
Subcutaneous Azacitidine for Acute Myeloid Leukaemia (AML) and Myelodysplastic Syndromes (MDS)

**A Guide for
Patients**

Leukaemia Care
YOUR Blood Cancer Charity

Introduction

Azacitidine interferes with the formation of DNA, preventing the reproduction of cells in the body, particularly leukaemia cells who are multiplying quickly. If you have any questions about this treatment - this booklet covers the basics for you.

The booklet has been updated by our Patient Information Writer, Isabelle Leach.

If you are unsure if this booklet is the correct one for your azacitidine treatment, please check with your healthcare professional or call the helpline on 08088 010 444.

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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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

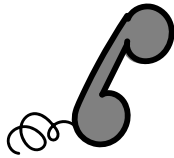
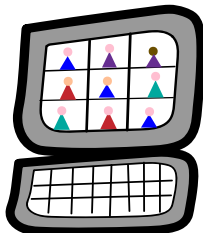
Helpline

Our helpline is available 9:00am - 5:00pm Monday - 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 9:00am - 5:00pm.

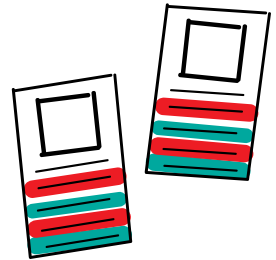
Support Groups

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



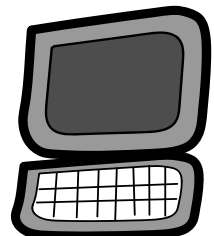
Buddy Support

We offer one-to-one phone support with volunteers who have had an 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@leukaemicare.org.uk



Online Forum

Our HealthUnlocked online forum is a place for people to ask questions anonymously or to join in the discussion with other people affected by an ALL diagnosis. If you'd like to join, scan this QR code:



Webinars

Our webinars provide an opportunity to ask questions and listen to patient speakers and medical professionals who can provide valuable information and support. For information on upcoming webinars, 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 an 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**.

Patient magazine

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



Counselling Fund

Our fund helps ALL patients and their loved ones access professional help by offering a grant of up to £420 to go towards six sessions of counselling. To apply, scan this QR code:



Cost of Living Fund

This fund provides grants of up to £200 for essential living costs to patients and families affected by ALL. All applications must be made via the form which can be found by scanning this 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. Scan this QR code to start writing your free will today:



AML Patient Pathway

This flow chart represents the stages that a AML patient might follow during the course of their illness. Each of the steps in this diagram are explained our suite of AML information.

1. Diagnosis

Referral to haematologist for
diagnosis and/or treatment

2. Treatment

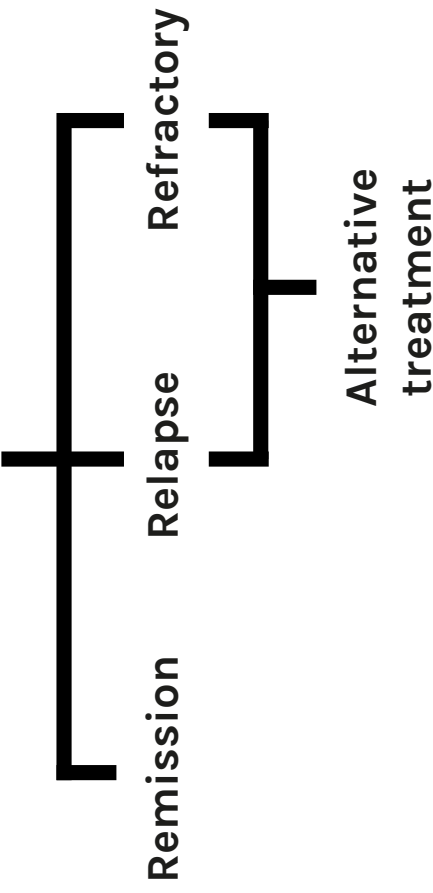
Induction



Consolidation



Maintenance



3. Supportive care

4. End of life care

Glossary of medical terms

Acute myeloid leukaemia (AML)

Rapid and aggressive cancer of the myeloid cells in the bone marrow.

Blood transfusion

A procedure in which whole blood or one of its components is given to a person through an intravenous line into the bloodstream. A red blood cell transfusion or a platelet transfusion can help some patients with low blood counts.

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).

Cytarabine

Antimetabolite drug which works by disrupting the DNA of cancer cells, thereby slowing or stopping their growth.

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.

Myelodysplastic syndromes (MDS), also called myelodysplasia

Myelodysplastic disorders occur when the bone marrow does not make enough normal blood cells. The blood cells made are not fully developed and not able to work normally. These blood cells include red blood cells which supply oxygen to the body's tissues, white blood cells which fight infection and platelets which help blood clot.

Myeloid

Relates to bone marrow.

Relapse

Relapse occurs when a patient initially responds to treatment, but after six months or more, the response stops. This is also sometimes called a recurrence.

Stem cell transplant

Transplant of stem cells derived from part of the same individual or a donor.

Summary: Subcutaneous azacitidine for AML

- Azacitidine is a chemotherapy used for the treatment of adult patients who are not eligible for a stem cell transplant (SCT). It is available for certain patients with:
 - Acute myeloid leukaemia (AML)
 - High risk myelodysplastic syndrome (MDS)
 - Chronic myelomonocytic leukaemia (CMML)
- Azacitidine interferes with the formation of cells in the body, particularly the leukaemia cells.
- Subcutaneous injections of azacitidine may be under the skin of the:
 - Upper arm
 - Thigh
 - Stomach
- Injections can occur on seven consecutive days or weekdays only followed by a rest period of 21 days (total treatment cycle of 28 days).
- As you achieve remission with oral azacitidine, your symptoms will lessen and your blood cell counts will become nearer to normal.
- If you do not achieve remission, you may receive:
 - Subcutaneous low-dose cytarabine twice daily for ten days per 28-day cycle
 - Best supportive care



- New agents especially if you have primary refractory and high-risk MDS
- Common side effects with subcutaneous azacitidine include:
 - Haematological reactions (low levels of white blood cells and platelets)
 - Injection site reactions
 - Gastrointestinal side effects (nausea and vomiting, abdominal pain, diarrhoea or constipation)
- Your haematology team can manage side effects you get with subcutaneous azacitidine. It is important that you mention these side effects to them as soon as possible.

What is subcutaneous azacitidine?

Azacitidine is a chemotherapy drug, which is used for the treatment of adult patients who are not eligible for a SCT, with acute myeloid leukaemia (AML), high-risk myelodysplastic syndrome (MDS) or chronic myelomonocytic leukaemia (CMML).

Azacitidine is an anti-cancer drug that interferes with the formation of DNA, with the result of preventing the reproduction of cells in the body, particularly cancer cells which are multiplying at a greater rate than normal cells.

Azacitidine is injected subcutaneously (under the skin) of the upper arm, thigh or stomach.

The brand of azacitidine that you receive might vary, as the patent for azacitidine has now expired. There are four brands of subcutaneous azacitidine in use in the United Kingdom. All brands work in the same way.

Who receives subcutaneous azacitidine?

Subcutaneous azacitidine is approved for the treatment of adult patients under the age of 65 years who are not eligible for a SCT and have specific types of leukaemia and blood cancers:

- AML patients with 20% to 30% marrow blasts in the bone marrow
- Patients with intermediate to high-risk myelodysplastic syndromes (MDS)
- Patients with chronic myelomonocytic leukaemia (CMML) and 10% to 29% of marrow blasts that are of 'dysplastic disease subtype'

Patients should be treated for a minimum of six cycles. Treatment should be continued for as long as the patient continues to benefit or until there is disease progression.

Acute myeloid leukaemia (AML)

In AML, there is an uncontrolled production of abnormal myeloblasts or leukaemia cells. As these cells accumulate in the bone marrow, they can prevent the production of healthy red blood cells, platelets and white blood cells.

Subcutaneous azacitidine is only approved for patients with a particular amount of myeloblasts in their blood (more than 30% blasts).

You can read more about acute myeloid leukaemia (AML) in our dedicated booklet on the Leukaemia Care website. Scan the QR code to order our booklets:



Myelodysplastic syndromes

MDS is the collective name for a group of cancers where bone marrow cells of varying types reproduce excessively and have dysplastic changes. In addition, MDS is associated with an increased likelihood of developing into AML.

Subcutaneous azacitidine is used to treat patients with intermediate- to high-risk MDS. This means that these patients have a type of MDS that might develop quicker than usual or be more likely to transform into AML.

You can read more about myelodysplastic syndromes (MDS) in our dedicated booklet on the Leukaemia Care website. Scan the QR code to order our booklets:



Chronic myelomonocytic leukaemia (CMML)

CMML is a rare form of blood cancer in which the bone marrow makes too many white blood cells called monocytes. To make a diagnosis of CMML, the absolute monocyte count should be greater than $1 \times 10^9/L$. This means that more than 10% of your white blood cells will be CMML cells. The normal level of white blood cells is $4.5 \times 10^9/L$. The term chronic indicates that this type of leukaemia progresses slowly.

Subcutaneous azacitidine can be used to treat CMML if your blood cell count rises to between 10 and 19%. You must also have a particular type of CMML.

If you not eligible for an SCT or older than 65 years, your doctor will be able to discuss other treatment options available for you.

You can read more about chronic myelomonocytic leukaemia (CMML) in our dedicated booklet on the Leukaemia Care website. Scan the QR code to order our booklets:



Clinical trials

In addition to the approved indications above, subcutaneous azacitidine can be used in the context of clinical trials, and where special funding arrangements have sought to use it (for example, for patients who have relapsed after chemotherapy or after a SCT).

The remaining information in this booklet will still be relevant to you, except for the section that discusses outcomes of treatment.

Please discuss with your doctor what to expect from treatment if you do not have AML, MDS or CMML.

How is subcutaneous azacitidine administered?

Subcutaneous means under the skin as mentioned at the start of this booklet. A subcutaneous injection is given into the subcutaneous fat under the skin. These injections are less deep than intramuscular injections. Subcutaneous injections are given for medications that must be absorbed into the bloodstream slowly and steadily.

Subcutaneous azacitidine should be started and monitored under the supervision of a doctor experienced in the use of chemotherapeutic agents. Patients should receive anti-emetic drugs to prevent nausea and vomiting.

Before starting treatment with subcutaneous azacitidine, the following clinical assessment will be carried out:

- Measurement of your weight and height.
- Full blood count, liver function tests, and urea/electrolyte levels as a measure of kidney function. These tests are performed before each treatment cycle.
- A pregnancy test should be carried out on all female patients of child-bearing age two weeks before starting treatment.
- Electrocardiogram (ECG) to check that your heart is working normally.
- Bone marrow biopsy to check how many leukaemia cells there are in your bone marrow. In a bone marrow biopsy, a sample of bone marrow is collected from the chest or hip bone, generally under local anaesthesia, using a bone marrow surgical instrument. The sample is then examined for abnormal cells.

You will then need to read and sign a consent form summarising the receipt of verbal and written information in relation to your disease, treatment and potential side effects.

Most brands of azacitidine are available as a 25mg/ml powder to be suspended ready for a subcutaneous injection under the skin of the upper arm, thigh or stomach. The subcutaneous injection

may be administered once a day for seven days, followed by a rest period of 21 days (totalling a treatment cycle of 28 days). Sometimes it will be given on seven consecutive days, but most haematology day units will administer it on weekdays only (i.e. skipping the weekend; sometimes referred to as '5+2+2').

Treatment should be given for at least six cycles and then for as long as it is of benefit to you. This will depend on the leukaemia or MDS type you have. You should talk to your consultant or nurse if you have any queries about the length of treatment you are receiving.

You will have blood tests before each cycle of treatment to monitor your blood cell counts, liver and kidneys. If your blood counts become too low or the kidney tests are not satisfactory, your next treatment cycle may be delayed or your dose of subcutaneous azacitidine may be adjusted.

As it can be administered subcutaneously, you can usually receive azacitidine as an outpatient, meaning you will be able to go home after each treatment session.

Occasionally your doctor may adjust your dose of subcutaneous azacitidine or may delay your treatment for a short while. This may be because of the effects of the azacitidine on your body or on the cancer itself.

What are the side effects of subcutaneous azacitidine?

Everyone will experience different side effects with oral azacitidine. The most common side effects are shown below. It is important to report side effects to your doctor or nurse so they can manage and treat them effectively.

Subcutaneous azacitidine is used as maintenance therapy in AML patients with MDS, CMML and AML (20-30% marrow blasts) and patients aged 65 years or older with AML with $\geq 30\%$ marrow blasts.

Adult population with MDS, CMML and AML (20-30% marrow blasts)

The most common adverse reactions ($\geq 60\%$) with subcutaneous azacitidine reported in order of frequency were:

- Haematological reactions (thrombocytopenia, neutropenia and leukopenia)
- Injection site reactions
- Gastrointestinal events including nausea, vomiting and diarrhoea

The most common serious adverse reactions ($\leq 2.5\%$) reported with subcutaneous azacitidine in order of frequency incidence were:

- Febrile neutropenia
- Anaemia
- Neutropenic sepsis
- Pneumonia
- Thrombocytopenia
- Hypersensitivity reactions
- Haemorrhagic events (e.g. cerebral haemorrhage, gastrointestinal haemorrhage, and intracranial haemorrhage)

Adult population ≥ 65 years with AML with $\geq 30\%$ marrow blasts

The most common adverse reactions with subcutaneous azacitidine ($\geq 30\%$) reported in order of frequency incidence were:

- Gastrointestinal events (including constipation, nausea and diarrhoea)
- General disorders and administration site conditions including pyrexia and haematological events, including febrile neutropenia and neutropenia

The most common serious adverse reactions reactions ($\geq 10\%$) with subcutaneous azacitidine reported in order of frequency were:

- Febrile neutropenia
- Pneumonia
- Pyrexia
- Refused

Management of side effects

Haematological reactions (thrombocytopenia, neutropenia and leukopenia)

The most commonly reported ($\geq 10\%$) haematological adverse reactions associated with azacitidine treatment include anaemia, thrombocytopenia, neutropenia, febrile neutropenia and leukopenia.

There is a greater risk of these events occurring during the first 2 cycles, after which they occur with less frequency in patients with restoration of haematological function. Most haematological adverse reactions were managed by routine monitoring of complete blood counts and delaying azacitidine administration in the next cycle, prophylactic antibiotics and/or growth factor support (e.g. G-CSF) for neutropenia and transfusions for anaemia or thrombocytopenia as required.

Injection site reactions

Injection site reactions as result of the subcutaneous injections are reported by 77% of patients. It manifests itself mainly as reddening and pain. None of these adverse reactions led to discontinuation of azacitidine, or reduction of azacitidine dose.

The majority of these injection site reactions occurred during the first two cycles of treatment and tended to decrease with subsequent cycles. They could be managed with concomitant medicinal products, such as antihistamines, corticosteroids and non-steroidal anti-inflammatory medicinal products.

Gastrointestinal side effects

These include nausea and vomiting, abdominal pain, diarrhoea or constipation.

You should be given anti-sickness medication before your treatment to help with nausea and vomiting, but if not, please tell your doctor or nurse as anti-emetics will help you. You can manage the symptoms of diarrhoea or constipation with anti-diarrhoea drugs, laxatives and/or stool softeners as appropriate.

To manage your diarrhoea, you should:

- Drink plenty of water, but avoid alcohol and coffee.
- Eat small, frequent meals and take your time to eat.
- Eat fewer fibrous foods, such as cereals, raw fruits and raw vegetables.
- Avoid greasy and fatty foods.
- Avoid spicy food.

Anaemia

Anaemia is the result from low red blood cell levels. This may make you feel tired and breathless. Let your doctor know if these symptoms become a problem, you may need a blood transfusion.

Increased risk of infection

Your increased risk of infection is due to low levels of the white blood cells which fight infection. Common types of infections are chest infections and pneumonia.

If you have any signs of infection such as fever, shivering, breathlessness, a sore throat, cough, needing to pass urine often, diarrhoea or a temperature 37.8°C or above, contact your nurse or doctor straightaway as it is important to treat it as soon as possible.

To minimise your increased risk of infection, you can try the following methods:

- Hand washing.
- Avoidance of people who are ill.
- Perform regular temperature checks using a thermometer. If your temperature exceeds 37.8°C, please contact your doctor or nurse and/or hospital team directly. If you cannot contact them for any reason, go to the hospital directly.
- Place a high importance on personal hygiene.
- If you have a central line (also known as a Hickman line), keep the area around it clean and dry.
- Clean your teeth every day and check for sores in your mouth or other signs of infection.
- If you get injured and have a scrape or cut, make sure you clean it well.
- Let your doctor or hospital team know if you have a sore bottom, or whether it bleeds.

Fertility, pregnancy and breastfeeding

There is no evidence of the effect of subcutaneous azacitidine on human fertility. Adverse effects on male fertility have been shown in animals. You should use effective contraception while receiving subcutaneous azacitidine, and up to six months after

treatment. You should also seek advice from your haematology team on the need for sperm storage or egg freezing prior to starting treatment.

There are no studies on the use of subcutaneous azacitidine in pregnant women, but studies in animals have shown harmful effects. Advice is that pregnant women should not receive subcutaneous azacitidine, especially during the first trimester.

It is not known if subcutaneous azacitidine is transmitted your breast milk. However, as a precaution, you should not breastfeed.

If you would like support and advice regarding your treatment, including dealing with side effects, you can speak to someone on our helpline by calling **08088 010 444**. We're available from 9:00am – 5:00pm Monday to Friday.

What happens after treatment with subcutaneous azacitidine?

Achieving remission

If your treatment with subcutaneous azacitidine has helped you achieve remission, your symptoms should lessen and your blood cell counts will return towards normal ranges.

Successful treatment of AML involves effective induction treatment that induces remission. This is followed by consolidation treatment to remove any remaining leukaemia cells in the body. This lessens the risk of relapse and increases survival.

Consolidation therapy may also be used as 'bridge treatment' to an allo-SCT. Conventional consolidation therapy includes intensive chemotherapy including a targeted drug.

Your haematology team may also use an allo-ASCT to keep you in remission if you are at high risk of relapse.

Maintenance therapy strategies include chemotherapies, immunotherapies, hypomethylating agents and targeted treatments. Evidence of the benefit of maintenance therapy in patients with AML is limited, but hypomethylating agents have started to show promise as maintenance therapy and improve clinical outcomes.

Acute myeloid leukaemia (AML)

Clinical trials can be a valid choice for patients, especially for those with refractory or relapsed AML.

You can read more about acute myeloid leukaemia (AML) in our dedicated booklet on the Leukaemia Care website. Scan the QR code to order our booklets:



Myelodysplastic syndromes

For most patients with MDS, azacitidine alone is not an efficient treatment option. Only about 40% of patients with MDS achieve remissions, which are generally of short duration.

Clinical trials can become a valid choice for patients, especially for those with refractory MDS.

Allo-SCT offers a potentially curative therapy for patients with MDS. However, as the majority of patients with MDS are in their 70s and 80s, reduced-intensity conditioning prior to transplantation is used generally.

Clinical trials can become a valid choice for patients, especially for those with refractory MDS.

Chronic myelomonocytic leukaemia (CMML)

Apart from an SCT, treatments to change or cure CMML are not available. At present, the objective of treatments is improve the symptoms in patients with CMML.

Drugs which are used often in patients with CMML:

- Erythropoiesis-stimulating agents for anaemic patients
- Cytoreductive drugs such as hydroxyurea where cells are multiplying
- Hypomethylating agents such as azacitidine in the most severe CMML where all the number of blood cells are low

Subcutaneous azacitidine can be used to treat CMML when your blood cell count are between 10 and 19%. You must also have a particular type of CMML.

You can read more about chronic myelomonocytic leukaemia (CMML) in our dedicated booklet on the Leukaemia Care website. Scan the QR code to order our booklets:



Azacitidine is effective active in the treatment of CMML with acceptable side effects. Further investigation of azacitidine, particularly in combination with other agents, for CMML are necessary.

Unsuccessful outcome

If your AML, MDS or CMML has not gone into remission or you have relapsed after achieving remission, your consultant is the best person to discuss alternative treatments available to you.

Knowledge of your disorder, your physical condition and new treatments available will guide your consultant's recommendations.

Options available to you could include:

- Conventional care regimens such as:
 - Subcutaneous low-dose cytarabine twice daily for ten days per 28-day cycle
- Best supportive care that may include:
 - Blood transfusions (red cells and platelets)
 - Antibiotics to prevent infections
 - Granulocyte colony-stimulating factors to increase levels of white blood cells

If you are relatively young and healthy, you may be offered:

- An allo-SCT if you can withstand the high-dose chemotherapy required to prepare your bone marrow for the transplant.
- Novel and experimental agents if you have primary refractory and high-risk MDS

Clinical trials can become a valid option for many patients, especially for those with refractory AML or MDS.



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 AML, 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 subcutaneous azacitidine for AML booklet.

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



Alternatively, you can email our Communications team at communications@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.

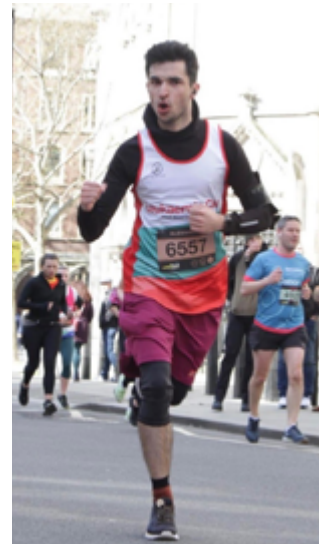
Running, swimming, cycling and adrenaline challenges are available to take part in, both in the UK and abroad. There really is something for everyone.

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



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
YOUR Blood Cancer Charity