Acute lymphoblastic leukaemia (ALL)

Relapsed and refractory ALL

ALL is a fast-growing blood cancer. Most people have successful treatment. But, sometimes, treatment might not work as expected, or ALL might come back.

- Relapsed ALL is when ALL comes back after successful treatment.
- Refractory ALL is when ALL does not respond to your first treatment.

Finding out ALL hasn't responded to treatment, or has come back, can be distressing. Call our freephone helpline on **08088 010 444** if you need support.

You might have similar or different symptoms to when you were first diagnosed. Or you may be diagnosed from follow-up tests.

Tell your team straight away if you notice any symptoms similar to when you were first diagnosed. Or if you are worried your ALL might have come back.

You will have blood and bone marrow tests to confirm if ALL has come back or not responded to treatment. You will also have a lumbar puncture to check if you have leukaemia cells in your central nervous system.

Treatment for relapsed or refractory ALL

ALL that has come back or not responded to treatment can be harder to treat than ALL when you are first diagnosed. But there are still treatment options available. Your team will let you know what they recommend for you and what you can expect. They base this on:

- What treatment you've already had and how you responded to it
- Any side effects you had
- Your age and overall fitness
- Your subtype of ALL and the genetic changes and proteins in your leukaemia cells
- Any other medical conditions you have
- Your preference on how you wish to be treated

Treatment options include:

Treatment as part of a clinical trial, if there is one suitable for you. Your team should explain what it involves and the risks and benefits of it.

Intensive chemotherapy. You usually have to stay in hospital to have it.

Non-intensive chemotherapy. This aims to lower your leukaemia cell counts rather than get rid of the leukaemia completely.

Targeted treatment. You might have these, depending on the genetic changes and proteins in your leukaemia cells.

A stem cell transplant, if it's suitable and you are fit enough to have one. It is very intensive. You usually stay in hospital for several weeks to have it.

CAR T-cell therapy. This is an intensive treatment. It involves modifying your blood cells to recognise and kill cancer cells. You have it at a specialist centre.

Intrathecal medicine and radiotherapy to prevent or treat ALL in your brain or spinal fluid.

Medicines to prevent or treat symptoms or side effects.

End of life care, if there are no suitable treatment options left. You have treatment to relieve your symptoms and improve your quality of life.

Need support or information?

- Scan the QR code or visit **leukaemiacare.org.uk**
- Call our freephone helpline on **08088 010 444**
- Send a WhatsApp to **07500 068065**
- Email **support@leukaemiacare.org.uk**

This information is aimed at people in the UK. We do our best to make sure it is accurate and up to date but it should not replace advice from your health professional. If you have any feedback or you'd like a list of our sources, please email information@leukaemiacare.org.uk.

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Leukaemia Care

Version: 1. Reviewed 08/2026. Next review: 08/2029. Leukaemia Care is registered as a charity in England and Wales (no. 1183890) and Scotland (no. SCO49802). Company number: 11911752 (England and Wales). Registered office address: One Birch Court, Blackpole East, Worcester, WR3 8SG