Early Treatment Is Important in APL
(Acute Promyelocytic Leukemia)

- **Act Fast**
- **Provide Aggressive Treatment**
- **Monitor Frequently**

**Making a Difference to APL Patients**
- APL is a rare disease that is a medical emergency.
- Rapid diagnosis and action can make the difference between life and death.
- As a clinician, you can make a difference if you:

**How can you get more information?**
If you suspect a patient has APL, contact your regional oncology or hematology department as soon as possible. They are your best source of timely information and support.

**Clinical Presentation**
Patient presents with signs of bleeding, fatigue, etc.
- Pallor, petechiae, and areas of ecchymoses
- Bleeding from the gums
- Flow murmur can be heard with severe anemia
- Neurologic deficits or headaches when there is CNS involvement
- Thrombosis-like symptoms

**Current Guidelines Recommend Immediate Treatment of Potential Complications**
- Patient presents with clinical signs of APL (bleeding, fatigue, pancytopenia, etc.)
- Clinician suspects APL
- Contact your regional oncology or hematology department ASAP
- Treatment is initiated:
- ATRA
- Transfusions of blood products
- Genetic testing performed to confirm diagnosis and direct further treatment

**Recommendations for supportive care in newly diagnosed or suspected APL**

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<tr>
<th>Supportive care</th>
<th>Implementation</th>
<th>Target</th>
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<tr>
<td>Frequent, aggressive transfusions</td>
<td>Cryoprecipitate Platelets Fresh-frozen plasma</td>
<td>Fibrinogen levels &gt;1.5 g/L Platelet counts ≥30 × 10^9/L</td>
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<tr>
<td>Therapy with ATRA*</td>
<td>Should be started immediately</td>
<td>Administered in divided doses Purpose: Treat coagulopathy and initiate induction</td>
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<tr>
<td>Frequent monitoring</td>
<td>Immediate</td>
<td>Every 6 hours</td>
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*All-trans retinoic acid