

# About Chronic Myeloid Leukaemia (CML) - A Quick Guide

## Contents

This is a brief summary of the information on 'About chronic myeloid leukaemia (CML)' from CancerHelp UK. You will find more detailed information on the website.

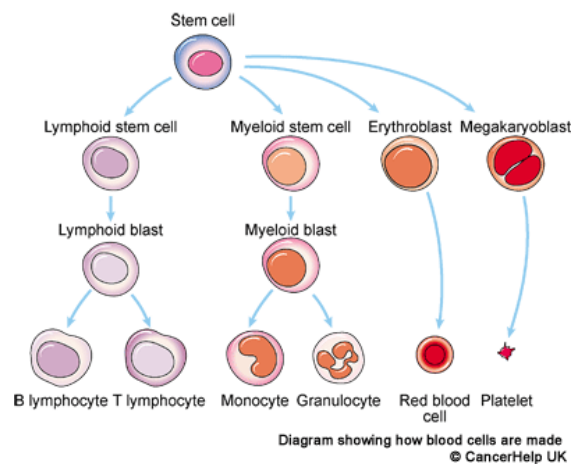
In this information there are sections on

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## About the blood and chronic myeloid leukaemia (CML)

### Leukaemia

Leukaemia is cancer of the blood forming system. The blood forming system is found in the bone marrow, which is the soft inner part of some of your bones. In most types of leukaemia, abnormal white blood cells are made in the bone marrow. These do not work normally so they do not give you the protection from infection that they should. This diagram illustrates how blood cells form.



Because there are too many abnormal white blood cells, they stop the bone marrow producing enough healthy blood cells. The abnormal cells can build up in the lymph nodes, bone marrow and spleen, and cause swelling. They may also cause problems in the liver and central nervous system.

Chronic leukaemia tends to take longer to develop than acute leukaemia. You may have it for months or years without having many symptoms. It may be stable for months or years before it gets worse.

### Chronic myeloid leukaemia (CML)

There are two main types of chronic leukaemia – chronic lymphocytic leukaemia



(CLL) and chronic myeloid leukaemia (CML).

In CML, it is white blood cells called granulocytes that are cancerous. So CML is sometimes called chronic granulocytic leukaemia or CGL.

## Chronic myeloid leukaemia (CML) risks and causes

### How common is CML?

CML is quite a rare condition. The vast majority of cases are in adults. It is most common in older age. And slightly more common in men than women.

### Risk factors for CML

As people get older their risk of CML increases. But the risk is still small, as CML is a rare condition. If you had radiotherapy for another cancer in the past, this could increase your risk of developing CML. But this risk is very small, compared with the risk to your health from the cancer you had. People who have low immunity, after an organ transplant or due to HIV or AIDS, have an increased risk of CML. A long term inflammation of the bowel (ulcerative colitis) can also increase the risk. Other factors such as being overweight can slightly increase CML risk.

### Screening for chronic myeloid leukaemia (CML)

Before screening for any type of cancer can be carried out, doctors must have an accurate test to use. The test must be reliable in picking up cancers that are there. And it must not give a positive result in people who do not have cancer. There is no reliable screening test for CML.

Leukaemia is not a common condition and CML is even less common. It would probably be most cost effective to screen people who are thought to be at higher risk of developing CML. But first we must be sure we know who is definitely at higher risk. We don't know of any high risk groups for CML that we can easily identify.

## Chronic myeloid leukaemia (CML) symptoms

About 1 in 4 people with chronic leukaemia won't have any symptoms at all. Their chronic leukaemia may be diagnosed when they have a routine blood test for something else. In chronic leukaemia, symptoms tend to be mild at first and get worse slowly. You may feel as if you have the flu.

### Common symptoms of CML

Many of the symptoms listed below occur in CML but are more likely to be caused by other illnesses

- Abdominal discomfort
- Tiredness from a shortage of red blood cells (anaemia)
- Weight loss
- Headaches and visual disturbances
- Night sweats and fever - these are not common early symptoms
- Bone pain
- A painful erection in men that won't go (priapism) – priapism is an emergency, so if you have this you need to get medical attention urgently. Priapism can cause permanent damage to the penis

If you have any of these symptoms you must have them checked by your GP. But remember, they can all be caused by other conditions. For example, many of us have bones that ache as we get older. Most



people with these symptoms will not have CML.

## CML and types of chronic leukaemia

### Differences between CML and other types of leukaemia

Leukaemias can be chronic or acute. Chronic leukaemias develop slowly and tend to get worse slowly. In chronic leukaemia the leukaemia cells are almost fully developed, but are not completely normal. They still work, but not as well as they should. Acute leukaemias tend to develop quickly and get worse rapidly if they are not treated.

The two most common types of chronic leukaemia are chronic lymphocytic leukaemia (CLL) and chronic myeloid leukaemia (CML). If you are looking for information on chronic lymphocytic leukaemia, look in the CancerHelp UK section on chronic lymphocytic leukaemia (CLL).

In CML, the abnormal cells develop from the myeloid blood stem cells. So the cancerous white blood cells are myelocytes. These cells are sometimes called granulocytes. So you may hear this type of leukaemia called chronic granulocytic leukaemia or CGL. (Myeloid is pronounced my-el-oyd and granulocytic is pronounced gran-you-low-sit-ik.)

Hairy cell leukaemia is another type of chronic leukaemia that is rarer than CML or CLL.

### Should I see a chronic myeloid leukaemia (CML) specialist?

It can be difficult for GPs to decide if you may have cancer or not. There are particular symptoms that mean your GP should refer you to a specialist straight away. The National Institute for Health and Clinical Excellence (NICE) have produced guidelines for GPs. They say the following symptoms may mean you need referral to a specialist within 2 weeks

- Blood test results that suggest you have chronic leukaemia
- Your GP can feel that your liver or spleen is enlarged
- A swollen lymph node that is more than 2cm across and has been there for more than 6 weeks
- Your lymph nodes are getting bigger

The guidelines also say a GP should think about referring you to a specialist if you have a combination of symptoms such as fatigue, weight loss, night sweats, itching, abdominal pain, shortness of breath, bone pain, bruising, unexplained bleeding, or infections that keep coming back.

If you have symptoms and don't think your GP is taking them seriously enough, you could print out this PDF and take it to your GP to discuss.

### What to ask your doctor about CML

- How would I know if I had a form of chronic leukaemia?
- Am I more likely to develop leukaemia than any one else?
- I have some swollen glands in my neck. How can you be sure that they are an infection and not leukaemia?



- Is there anything I can do to reduce my risk of developing chronic leukaemia?
- My family and I live near to an electric pylon. Does this mean any of us are at risk of developing chronic leukaemia?
- I have worked in the petrol / rubber industry. Will this increase my risk of leukaemia and should I be screened?
- Are there guidelines on when someone with leukaemia symptoms should see a specialist?

### More information

For more information about chronic myeloid leukaemia (CML), visit our website

<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040**  
9am till 5pm Monday to Friday

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