

**What education instruction are you providing to your patients with AML who are already immunocompromised and are you continuing treatment as planned?**

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I've recently been asked "what education instruction are you providing to your patients with AML who are already immunocompromised and are you continuing treatment as planned?"

In the context of this COVID-19 pandemic outbreak, I think it's really important to understand that this is a very fluid situation. I'm recording this now the end of March of 2020 and things are changing rapidly and things are also very different from a regional perspective. But for our patients there is already quite a bit of sequestering that happens when patients are immunocompromised and have pretty realistic expectations about exposing themselves to the outside world and what the extra level of risk is that they're already under. In these very new and uncertain times we're asking people to be even more cautious if that's possible. Most of us are being asked to stay inside and only have contact with family members as much as possible anyway, and of course, if there are problems, concerns, symptoms, fevers, a quick call to your provider is strongly recommended. As far as whether we're continuing treatment as planned for emergent treatments or treatments that must happen to allow a patient's overall well-being or survival, yes, we are continuing those as best we can. Anything that is elective we're trying not to do right now, to delay or cancel, but this is obviously a very fluid situation, things are changing rapidly. But, a newly diagnosed patient with AML for instance in the current landscape still needs treatment, and it can still be an emergency.