HOW CANADIANS CAN HELP

- Give blood or platelets. Call Canadian Blood Services at 1-888-2-DONATE
 to arrange a donation time or visit **www.blood.ca**. If you can't donate, ask
 someone who can to do so on your behalf.
- Join the OneMatch Stem Cell and Marrow Network. Visit blood.ca for more information.
- Volunteer with the Aplastic Anemia and Myelodysplasia Association of Canada.
- Give generously to the Aplastic Anemia and Myelodysplasia Association of Canada so that it can continue to fund research, share information and provide support.

DONATE

Name:		
Address:		
Telephone:		
E-mail:		
\$35 \$50 \$100 \$200		
OR		
Cheque enclosed (PLEASE MAKE		
CHEQUE PAYABLE TO AAMAC)		
Visa Master Card		
Name on card:		
Card #:		
Expiry Date:		
Signature:		
In memory of In honour of		
Name:		
Send acknowledgement to:		
Name:		
Address:		
Please mail or email your completed form to the address on the back panel of		

Income tax receipts are issued for donations of \$20 or more or upon request. We do not disclose donor names. The Aplastic Anemia and Myelodysplasia Association of Canada is committed to protecting your privacy. All information collected, used and/or disclosed is done so in accordance with our Privacy Policy, which is posted on our website. Credit card information that is collected is used only in payment approval and processing.

Charitable Registration No. 87557 2265 RR0001

Thank you for your support!

WE'RE HERE TO HELP

There are unique challenges that come with having an uncommon disease. We can help guide you through the maze of unfamiliar terminology, keep you abreast of the latest treatment options, and help you adapt to the chronic health concerns and lifestyle changes and challenges that can follow diagnosis.

If you or someone you know has AA, MDS or PNH, contact us. Volunteers with personal experience with these diseases can provide valuable guidance and support during these times of need.

SERVICES AND RESOURCES

- Telephone and e-mail peer-to-peer support
- Local support group meetings
- Conferences and seminars
- Educational materials
- Quarterly newsletter
- Grants for medical research and education
- Promotion of Canadian Blood Services programs and the OneMatch Stem Cell and Marrow Network by encouraging people to donate blood and join the registry.

For more information, www.aamac.ca call us at 1 (888) 840-0039 info@aamac.ca

> 2201 King Road, Unit #4 King City, ON L7B 1G2

© 2018 Aplastic Anemia and Myelodysplasia Association of Canada Understanding Aplastic Anemia, Myelodysplasia & Paroxysmal Nocturnal Hemoglobinuria

Aplastic Anemia & Myelodysplasia

e l'anémie anlasique et de la myélodysplasie

ASSOCIATION OF CANADA

If you or a loved one has been diagnosed with aplastic anemia (AA), myelodysplasia (myelodysplastic syndrome or MDS), or paroxysmal nocturnal hemoglobinuria (PNH), you are not alone. We can help with information and support.

ABOUT AA, MDS AND PNH

The soft, spongy marrow inside our bones is the "factory" that makes our blood cells. Red blood cells carry oxygen, white cells fight infection, and platelets help control bleeding. When someone has AA, MDS or PNH, the bone marrow fails to make enough healthy blood cells.³⁻⁶

AA is a disease in which the bone marrow stops producing enough blood cells. In AA, stem cells or the marrow microenvironment is defective or damaged, which fails to produce enough blood cells to serve the body's needs. With prompt and proper care, most patients can be treated.^{3,4}

MDS are a family of disorders in which the bone marrow fails to make enough healthy red blood cells, white blood cells or platelets. This is caused because your bone marrow is producing lots of underdeveloped, or immature, cells that have an abnormal shape, size or look. These are called blast cells. Most experts agree that MDS is a form of blood and bone marrow cancer. ^{3,5}

PNH is an ultra-rare bone marrow failure disease in which red blood cells break apart. Normal red blood cells are protected from coming under attack by the body's own immune system by a shield of proteins. In PNH, that protein shield is missing. PNH is often associated with low blood cell counts caused by anemia.^{3,6}

CAUSES

Anyone can develop AA, MDS, or PNH. While the cause is not always known, potential risk factors may include exposure to radiation, chemicals (such as solvents), or environmental toxins (such as certain pesticides). Links to certain medications or viral infections have also been reported.³⁻⁶

TREATMENTS

For all three, bone marrow transplant is a potential cure.⁷ However, a matching donor is required and transplantation has serious risks including potential long-term side effects.⁷ **There are other treatments that may help.**

AA: supportive care (e.g., transfusion), immunosuppression, and enrolling in clinical trials^{4,7}

MDS: watchful waiting, supportive care, immunosuppression, drug therapies, chemotherapy, and enrolling in clinical trials^{5.7}

PNH: watchful waiting, supportive care, blood thinners, immunosuppression, drug therapies, and enrolling in clinical trials^{6,7}

Request a free information package from AAMAC to learn more.

PLEASE SEND ME A DETAILED INFORMATION PACKAGE ABOUT:

Aplastic anemia

PNH

Myelodysplasia/MDS

Children's Resources

I would like to:

- Be a member at no cost and receive your free newsletter (by email if email address provided)
- Find out about peer-to-peer support or local support groups
- Find out about volunteer opportunities
- Get information about including AAMAC as part of a will, life insurance, or other planned gift instrument

Name:	
Address:	
Telephone:	
E-mail:	

Please email or mail your completed form to the address on the back pane of this brochure. By providing your email address, you consent to receive emails from the Association. This consent can be withdrawn at any time.

This brochure provides a general introduction. Research into bone marrow failure diseases is an area of rapid change. Patients should ensure that their information is up-to-date and complete. This information is not medical advice. Everyone's situation is different and a hematologist should be consulted.