CAR T-cell therapy for Acute Lymphoblastic Leukaemia (ALL)

A Guide for Patients

Leukaemia Care
YOUR Blood Cancer Charity

Introduction

Chimeric antigen receptor T-cell (CAR T) therapy is a new type of cancer treatment in which the patient's T-lymphocyte white blood cells (T-cells) are removed, genetically altered to make them more efficient at recognising and killing specific cancer cells, and then re-infused back into the patient to destroy the cancer cells. If you have any questions about this ALL treatment - this booklet covers the basics for you.

The booklet was written and updated by our Patient Information Writer, Isabelle Leach, and peer reviewed by consultant haematologists.

We are also grateful to our patient reviewers, Ross Happell, Meryl Simons and Karen Collier for their contribution.

Throughout this booklet, you will see QR codes that will take you to the relevant webpage for further support. Open the camera app on your phone and hover it over the QR code to open the link (suitable for Android, iPhone 7 and above).

Alternatively, if you are not able to use QR codes and would like to be sent the relevant webpages as URLs, or you would like the list of references used for this booklet, please email **communications@leukaemiacare.org.uk.**

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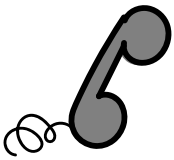
In this booklet

About Leukaemia Care

Leukaemia Care is the UK's leading leukaemia charity. For over 50 years, we have been dedicated to ensuring that everyone affected receives the best possible diagnosis, information, advice, treatment and support.

Our services

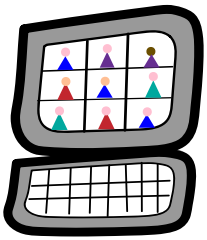


Helpline

Our helpline is available 9am to 5pm Monday to Friday. If you need someone to talk to, call **08088 010 444**.

Alternatively, you can send a message via WhatsApp on **07500 068065** on weekdays 9am to 5pm.

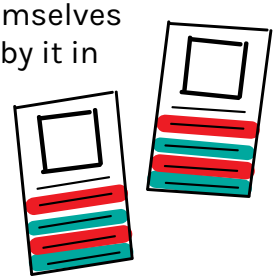
Support groups



Our nationwide support groups are a chance to meet and talk to other people who have been affected by a ALL diagnosis. For more information, scan this QR code:

Buddy support

We offer one-to-one phone support with volunteers who have had ALL themselves or been affected by it in some way. You can speak to someone who knows what you are going through. For more information on how to get a buddy call **08088 010 444** or email support@leukaemiacare.org.uk



Counselling service

Our counselling service helps ALL patients and their loved ones access up to six sessions of counselling. To apply, scan this QR code:

Advocacy and welfare

Our advocacy and welfare officers are here to help you find the support you need for many issues surrounding a ALL diagnosis. These include insurance, benefits and clinical trials. If you would like support from our advocacy or welfare officer, email **advocacy@leukaemiacare.org.uk** or call **08088 010 444**.

Cost of living fund

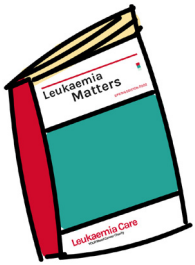
This fund provides grants to patients and families affected by ALL, to help with essential living costs. All applications must be made via the form which can be found by scanning the QR code:

Write a free will

Using our complimentary service, you can write a simple will so you know what happens to your estate when you die. To start writing your free will today, scan this QR code:

Patient magazine

Our magazine includes inspirational patient and carer stories as well as informative articles by medical professionals. To subscribe to our magazine, scan this QR code:



Glossary of medical terms

Acute leukaemia

Leukaemia which progresses rapidly and is generally aggressive. There are two types: acute lymphoblastic leukaemia and acute myeloid leukaemia.

Acute lymphoblastic leukaemia (ALL)

Leukaemia in which lymphocytes start multiplying uncontrollably in the bone marrow, resulting in high numbers of abnormal, immature lymphocytes. Lymphocytes are a type of white blood cell involved in the immune response.

Allogeneic stem cell transplant

A procedure where bone marrow stem cells are taken from a genetically matched donor and given to the patient through an intravenous line. The donor may be related or unrelated.

Autologous stem cell transplant (ASCT)

Transplant of stem cells derived from part of the same individual.

Bone marrow

The soft blood-forming tissue that fills the cavities of bones and contains fat, immature and mature blood cells, including white blood cells, red blood cells, and platelets.

Chemotherapy

Therapy for cancer using chemicals that stop the growth of cells.

Clinical trial

A medical research study involving patients with the aim of improving treatments and their side effects. You will always be informed if your treatment is part of a trial.

Consolidation (phase)

Treatment following remission intended to kill any cancer cells that may be left in the body (also called intensification phase).

Fatigue

Extreme tiredness, which is not alleviated by sleep or rest. Fatigue can be acute and come on suddenly or it can be chronic and persistent.

Induction (phase)

First treatment after diagnosis intended to kill the majority of the leukaemia cells and stimulate remission.

Maintenance

Treatment given to prevent cancer from coming back after it has disappeared following the first-line treatment.

Monoclonal antibody

Man-made antibodies created from identical cloned immune cells so that they all bind to the same protein commonly found on the leukaemia cells such as CD20.

Neutropenia

A condition in which the number of neutrophils (a type of white blood cell) in the bloodstream is decreased.

Neutrophil

A type of white blood cell that helps fight infection.

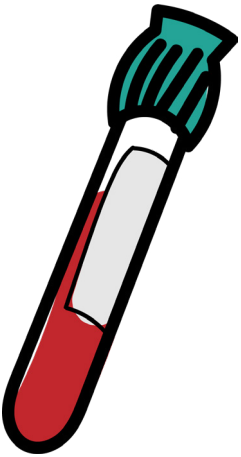
Palliative care

Also known as supportive care, this is a type of care that focusses on improving the quality of life for a patient with a life threatening illness and their loved ones.

Stem cells

Cells that have the potential to develop into many different or specialised cell types.

Summary: What is CAR T-cell therapy?



- Chimeric antigen receptor (CAR) T-cells use T-cells that have been genetically modified in a laboratory. This enables them to kill cancer cells. At the moment, CAR T-cell therapy is an autologous treatment. This means that the haematology specialists alter your own T-cells rather than the T-cells from a donor.
- CAR T-cell therapy is a new type of therapy that has only recently been approved by the National Institute for Health and Care Excellence (NICE).
- Currently, only patients' own immune cells are collected to create a tailored treatment.
- CAR T-cell therapy is currently given to you if:
  - Your leukaemia has not responded to chemotherapy
  - You have no other treatment options because of a relapse following a stem cell transplant (SCT)
- The procedure for producing CAR T-cell therapy is quite complicated and takes a while. Your haematology team will collect your blood and filter out your T-cell lymphocytes. They then alter your T-cells in a laboratory. These modified T-cells can destroy your leukaemia cells.

What is CAR T-cell therapy?

CAR T-cells use your own T-cells that are altered in the laboratory so they can kill cancer cells. Haematologists use CAR T-cell therapy to treat some blood cancers.

T-cells are a type of white blood cell. For haematology scientists to make your CAR T-cells, you need to have healthy T-cells. At present, CAR T-cell therapy is not available for patients with T-cell ALL. It is only available for patients with specific types of B-cell ALL.

At the moment CAR T-cell therapy is an autologous treatment. This means that the haematology specialists alter your own T-cells rather than the T-cells from a donor. CAR T-cell therapy using donor CAR T-cell therapies are in early stages. It will be several years before they are approved by NICE for use on the NHS.

CAR T-cells are also made to target a specific protein on your leukaemia cells. The most common target is the CD19 protein. This means you also must be tested for that protein prior to treatment.

How does CAR-T therapy work?

To treat your ALL, your T-cells undergo a genetic modification in the laboratory. This enables your T-cells to attack the leukaemia cells. The steps involved in producing your CAR T-cell therapy are:

Step one:

Filtration of your T-cells from your blood. Haematology scientists collect your T-cells from your blood using leukapheresis. In this process, your blood is:

- Collected from a vein in one of your arms.
- Circulated through the leukapheresis machine to filter out your T-cells.
- Returned to you through a vein in your other arm. Sometimes a venous line needs to be inserted. A venous line is a thin, flexible tube that is inserted into a vein. It is usually located below the right collarbone, and guided (threaded) into a large vein above the right side of the heart. It is used to give intravenous fluids, blood transfusions, chemotherapy, and other drugs.

Step two:

Your T-cells are altered to produce proteins on their surface called chimeric antigen receptors.

Step three:

These CAR T-cells are able to recognise and target specific proteins on your leukaemia cells. They bind to the proteins on your leukaemia cells and kill them.

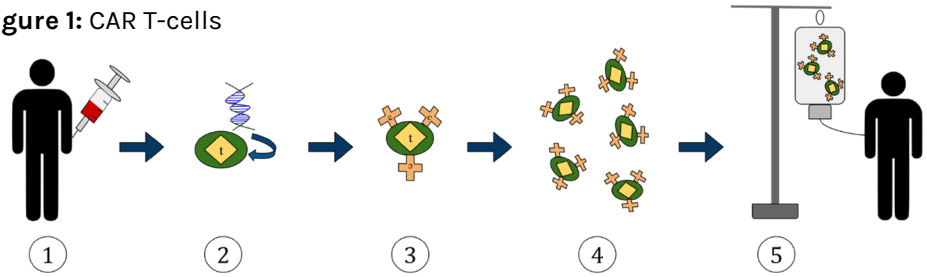
Step four:

Millions of these CAR T-cells are grown in the laboratory. They are then returned back to you as an intravenous infusion.

At the moment, CAR T-cell therapy is an autologous treatment. Autologous treatment means that the haematology specialists alter your own T-cells rather than the T-cells from a donor. Each

patient has CAR T-cell therapy especially customised for them. This is why the process takes so long.

Figure 1: CAR T-cells



1. T-cells are removed from a patient's blood.

2. T-cells are altered to create new proteins on their surface to create CAR T-cells.

3. CAR T-cells are specific for the leukaemia cells.

4. CAR T-cells are multiplied in the laboratory.

5. CAR T-cells are infused back into the patient.

Source: Wikipedia

The CAR T-cell therapy process is very technical. You can find videos online that will help you visualise this process more, such as https://www.youtube.com/watch?v=0adAW99s4Ik

CAR T-cell therapy is very exciting in terms of scientific advances. However, using your own T-cells for the production of CAR T-cell therapy has several disadvantages:

- Need for patients to have healthy T-cells
- Time taken to create CAR T-cell therapy
- Cost of creating CAR T-cell therapy
- Delays in manufacturing CAR T-cell therapy

Researchers are looking at making CAR T-cell therapy using T-cells from donors. This has its own downsides comparable to those with a stem cell transplant. If you are interested in learning more, contact us or your haematology team.

Who receives CAR-T therapy?

At the moment there are two CAR T-cell therapies available for ALL in the United Kingdom.

Tisagenlecleucel

Tisagenlecleucel is approved for children and young adult patients with B-cell ALL. Young adults includes patients up to and including 25 years of age.

To receive tisagenlecleucel, your B-cell ALL must be:

- Refractory (you have had another treatment very recently that stopped working during treatment)
- In second or later relapse (you have had more than one treatment already)
- Relapsed after a stem cell transplant

Brexucabtagene autoleucel

Another option for ALL treatment is brexucabtagene autoleucel. This CAR T-cell therapy is for the treatment of relapsed or refractory B-cell ALL in adults (26 years and over). It was recommended for this indication by NICE on the 7th June 2023.

To receive brexucabtagene autoleucel, you must be:

- 26 years of age or above with relapsed or refractory B-cell precursor ALL.

How is CAR-T therapy administered?

CAR T-cell therapy can be safe for you to receive as an outpatient. But, the majority of patients receive this treatment as an inpatient initially. Outpatient administration of CAR T-cell therapy depends on several factors. These include:

- Low chance onset of cytokine release syndrome (CRS) and neurological symptoms. These are very serious side effects with CAR T-cell therapy.
- You have social or family support at home. You might need care for a while after treatment.
- Prospect of an individual infusion room in your outpatient department. Not all hospitals have this. Sometimes this is called ambulatory care.
- You agree to remain within a one hour distance from your outpatient department. If you have travelled to another hospital for your treatment, Leukaemia Care can support you with these additional costs. To find out more, speak to our Advocacy Team by calling **08088 010 444** or emailing **advocacy@leukaemiacare.org.uk**.

A list of CAR T-cell therapy trials is available at **clinicaltrials.gov**. At the time of writing, there are 22 studies of CAR T-cell therapies in ALL that are recruiting patients.

Research into targeting antigen receptors other than CD19 is ongoing. These include CD22, CD123 and CD20.

Summary: What are the side effects of CAR-T therapy?

- Common side effects of CAR T-cell therapy include:
  - Chills
  - Fever
  - Low blood pressure
  - Low levels of blood cells and haemoglobin
- These lesser side effects with CAR T-cell therapy respond well to supportive care. Speak to your haematology team if you are struggling with your side effects.
- The more serious side effects with CAR T-cell therapy can be difficult to manage. These include:
  - Cytokine release syndrome
  - Serious damage to the nervous system
  - On-target off-tumour effect (direct side effect on body tissues that share features of the tumour)
- Haematologists are becoming better at managing these side effects all the time as they use CAR T-cell therapy more and more.

What are the side effects of CAR-T therapy?

Treatment with CAR T-cell therapy has only become common in recent years. However, side effect management is improving all the time. CAR T-cell therapy is only performed in specialist centres where support is guaranteed.

The most common haematological side effects with CAR T-cell therapy is a decrease in:

- Lymphocytes (seen in 100% of patients)
- White blood cells (99%)
- Haemoglobin (99%)
- Neutrophils (97%)
- Platelets (95%)

Supportive care which includes blood transfusions can minimise these side effects.

The more common serious complications can be harder to manage. These include:

- Cytokine release syndrome
- Serious damage to the nervous system
- On-target off-tumour effect

Treatment with CAR T-cell therapy lasts several weeks. This allows your haematology team to supervise your response to the treatment. Immediate management for any reaction to the therapy is available right away. Serious side effects usually appear within five days of the infusion.

Cytokine release syndrome

Cytokine release syndrome is a widespread inflammatory response. It is where the CAR T-cells cause too many cytokines to be released. This makes you unwell. It may lead to extensive organ damage if not treated. However, it is often spotted early due to the way haematology specialists manage CAR T-cell therapy in hospitals.

Symptoms of cytokine release syndrome that can be mild or severe. They include:

- High fever and/or chills
- Headaches
- Low blood pressure
- Difficulty breathing

At times, cytokine release syndrome may result in more serious side effects such as:

- Cardiac symptoms
- Poor kidney function
- Multiple organ failure

Patients with these serious side effects need intensive care treatment. Most of the symptoms can be reversible.

Neurological problems

Patients receiving CAR T-cell therapy may suffer from neurological problems such as:

- Confusion
- Difficulty speaking
- Reduced understanding of language

- Stupor (reduced consciousness and response to stimulation)

These side effects are reversible in the majority of cases. Symptoms resolve over several days once treatment is stopped. There does not appear to be any long-term side effects. Still, some of the side effects can be life-threatening. The cause of these neurological side effects is the subject of research.

Other potential side effects

Infections

Some patients may develop serious infections as a result of a weakened immune system. CAR T-cell therapy targets the normal B-cells as well as the proteins on the leukaemia B-cells. This stops your ability to make antibodies for protection against infections.

Macrophage activation syndrome

This side effect is similar in mechanism to cytokine release syndrome. The cause of macrophage activation syndrome is excessive multiplication of T-cells and macrophages. Macrophages are a large type of white blood cell. Both of these cells are immune cells that normally only react to infections. CAR T-cells can make them overreact and make you unwell.

With severe macrophage activation syndrome, treatment with corticosteroids and anticytokine therapy may help.

Tumour lysis syndrome

CAR T-cell therapy can cause a rapid destruction of a large number of white blood cells. Tumour lysis syndrome occurs when large numbers of leukaemia cells die at the same time. Dying leukaemia cells release uric acid, potassium and phosphorus into the blood. This increase in blood uric acid levels may damage the kidneys, heart or liver.

Symptoms of tumour lysis syndrome include:

- Nausea
- Vomiting
- Diarrhoea
- Fatigue
- Muscle cramps or twitches
- Weakness
- Numbness or tingling

The onset of tumour lysis syndrome usually occurs within the first week of CAR T-cell therapy, and typically peaks within one to two weeks. Standard supportive treatments are helpful in managing tumour lysis syndrome.

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction. It can occur in patients receiving CAR T-cell therapy. The patient has an overwhelming immune response against the CAR T-cells.

If you experience anaphylaxis, you might get:

- Hives
- Facial swelling
- Low blood pressure
- Respiratory distress

Admission to specialised hospital centres is important for these patients.

Interaction of CAR-T therapy with other drugs

There are no clinical drug interaction studies with CAR T-cell therapy. Tell your doctor if you start any new treatments for any condition during CAR T-cell therapy.

Administering live vaccines is not recommended at the following times during CAR T cell therapy:

- At least six weeks before CAR T-cell therapy
- During the CAR T-cell therapy period
- During immune recovery following treatment with tisagenlecleucel

What happens after CAR-T therapy?

CAR T-cell therapy that targets CD19 can achieve remission in up to 90% of patients with B-cell ALL. But, relapse occurs in a subset of patients.

If you do go into remission, you may remain in remission for many years. However around 40–50% of patients will eventually relapse.

The reasons for relapses are still unclear. There are two types of relapse:

- You may have some leukaemia cells that still include CD19. It is not known why the CAR T-cell therapy does not target them, even when they have the target protein. It is possible that:
  - Your CAR T-cells disappear too early. This is called 'poor persistence'
  - The leukaemia T-cells that are not killed may not have had CD19 on them
- The T-cells re-infused into you were not effective:
  - It might be because these T-cells never had CD19 on them
  - The T-cells might have removed CD19 to avoid destruction

If CAR T-cell therapy has not worked for you, other drugs are available. They include:

- Chemotherapy
- Blinatumomab
- Inotuzumab ozogamicin

Your haematology team may offer you combinations of chemotherapy. If you did not start treatment with chemotherapy you may receive a combination of:

- Vincristine
- Daunorubicin or doxorubicin

- Cytarabine
- Asparaginase
- Etoposide
- Mercaptopurine
- Methotrexate
- Cyclophosphamide
- Steroids such as prednisone or dexamethasone

Adding at TKI may improve your complete remission. In general, this occurs if your genetic testing took place at relapse and not at the diagnosis of your ALL.

Other options include radiation therapy or a stem cell transplant. Your consultant will be able to advise you on the best treatment for you going forward.

Booklets on other treatments for relapsed or refractory ALL are on the Leukaemia Care website. Scan the QR code to order our booklets:

Summary: Supportive care

Supportive care is available at any time. It is a term that means any medication or medical care that is not intended to treat your leukaemia. The aim of supportive care is to improve your quality of life.

As well as your ALL treatment you are likely to need treatment for side effects (e.g. to treat nausea). You might be offered medication or different treatment strategies like counselling or physiotherapy. It depends on your situation.

Concerns you might experience include:

- Fatigue
- Infection risk
- Symptoms coming from not making other blood cells
- Mental health issues
- Challenges with work, money or dealing with issues at home

This section focuses on things that happen during and after treatment. You can also get supportive care for symptoms when you are not actively receiving treatment. This applies even if you have not been treated for months or years. Your haematology team will work out if it is related to your ALL. Alternatively, your GP can help.

Make sure you talk to your healthcare professionals regularly. They will be able to help you if you have physical symptoms or treatment side effects.

Supportive care

ALL is an aggressive illness. Treatment to deal with it has to be fairly intensive. During your treatment and afterwards, supportive care can improve your quality of life. It will help prevent, or treat, the symptoms of ALL as soon as possible.

Supportive care can also reduce the side effects caused by treatment. In this booklet, we focus on the immediate effects of diagnosis and treatment.

Supportive care is not only limited to the physical impact of your ALL. It will provide support for matters that are:

- Psychological
- Social
- Spiritual

For more information about side effects, we have dedicated booklets on the common side effects of treatment and late effects of treatment. Scan the QR code to order or download our booklets:

Fatigue

A very common side effect of ALL treatment is fatigue. It can be caused directly by the drugs. It can also have other causes. One example is the psychological and emotional stress of diagnosis. Fatigue is often frustrating as it cannot be treated with medicines.

Solutions to decrease your level of fatigue are available. This includes pacing yourself or improving the quality of your sleep.

Make sure you discuss your fatigue throughout your treatment with your healthcare team. You also raise it after treatment. It is very common for it to continue after treatment. There are fatigue services to help if it affects you long term or particularly severely, but waiting lists can be long.

Infection

You should be aware that you are vulnerable to infections whilst on treatment. This is because most treatments have an effect on other aspects of your immune system. You should be able to recognise symptoms of infections. Common symptoms of infection include:

- Fever – a raised temperature (38°C or higher)
- Aching muscles
- Diarrhoea
- Headaches
- Excessive tiredness

You should seek help as soon as possible if you experience any of these symptoms. Infections can progress more quickly if you are receiving active cancer treatment. Your haematology team should give you a specific phone number and instructions on what to do if you are aware of symptoms of infection.

Prevention of infections

Simple precautions can help you reduce your risk of infection. These are:

- Washing your hands after using the toilet and touching doorknobs and banisters.
- Limiting your time in crowds, especially if there is an epidemic of flu or other illnesses.
- Following food safety advice and not keeping food after use-by dates. Cleanliness in the kitchen is important.
- Neutropenic diets to protect you from infection are now no longer advocated nowadays. There is limited evidence as to whether they help to reduce your risk of infection. Neutropenic diets recommended avoiding the following foods to reduce the risk of getting an infection from foodborne bacteria:

- Raw vegetables
- Fruit
- Meat or unpasteurised dairy products

Specific advice on how to protect yourself from COVID-19 infection is available on our website. It is constantly updated. Scan the QR code to take you there:

Antibiotics normally used to treat infections can also be used to prevent them where applicable. Most common antibiotics and antifungals used are:

- Trimethoprim/sulfamethoxazole (cotrimoxazole) for pneumocystis pneumonia prophylaxis
- Aciclovir to prevent viral infections

General wellbeing

Where possible you should eat a well-balanced diet. This will help you:

- Feel stronger
- Have more energy
- Recover without delays

You may lose weight on treatment due to changes in taste or appetite. This may also be due to the side effects of treatment, which includes sore mouth, or nausea and sickness.

Other digestive issues can also occur, such as constipation. These will be related to the treatments you are receiving.

Support with transfusions

Supportive care also includes:

- Blood transfusions (red cells or platelets). This is needed if your bone marrow is unable to make normal blood cells during your treatment. This might involve a different appointment.
- Treatment with antibiotics, antifungals or antivirals.
- Injections of growth factors will help you produce more white cells if you need that. Transfusion of white blood cells carries a high risk of side effects and will not performed.

Mental health, emotional health, mood and behaviour changes

Starting treatment for a serious illness can be overwhelming emotionally as well as physically. It's normal to feel emotions such as:

- Anger – Why has this happened to you
- Guilt – For being away from home for a long time
- Fear – Worrying about the future
- Confusion – Not understanding the new terminology

Talking to others can help. It can be difficult to talk to loved ones so you might need someone independent. This is where Leukaemia Care can help.

A diagnosis of ALL can be a lot to take in, especially when it comes to treatment options and prognosis. If you think you may benefit from counselling, we can offer funding for up to six sessions. Scan the QR code to fill in a form:

Work and money

Being in hospital for a long period is challenging for anyone. However, it may add additional stress for those patients who would otherwise be working.

You will need to keep your employers informed of your situation. They are likely to be supportive. However, Leukaemia Care and other organisations can help you if they are not.

Your ALL may also affect your finances even if you are not working. Leukaemia Care are aware that being diagnosed with leukaemia comes with extra spending costs. We can offer financial support, including direct grants.

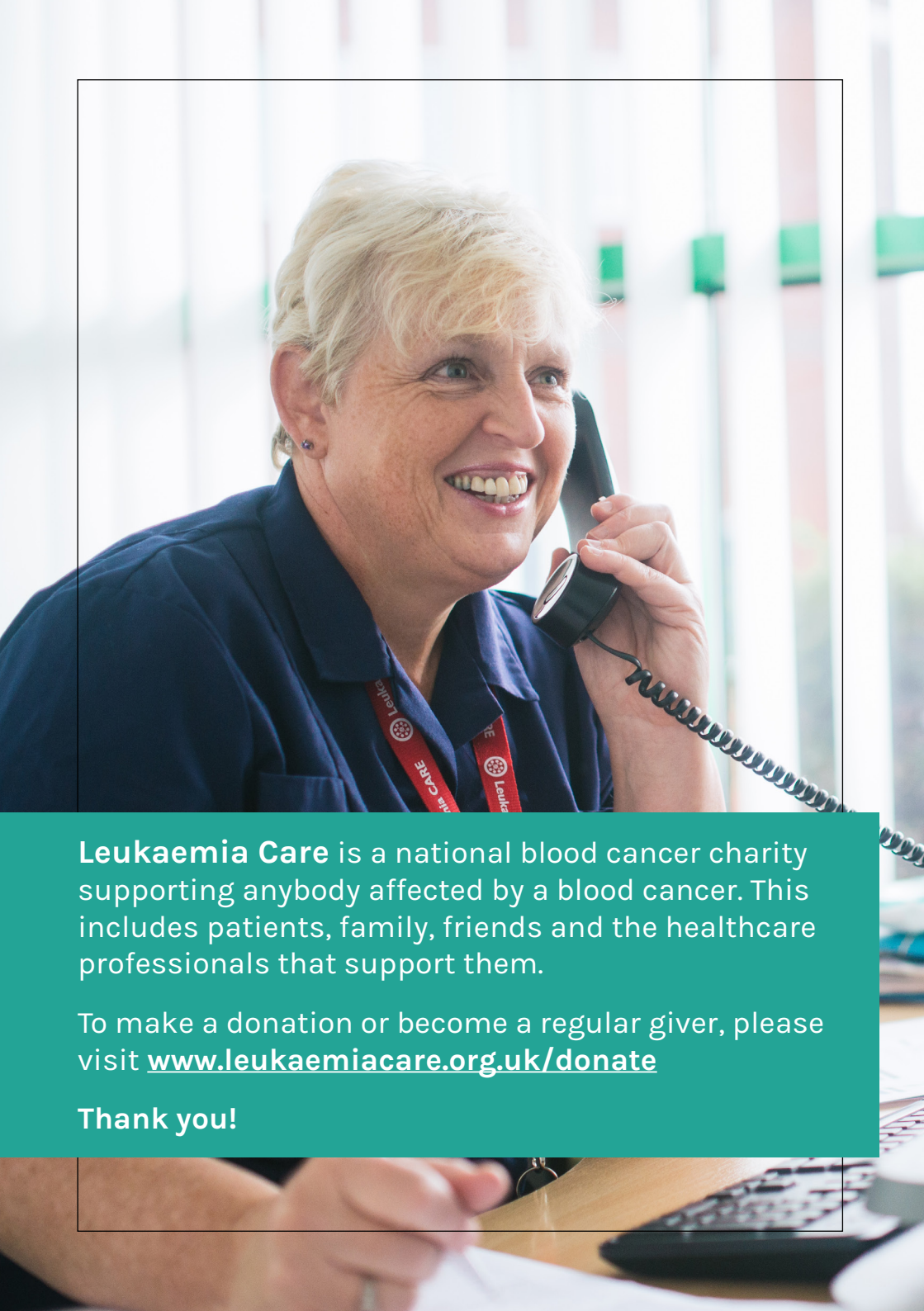
For more information about the financial help that we can provide, scan the QR code to take you there:

Home life

A diagnosis of leukaemia is likely to impact your home life. This stems from a long period you may need to spend in hospital which is very common for ALL patients.

Our newly diagnosed checklist can be useful in seeking help. Scan the QR code to take you there:

This should make you feel less stressed if you seek help early. You are then able to focus more on your physical treatment.



Leukaemia Care is a national blood cancer charity supporting anybody affected by a blood cancer. This includes patients, family, friends and the healthcare professionals that support them.

To make a donation or become a regular giver, please visit **www.leukaemiacare.org.uk/donate**

Thank you!

Useful contacts and further support

There are a number of helpful sources to support you during your diagnosis, treatment and beyond, including:

- Your haematologist and healthcare team
- Your family and friends
- Your psychologist (ask your haematologist or CNS for a referral)
- Reliable online sources, such as Leukaemia Care
- Charitable organisations

Leukaemia Care

Leukaemia Care is the UK's leading leukaemia charity. For over 50 years, we have been dedicated to ensuring that everyone affected receives the best possible diagnosis, information, advice, treatment and support. We are here for everyone affected by leukaemia and related blood cancer types – such as myelodysplastic syndromes (MDS) and myeloproliferative neoplasms (MPN). We believe in improving lives and being a force for change. To do this, we have to challenge the status quo and do things differently.

Helpline: **08088 010 444**
www.leukaemiacare.org.uk
support@leukaemiacare.org.uk

Blood Cancer UK

Leading charity into the research of blood cancers.

0808 2080 888
www.bloodcancer.org.uk

Cancer Research UK

Leading charity dedicated to cancer research.

0808 800 4040
www.cancerresearchuk.org

Macmillan

Provides free practical, medical and financial support for people facing cancer.

0808 808 0000
www.macmillan.org.uk

Maggie's Centres

Offers free practical, emotional and social support to people with cancer and their loved ones.

0300 123 1801
www.maggiescentres.org

Citizens Advice Bureau (CAB)

Offers advice on benefits and financial assistance.

08444 111 444
www.adviceguide.org.uk

How you can help us

If you've been affected by ALL, sharing your story can help others going through a similar situation and help the public to better understand.

Scan the QR to share your story:

Alternatively, you can email our Communications Team at communications@leukaemiacare.org.uk.

We are continually working to make sure our information is up to date and includes everything you need to help feel supported and empowered to advocate for yourself. With this, it is important for us to listen to any feedback you might have about our CAR T-cell therapy for ALL booklet.

Scan the QR to take you to our shop to leave a review of our booklet:

Alternatively, you can email our Information Team at information@leukaemiacare.org.uk, call our office line on **01905 755 977** or write a letter to our Head Office at **Leukaemia Care, One Birch Court, Blackpole East, Worcester, WR3 8SG**.

Take on a challenge for Leukaemia Care

We have a range of fundraising challenges that you can get involved in to help us continue to provide care and support to those affected by a leukaemia, MDS or an MPN.

Running, swimming, cycling and adrenaline challenges are available to take part in, both in the UK and abroad. There really is something for everyone.

If you're interested in taking part in a challenge, speak to a member of our Fundraising Team by emailing fundraising@leukaemiacare.org.uk or calling **01905 755977**.

Alternatively, scan this QR code to find out all the ways you can get involved with Leukaemia Care:

"It was a pleasure to meet you and to take part in my first half marathon together with the Leukaemia Care team! I'm a scientist and work in immunology research. A dear family member passed away from leukaemia seven years ago this month, so I did this in his memory. I smashed my goal of under two hours with a final time of 1:53! I'm extremely happy, thank you so much for all your hard work and it was great to see you cheering us on along the track. I loved the look of the vests too! See you again, next year maybe!" **- Alexandru Bacita ran London Landmarks for Leukaemia Care in 2022**

Your gift today will ensure that Leukaemia Care can continue to offer support to leukaemia patients and those who love them

Yes, I want to make a regular gift to Leukaemia Care of £5 or £ ☐ a month starting on the 1st ☐ or the 15th ☐ of each month (please tick one).

Please note: the minimum for a direct debit is £2 a month.

Title: .....

First name or initial(s): ..... Surname: .....

Full home address: .....

.....

Postcode: ..... Phone: .....

Email: .....

☐ **Gift Aid Declaration: Please tick here if you want Leukaemia Care to reclaim the tax that you have paid on all your donations you make in the future or have made in the past four years.**

Instruction to your Bank or Building Society to pay by Direct Debit

Name of Account Holder(s): ..... / .....

Bank/Building Society account number: ☐

Branch sort code: ☐

Name and full postal address of you Bank or Building Society: .....

.....

Instruction to your Bank or Building Society: Please pay Leukaemia Care from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Leukaemia Care and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s): ..... / .....

Date: ☐

This guarantee should be detached and retained by the payee.

The Direct Debit Guarantee

DIRECT Debit

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

The efficiency and security of the scheme is mentioned and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Leukaemia Care will notify you 10 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Leukaemia Care or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Leukaemia Care is the UK's leading leukaemia charity. For over 50 years, we have been dedicated to ensuring that everyone affected receives the best possible diagnosis, information, advice, treatment and support.

Every year, 10,000 people are diagnosed with leukaemia in the UK. We are here to support you, whether you're a patient, carer or family member.

Want to talk?

Helpline: **08088 010 444**
(free from landlines and all major mobile networks)

Office Line: **01905 755977**

www.leukaemiacare.org.uk

support@leukaemiacare.org.uk

Leukaemia Care,
One Birch Court,
Blackpole East,
Worcester,
WR3 8SG

Leukaemia Care is registered as a charity in England and Wales (no. 1183890) and Scotland (no. SC049802).

Company number: 11911752 (England and Wales).

Registered office address: One Birch Court, Blackpole East, Worcester, WR3 8SG

Leukaemia Care
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