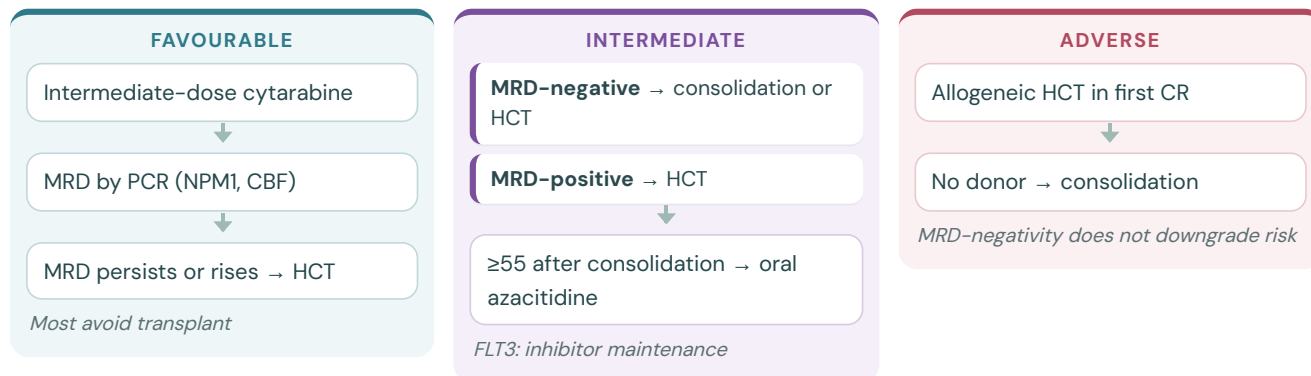
All: fluoroquinolone + fluconazole prophylaxis · aciclovir if HSV-positive · remission marrow with MRD at ~day 28.

Acute Myeloid Leukaemia: In first complete remission: consolidate, transplant, maintain

Dr. Haritha Chiramana

MD, DM · Senior Medical
Oncologist & Hemato-
Oncologist

CR after induction → ELN 2022 risk, MRD (PCR for NPM1 and CBF; flow for others), donor availability, fitness



All: HLA typing at diagnosis · MRD-negative 5-year OS 68% vs 34% · CBC at intervals; marrow if counts fall or MRD rises.

Acute Myeloid Leukaemia: Unfit adults

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Not fit for intensive induction → frailty, comorbidity, goals; IDH1, FLT3, NPM1, TP53 status

UNFIT, NOT FRAIL

IDH1 → ivosidenib + azacitidine

Others → venetoclax + azacitidine or decitabine

Marrow day 14–21 of cycle 1

VIALE-A · AGILE

VENETOCLAX OR HMA NOT POSSIBLE

No venetoclax → HMA alone

No HMA → low-dose cytarabine or targeted drug

Response after 3 cycles

Prior HMA for MDS: targeted drug or trial

FRAIL

Supportive care: transfusions, antimicrobials

Hydroxyurea if the count climbs

Gentle therapy if wished

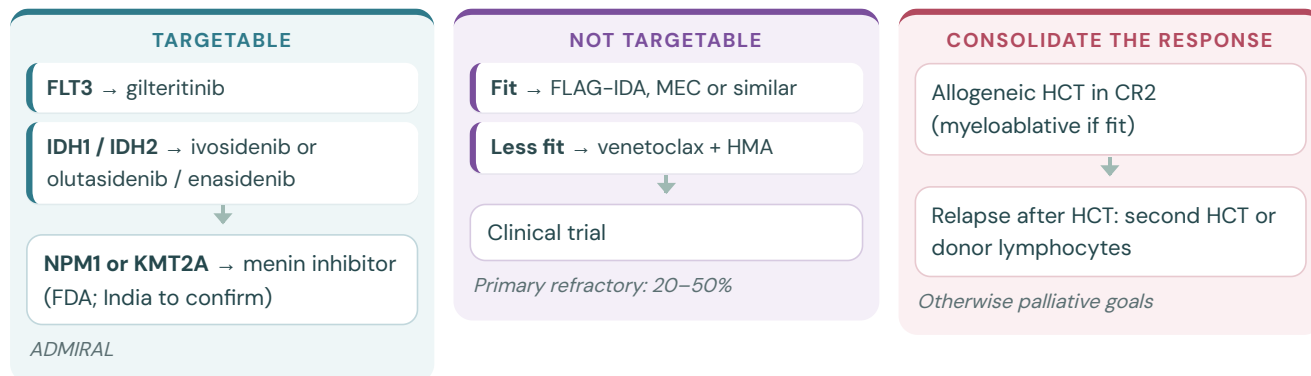
Home care and palliative team

All: TLS prevention at venetoclax start · adjust venetoclax with azoles · continue while responding · revisit goals each cycle.

Acute Myeloid Leukaemia: Relapsed or refractory AML

Dr. Haritha Chiramana

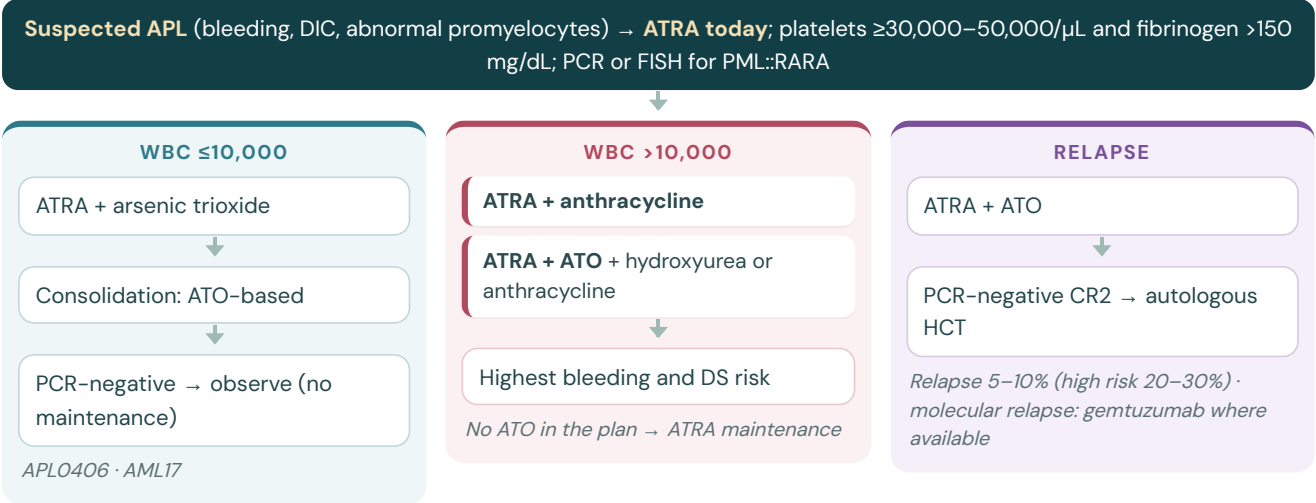
 MD, DM · Senior Medical Oncologist &
Hemato-Oncologist

Relapse, or no CR after induction → repeat marrow with flow and NGS; HLA typing; transplant consultation now


All: differentiation syndrome with IDH, FLT3 and menin drugs · antifungal cover with salvage · honest discussion of prognosis.

Acute Myeloid Leukaemia: Acute promyelocytic leukaemia

Dr. Haritha Chiramana
MD, DM · Senior Medical Oncologist &
Hemato-Oncologist



All: daily weight, oxygen and creatinine (differentiation syndrome → dexamethasone at once) · ECG for QT on arsenic · no heparin · no central lines or LP during induction.

Acute Myeloid Leukaemia: Follow-up and survivorship plan

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist &
Hemato-Oncologist

Help the treatment work

- Take every tablet exactly on time
- Antibiotic, antifungal and antiviral tablets as prescribed
- Wash hands; avoid crowds while counts are low
- Keep the central line clean and dry
- Tell us about every other medicine

Red flags to report

- Fever of 38 °C or chills: come now
- Bleeding, black stools, new bruises
- Breathless, swelling, sudden weight gain
- Severe headache, confusion, fits
- Less urine, vomiting, belly pain

Do not forget

- Blood tests on the days we ask
- Brothers and sisters for HLA typing
- Fertility questions before treatment
- Keep the written treatment summary
- Ask before vaccines after transplant