Your **Introduction** to
Marrow and Cord Blood Transplant

Helping you learn, plan and decide

BE THE MATCH®
Patient support for **your** life.

1.888.999.6743 | BeTheMatch.org/patient

Your Introduction to Marrow and Cord Blood Transplant: Helping you learn, plan and decide

We are here to help.

Be The Match® has a team dedicated to supporting patients, caregivers and families before, during and after transplant.

We offer you confidential one-on-one support, financial guidance and free educational resources—DVDs, booklets, online tools and more. Our goal is to get you what you need, when you need it. We can help you learn more about transplant as a treatment option, plan for a transplant, and learn what to expect after transplant.

We offer support in more than 100 languages, including Spanish bilingual staff, and translated materials.

- Learn: **BeTheMatch.org/patient**
- Request information: **BeTheMatch.org/request**
- E-mail: **patientinfo@nmdp.org**
- Call: **1 (888) 999-6743**

If you need information in another language, we can help. When you call, you will need to say—in English—what language you speak. It will take four to eight minutes for an interpreter to join the call. Please stay on the line until you are greeted by the interpreter.

Be The Match is operated by the National Marrow Donor Program®, which also works with hospitals and physicians to help patients who do not have a matching donor in their family.

On the cover: **Thuy,** transplant recipient

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Introduction

This booklet is designed to help you learn about your treatment options and make informed health care decisions.

One option may be a marrow or cord blood transplant—also called a bone marrow transplant, stem cell transplant or BMT. You might already be at a transplant center when you receive this booklet. If not, your doctor will refer you for consultation with a doctor who does transplants.

Many different words are used to describe the transplant process. Your doctor might talk about:

- **Marrow or cord blood transplant**
- **Stem cell transplant**
- **BMT (blood and marrow transplant)**
- **HCT (hematopoietic cell transplant)**

All these terms refer to the blood-forming cells used in transplantation. A glossary is included starting on page 28.

You might decide that a marrow or cord blood transplant is your best option or that another treatment is better.

Whatever you decide, it's important to discuss your options with your doctor and ask questions to make sure you understand what to expect from any treatment.

Potential Treatments

Learning about your options

A marrow or cord blood transplant is one treatment option for patients with blood, immune system or genetic disorders. Your doctor may also talk to you about other options, including:

- **Chemotherapy:** Medications that are often used to treat leukemia, lymphoma and other diseases. Chemotherapy is also used to prepare patients for transplant.
- **Radiation therapy:** A treatment that uses radiation to destroy cancer cells and may also be used to prepare patients for transplant.
- **Blood transfusions:** Red blood cells or platelets given to patients who have too few of these blood cells.
- **Immunotherapy:** A treatment option that uses parts of the immune system to fight disease.
- **Clinical trials:** Research studies of new treatments or approaches for your disease.

The treatment your doctor recommends will depend on your disease. It will also depend on your age, overall health and other factors. Different doctors recommend different treatments, so you might want to get a second or third opinion.

Take an active role in your treatment

Ask a lot of questions and get the answers you need to make informed decisions.

Learn about your disease. Ask for information in writing.

Learn about your possible treatment options. Ask if you have been told about all the available choices. See page 17 for a list of questions to ask your doctor about treatment options.

Organize your information. Keep a record of conversations with names and phone numbers. Write down important words and definitions. Ask family and friends to help you collect and organize information.

Write down questions and answers or have a friend or family member go with you and take notes. Ask your doctor if you may record conversations. Don't rely on your memory. Repeat back to your doctor what you hear to make sure you understand.

Ask your doctor to explain your treatment options, including the risks and benefits of each. Ask about the success rate for recommended treatments. Ask what will happen without the treatment. Ask your doctor how many people he or she has treated with your disease.

If you don't find the answer right away, keep asking. There are hospital social workers and financial workers who can also help connect you with resources such as support groups and financial assistance, and answer questions about health insurance coverage for any treatment option.

If you disagree with your doctor, tell him or her. Give your doctor a chance to resolve problems with you. Talking openly gives everyone a chance to find the right solution.

Ask for a second and even a third medical opinion if you like. You have the right to refuse any treatment and to get the opinions of other doctors. Contact your insurance company representative to find out if second opinions are covered or to let your insurance company know if you want to change doctors or hospitals.

Know your insurance benefits. Talk to your insurance company representative directly or ask your employer to help you. Your insurance may cover only certain hospitals, doctors or treatments. Check this out as soon as possible to help you understand your options. See page 21 for a list of questions to ask your insurance company representative.

Important: *Always check with your doctor about information you hear from other patients or read on the Internet. Each person's experience is unique and may be very different from your situation. For a list of resources you can trust, see pages 23-27.*

Clinical trials

You may be offered the opportunity to participate in a clinical trial as a treatment for your disease. These studies try to find better ways to prevent, diagnose and treat diseases.

Today's most effective standard treatments are based on the results of earlier clinical trials. If a new method or drug works well in a study, it may become a new standard treatment.

Talk to your doctor about clinical trials to learn more about all the options available to you. You can also visit cancer.gov or clinicaltrials.gov to learn about clinical trials.

Autumn, transplant recipient, with her mom, Lauren, and her doctor

Find out if transplant is the best option for you

It is a good idea to see a transplant doctor (have a consultation) early after your diagnosis. A transplant doctor can work with your doctor to recommend the best time for a possible transplant.

Your disease state and overall health are important factors. Many diseases change over time. In some of these disease states, a marrow or cord blood transplant may be a good treatment option. At other times, other treatments are better options.

Your first treatment may not be a transplant, but you should look at all your treatment options and plan ahead.

It takes time to arrange a transplant, so it's a good idea for your doctor to start the process early—even if you are still considering other treatment options.

Diseases treatable by marrow or cord blood transplant include:

Leukemias and lymphomas, including:

- Acute myelogenous leukemia
- Acute lymphoblastic leukemia
- Chronic myelogenous leukemia
- Chronic lymphocytic leukemia
- Juvenile myelomonocytic leukemia
- Hodgkin lymphoma
- Non-Hodgkin lymphoma

Multiple myeloma and other plasma cell disorders

Severe aplastic anemia and other marrow failure states, including:

- Severe aplastic anemia
- Fanconi anemia
- Paroxysmal nocturnal hemoglobinuria (PNH)
- Pure red cell aplasia
- Amegakaryocytosis / congenital thrombocytopenia

SCID and other inherited immune system disorders, including:

- Severe combined immunodeficiency (SCID, all sub-types)
- Wiskott-Aldrich syndrome Hemoglobinopathies, including:
- Beta thalassemia major
- Sickle cell disease

Hurler's syndrome and other inherited metabolic disorders, including:

- Hurler's syndrome (MPS-IH)
- Adrenoleukodystrophy
- Metachromatic leukodystrophy

Myelodysplastic and myeloproliferative disorders, including:

- Refractory anemia (all types)
- Chronic myelomonocytic leukemia
- Agnogenic myeloid metaplasia (myelofibrosis)

Familial erythrophagocytic lymphohistiocytosis and other histiocytic disorders

Other malignancies

Choosing a transplant center

Hospitals that have experience performing marrow or cord blood transplants have special departments called transplant centers. Not all hospitals perform transplants. You may have to travel to receive a transplant.

Some centers specialize in certain ages of patients or diseases. Your doctor might recommend a specific transplant center. Your insurance company might also have rules about which transplant centers are covered in your insurance plan.

Learn about transplant centers online at BeTheMatch.org/access.

The online listing includes all U.S. transplant centers in the National Marrow Donor Program Network, plus several others that also perform transplants.

Here, you will find outcomes (survival) information for each transplant center. If the center belongs to the NMDP Network, you will also see which diseases they treat, general cost, number of transplants performed, contact information and more.

We encourage you to discuss this information with your doctor.

Timing of transplant matters

Transplants are most successful if performed when you are:

- *In the early stages of disease*
- *In remission or there is very little disease in your body*
- *Responsive to chemotherapy*
- *In good overall health*

Online resources

You can find more in-depth information about planning for a transplant and the transplant process at BeTheMatch.org/patient.

Mother and sisters of Danielle, transplant recipient

Understanding Marrow and Cord Blood Transplant

The role of bone marrow

Marrow is the soft tissue inside bones that produces blood-forming cells. Blood-forming cells are immature cells that can grow into red blood cells, white blood cells or platelets.

- Red blood cells carry oxygen throughout the body.
- White blood cells help fight infections.
- Platelets help control bleeding.

Healthy marrow and blood cells are needed to live. When disease affects marrow so that it cannot function properly, a marrow or cord blood transplant could be your best treatment option.

A transplant uses healthy blood-forming cells, either from yourself (called an autologous transplant) or a matched donor or cord blood unit (called an allogeneic transplant) to replace your unhealthy cells.

How a transplant works

A bone marrow or cord blood transplant replaces your unhealthy blood-forming cells with healthy ones. The new cells may come either from you (an autologous transplant) or a matched donor or cord blood unit (an allogeneic transplant).

If you do not have a donor in your family, your doctor can search the Be The Match Registry®, operated by the National Marrow Donor Program.

There are three sources of blood-forming cells used in transplants:

- Bone marrow
- Peripheral (circulating) blood (also called peripheral blood stem cell or PBSC)
- Umbilical cord blood collected after a baby is born

If you need a transplant, your doctor will choose the type of transplant and cell source that is right for you—marrow, PBSC or cord blood—based on your disease and other health factors.

The importance of tissue type matching

An allogeneic transplant requires a close match between the HLA tissue type of the patient and the donor. HLA stands for human leukocyte antigen, a marker that your immune system uses to recognize which cells belong in your body and which do not. HLA tissue type is not the same as blood type. It is much more complex.

HLA tissue types are inherited, with one half coming from your mother, and one half coming from your father. You have a 25 percent chance of matching each brother or sister who has the same parents as you. It is unlikely that any other family member besides a sibling would match you. In general, about 70 percent of patients do not have a suitable donor in their family.

- Doctors can turn to NMDP to search the Be The Match Registry and other worldwide registries to find an unrelated donor or cord blood unit. Your transplant team will use all of their experience and resources to find a donor or cord blood unit for you in the shortest amount of time.
- Our ongoing recruitment efforts add more than 60,000 new donors to the Be The Match Registry each month.

You will not have to find your own donor. In general, we encourage patients and their families to focus their energies on caring for the patient.

If you do not have a donor in your family, your doctor can search the Be The Match Registry, operated by the National Marrow Donor Program.

The transplant process steps and timeline

The following table shows a typical timeline for transplant after you have been referred to a transplant center. Supporting information about each of these steps can be found on pages 10-13.

Donor Search		Conditioning (Chemo and/or radiation)	Cell Infusion "Day 0"	In-Patient Recovery	Out-Patient Recovery	At Home Recovery	The "New Normal"
Adult donor: About 2 months or longer	**Cord blood:** About 2 weeks	**Standard** (Myeloablative) transplant					
		6–12 days	"Day 0"	30–100 days	100 days or more	100 days or more	1 year or more
		Reduced Intensity (Non-Myeloablative) transplant					
		Varies	"Day 0"	Varies	Varies	Varies	1 year or more

All time spans are approximate. Your experience may be different.
Talk to your doctor about your treatment plan.

Family and friends can contact us to learn about other ways to help:

- *Support the patient and family*
- *Conduct fundraisers to help cover expenses*
- *Help recruit donors to the Be The Match Registry*

In order to join the Be The Match Registry, people must:

- Be between 18 and 61 years old
- Meet health guidelines
- Be committed to helping any patient in need

Finding a matched donor or cord blood unit

If you do not have a donor in your family, your doctor can search the Be The Match Registry for a marrow donor or cord blood unit that is the best match for you. A search of the registry includes access to more than 16.5 million donors and 550,000 cord blood units worldwide.

There are many different tissue types. Some are common, some are rare. Despite the large number of donors and cord blood units on the registry, not everyone finds a match. If no suitable donor or cord blood unit can be found, your doctor will look at other treatment options.

Patients transplanted early in their disease stage generally have better outcomes than patients with advanced disease. That's why it's important for your doctor to start the search for a donor or cord blood unit as soon as you learn that transplant might be a treatment option. Your doctor can begin the search for a donor or cord blood unit while you are still considering other treatments.

Finding a match can take as little as a few weeks to select a cord blood unit or several months or more to find a donor.

Step 1. Your doctor asks for a preliminary search

A preliminary search is a free, one-time look at how many possible matches there are for you on the Be The Match Registry.

Step 2. Your doctor reviews the preliminary search results

The search report will show the number of potential, closely matched donors and cord blood units for you that are listed on the registry at that moment. A preliminary search does not involve contacting donors or having other tests done.

Step 3. If you are not already at a transplant center, your doctor will refer you to a transplant center

Only a hospital with experience performing allogeneic transplant—known as a transplant center—can initiate the next step, the formal search.

You can find more information about the transplant centers that perform allogeneic transplants at BeTheMatch.org/access.

Step 4. Your transplant center starts a formal search

In a formal search, the Be The Match Registry is searched every day to include the most recent donors added to the registry. Any donors who are a possible match are contacted for more testing. Matching cord blood units may also have more testing, or may be ready to be shipped.

There are costs involved in a formal search. These costs may or may not be covered by your insurance. If you have questions about your insurance coverage, please call us at 1 (888) 999-6743. We can help.

Step 5. A donor or cord blood unit is selected

Your transplant center doctor will decide what is the best match for you, and select the donor or cord blood unit through the National Marrow Donor Program (NMDP).

If an adult donor is chosen, he or she will be contacted by donor center staff and educated about the donation process. All communication is coordinated by the NMDP to protect the confidentiality of both the patient and the donor. There will be no direct contact between the patient and the donor, or the patient's doctor and the donor during treatment. The donor center will coordinate your doctor's request for either a marrow donation or a PBSC donation.

If a matching cord blood unit is selected, the NMDP arranges for the cord blood unit to be sent to your transplant center.

You can find more information about the transplant process at BeTheMatch.org/patient.

Ashley, transplant recipient (far right), with her family

Sometimes a preliminary search quickly becomes a formal search.

It's likely that your doctor will simply talk about "your search," instead of saying "preliminary search" or "formal search."

Viewing potential matches on the registry

Join the Registry | Registry Members | Get Involved | Patients & Families

Home > Patients and Families > Transplant Process > Search Process > View Potential Matches

- Disease & Treatment
- Transplant Planning
- Transplant Process
  - Search Process
    - HLA Matching
    - Safeguarding Patients
    - View Potential Matches
      - MatchView FAQs
      - Physician Information
  - Pre-Transplant Health Exam
  - Central Line & Hospital Stay
  - Preparative Regimen
  - Transplant Day
  - Days 0-30
  - Days 30-100
- You and Survivorship
- Children & Transplant
- Caregiving
- Support & Resources
- Patient Stories

View Potential Matches for Your HLA Type

A well-matched donor is important to the success of a bone marrow or cord blood transplant. **MatchView℠** is a resource you can use to see how many potential donors and cord blood units you may have in the National Marrow Donor Program (NMDP) Registry.

If you are not working with a transplant center, you may find MatchView a helpful resource in talking with your doctor about whether transplant is a treatment option for you.

1. Get Your HLA Typing Information

To use MatchView, ask your doctor for your human leukocyte antigen (HLA) typing lab report. HLA typing is used to match patients and donors for marrow or cord blood transplants. (For more information about HLA and matching, see the MatchView FAQs.)

2. Enter Your HLA Type

Enter your HLA type for A, B and DRB1 as it is listed on your lab report. See examples.

A	0101	0201
B	08XX	44CVC
DRB1	0301	0401

☑ I understand that MatchView does not start a donor search and I should discuss these results with my doctor.

Submit | Reset

We Can Help

HLA information can be a challenge to understand. The NMDP Office of Patient Advocacy has case managers to answer your questions and connect you with resources. To contact us:

- Call toll free in the United States: 1 (888) 999-6743
- Outside the United States, call: 1 (612) 627-8140
- E-mail: patientinfo@nmdp.org

MatchView® is an online resource where you can view the number of potential donors and cord blood units you may have on the Be The Match Registry. You will need to know your human leukocyte antigen (HLA) typing results for HLA-A, -B, -C (optional) and -DRB1, Keep in mind that MatchView does not look at the donor and cord blood pool with the same degree of precision as the formal search process. Some of the donors/cord blood units in MatchView will ultimately prove not to be an appropriate match.

This information can help you talk to your doctor about transplant as a treatment option. MatchView is informational only and is not an alternative to a preliminary or formal search conducted through the Be The Match Registry.

To use MatchView, visit: **BeTheMatch.org/matchview**

Conditioning regimen

To get your body ready for a transplant, you will receive chemotherapy—with or without radiation. This treatment destroys diseased cells in your body. The treatment also destroys the blood-forming cells in your bone marrow to make room for your new cells and destroys your immune system so it cannot reject your new cells.

Some patients get a conditioning regimen (also called a preparative regimen) that use smaller doses of chemotherapy and less intense or no radiation. This treatment is called a reduced-intensity, non-myeloablative, or mini-transplant. This option makes transplant possible for some patients who might not be able to tolerate the standard, high-dose regimen.

Betsy, transplant recipient, with her daughters

Receiving your new cells

You will usually receive your new cells one or two days after you complete the conditioning regimen. The donated cells arrive in blood bags, just like the ones used to collect blood from blood donors. Cord blood donations are much smaller. The cells in the bags are infused (put into your body) through an intravenous (IV) line, much like a blood transfusion. You will be awake to receive the donated cells; no surgery is involved in the transplant process.

The donated cells "know" where they belong in the body. They move through your bloodstream to settle in your bone marrow. This is where the donated cells will begin to grow and produce new red blood cells, white blood cells and platelets.

Recovery after transplant

You will stay in or near the hospital during early recovery—generally 100 days or more. In the first months after transplant your focus will be on recovery: eating well, avoiding infections, taking your medications, getting care from your doctor and following other guidelines to stay healthy. Many transplant recipients say recovery takes at least a full year. However, you may feel better more quickly or more slowly. In time, you will probably be ready to return to work or school and other activities.

Danielle, transplant recipient, with her son

Overview of the benefits of transplant

A successful marrow or cord blood transplant can help the recipient live a longer and healthier life. For many patients, a transplant offers the best or only opportunity for a cure and for survival.

A transplant can potentially benefit patients in two main ways:

- A transplant makes it possible to treat resistant cancers with very high doses of chemotherapy. This is how autologous transplants (using the patient's own marrow) are used to fight certain types of cancers such as lymphoma.
- An allogeneic transplant (using cells from someone other than the patient) also treats resistant cancers, and offers the added benefit of using the donor's immune system to recognize and destroy cancer cells.

Allogeneic transplant is also used to treat some non-cancer diseases such as sickle cell anemia, in which case, the transplant replaces defective marrow cells.

"After battling cancer and going through the transplant, I am still alive and well!

So to anyone and everyone who shares my journey, remember your 'new life' is not just a hope or a dream, it is a possibility."

—Danielle

Overview of some of the risks and side effects of transplant

Every person's transplant experience is unique. Treatment and recovery depend on the diagnosis, age and other health factors.

Short-term side effects (weeks to months after transplant)

Acute graft-versus-host disease (aGVHD) is a common side effect of an allogeneic transplant in which the immune cells from the donor (the graft) attack the body of the transplant patient (the host). GVHD can affect the skin, stomach and intestines, liver as well as other parts of the body. It can range from mild to life-threatening.

Mucositis is a common side effect of full intensity allogeneic and autologous transplants in which the lining of the mouth becomes sore. It is similar to canker sores, but covers more area of the mouth and throat, sometimes making it hard to eat and drink. This effect is temporary and goes away before hospital discharge after transplant. Medications are used to relieve pain.

Short- and long-term side effects

Infections can be a serious risk until your immune systems recovers.

Numbness and tingling in the hands and feet can be a side effect of some kinds of chemotherapy.

Infertility. Most people who have a marrow or cord blood transplant are unable to have children as a result of their treatment. Some patients have their sperm, eggs or embryos preserved before treatment.

Sexual problems, such as loss of interest, pain or other dysfunction are common during recovery. Correction of hormone deficiency and other measures can help with these issues.

Feelings of depression, anger or guilt. Recovery is a slow process and can be frustrating, contributing to changing emotions throughout the transplant process. Medications, social support and counseling can all be a part of managing these problems.

Fatigue (feeling tired) is the most common long-term effect of transplant. In the first months after your transplant, you can expect to feel tired much of the time. Exercise and physical activity can help restore your energy.

Memory and concentration problems are common in people who have received chemotherapy. Many people have problems with short-term memory or concentration. For most, this effect is not serious enough to keep them from returning to their job or school.

Everett, transplant recipient, with his doctor

Ed, transplant recipient (left), with his doctor

Long-term side effects (months to years after transplant)

Chronic graft-versus-host disease (cGVHD) is a common side effect of an allogeneic transplant in which the immune cells from the donor (the graft) attack the body of the transplant patient (the host). Chronic GVHD, which differs in terms of symptoms and time of onset from acute GVHD, is sometimes similar to autoimmune diseases. It can affect the skin, eyes, joints and intestinal tract, as well as other parts of the body. It can range from mild to life-threatening.

Thyroid problems. Some transplant survivors who had total body irradiation (TBI) can get hypothyroidism or other thyroid problems. The symptoms of hypothyroidism include fatigue, weight gain and depression.

Risk of secondary cancers. Chemotherapy and radiation therapy both increase a person's risk of getting another kind of cancer later. People who had total body irradiation (TBI) or get chronic GVHD have an even higher risk.

Late effects in children. Transplant can also affect growth and development in children, including learning difficulties, skeletal growth, growth hormone deficiency, late onset puberty, infertility and other problems.

Additional information about risks, side effects and treatment is available at **BeTheMatch.org/patient - You and Survivorship.**

Most survivors have some long-term effects or complications from their transplant. Some of these go away over time. Others can be long lasting.

Some are fairly easy to manage, but other long-term effects are serious or painful.

You cannot predict whether you will have any of these long-term effects, but you and your doctor can take steps to deal with them if they develop.

Planning Tools

Questions to ask your doctor

You might already be at a transplant center when you receive this booklet. If not, your doctor will refer you for consultation with a doctor who performs transplants.

Before you meet with your transplant doctor, make a list of questions you would like to ask. You can use the following list of questions to get started. Give a copy of your questions to your doctor so you can discuss them together.

Questions for your doctor:

- ❒ What treatment do you recommend and why?
- ❒ What is the goal of this treatment?
  - To control symptoms?
  - To achieve a long-term remission—if so, for how long?
  - To cure my disease?
- ❒ How many patients have you treated who have the same disease?
- ❒ Are there other treatment options?
- ❒ What do you think the chances are the recommended treatment will get rid of the disease—for the short term and the long term?
- ❒ What are the possible risks and side effects of the treatment?
  - First few months?
  - First year?
  - Long term?
- ❒ What can be done to minimize risks and side effects?
- ❒ Is it possible to continue work/school during treatment?
- ❒ What activities need to be avoided during treatment?
- ❒ How long will the treatment take?
- ❒ How will we know whether the treatment is working?
- ❒ What other choices do we have if the treatment does not work?
- ❒ Do you know of any clinical trials that might be appropriate for treatment?
- ❒ When do you recommend a transplant?
- ❒ What are the risks of waiting or trying other treatments first?

If an allogeneic transplant is recommended:

- ❒ Which family members will you test as possible donors?
- ❒ If a family member is chosen as a donor, what would they have to do?
- ❒ Is a transplant using an unrelated donor or a cord blood unit an option?
- ❒ Is a reduced-intensity transplant an option?
- ❒ If a reduced-intensity transplant is an option, what would be the benefit?

Additional questions:

- ❒ How long will I be in the hospital for my transplant?
- ❒ How long might I have to stay near the hospital before I could return home?
- ❒ Is there anything about my health or disease that might be a factor in choosing transplant?
- ❒ What can I do to take care of myself and get better?
- ❒ What are the requirements for having a caregiver stay with me before, during and after the transplant?
- ❒ What does a caregiver do while I'm in the hospital?
- ❒ What kind of care might I need after I return home?
- ❒ What resources does the hospital offer for transplant patients and caregivers?
- ❒ Are other resources available?

Questions to ask about transplant centers:

- ❒ How long has this transplant center performed unrelated transplants?
- ❒ Does this transplant center do transplants for my disease?
- ❒ How many unrelated donor transplants has this center done for my disease?
- ❒ Does this transplant center have experience with patients who are my age?
- ❒ Does this center have experience with cord blood transplants?
- ❒ What is the patient and unrelated donor match level required at this center?
- ❒ What steps must my doctor take to find out if I would qualify as a patient at this transplant center? Do I need a formal consultation or visit a transplant center first?
- ❒ What is the survival rate at this transplant center for patients like me? For example: same disease, disease stage, age and similar health factors.

Before or while visiting a transplant center:

- ❒ What are your thoughts after talking with or visiting the transplant center?
- ❒ Did they answer your questions in a way that helped you understand the process?
- ❒ Did they seem willing to help you solve any problems you might have?
- ❒ Did they return your phone calls within a reasonable amount of time?
- ❒ Did you get the feeling they would take good care of you?

After visiting a transplant center:

- ❒ How important is geographic location to you and your family? Is it important for you to be close to family and friends? Or, would you rather go to the transplant center with the most experience, even if it is far from home?
- ❒ If the transplant center is far from home, will the transplant center help make arrangements for your family or caregiver? Do they have housing near the transplant center?
- ❒ How will the transplant center inform you about the progress of the search for an unrelated donor? Will they call you or ask that you call them? How often can you expect to get progress reports?

Online financial calculator

An online financial calculator is available to help you summarize your current income and expenses. It can also help you budget for additional transplant-related expenses such as travel costs, prescriptions and co-payments.

Use this information to discuss your household financial needs with your transplant center staff, insurance provider or financial advisor.

Visit:
BeTheMatch.org/planahead

Financial planning

A transplant is expensive. Contact your insurance company representative and ask to have a transplant case manager assigned to you so you can learn what your plan covers. Some insurance companies pay for transplant and other related costs. Some pay limited transplant costs or none at all.

Most patients have some costs that are not covered by their insurance. It's important to plan for these expenses. Our one-on-one support can help you with questions to ask your employer or insurance company representative about what is covered through your insurance.

- If you don't have health insurance, we can help you find state or county programs that provide financial aid to those who qualify.
- If you have insurance through your work, ask to speak with the person or department in charge of health benefits. They may be able to answer your questions about insurance coverage.
- Contact your insurance company representative. Ask to speak to a transplant case manager.
- If that person cannot help you, ask to speak to the insurance company's patient advocate.
- Ask for a financial worker at your doctor's office, hospital or transplant center. He or she may be able to answer questions. He or she can also tell you about any costs you will have to pay.
- Ask for information in writing.
- When you talk to your insurance company representative, take clear notes, get the name of the person you talked to, and record the dates of your conversations.

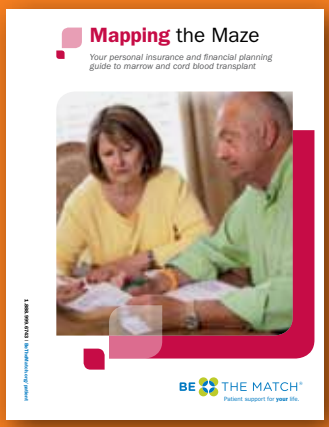
Be The Match can help you with finances or insurance questions. Call us at 1 (888) 999-6743 for free, one-on-one support.

Questions to ask your insurance company representative

Insurance companies or government programs (such as Medicaid or Medicare) have different ways to pay for treatment and transplant expenses. Some pay for all expenses, some pay for some expenses and some do not pay for any expenses. It is very important to find out what expenses are covered.

Questions for your insurance company representative:

- ❒ Does my insurance cover an unrelated marrow or cord blood transplant?
- ❒ Does it cover the type of transplant my doctor has recommended?
- ❒ What transplant centers will it cover? Can I choose which transplant center I go to? Does my insurance provider ever make exceptions? For example, could I go to a transplant center with the most experience treating a rare disease, even if it is not on the provider list?
- ❒ Will it cover a medical evaluation/consultation at a transplant center to see if a transplant is the right treatment?
- ❒ Does it cover the cost of testing to identify a matching donor?
- ❒ Does it cover the procurement (collection) of marrow from the donor or cord blood units? Are there any limits to what it will pay? If so, what are they?
- ❒ What kind of patient costs won't it pay for?
- ❒ Does it cover any costs such as travel or lodging for the patient and caregiver?
- ❒ Does it cover medications/prescriptions before and after a transplant?
- ❒ Would a clinical trial be covered?
- ❒ Does the policy have a per-year or a lifetime maximum on how much it will pay?



We can help you with your insurance questions and issues about coverage.

Contact us at **1 (888) 999-6743** or e-mail us at patientinfo@nmdp.org. **Our services are free and confidential.**

More insurance and financial information is available in *Mapping the Maze: Your Personal Insurance and Financial Planning Guide to Marrow and Cord Blood Transplant*, available online at **BeTheMatch.org/patient**.

Choose your best treatment option

This decision guide can help you identify your personal needs and goals, plan the next steps and communicate your view to others involved in the decision.

Clarify the decision. What are your treatment options (e.g., standard treatment, clinical trial, etc.)?

How far along are you with your decision?

(Check the box that applies to you.)

- ❒ I have not yet thought about all my treatment options.
- ❒ I am considering my treatment options.
- ❒ I am close to choosing a treatment option.
- ❒ I have already made my choice.

What is your decision-making style?

- ❒ I prefer to decide on my own or after considering the opinions of others.
- ❒ I prefer to make the decision with my spouse/partner or family.
- ❒ I prefer my doctor makes the decision for me.

Compare:

Use the chart below to help you compare your treatment options. You can also share this chart with others involved in your decision.

Treatment Options	Benefits Reasons to choose this option	How much it matters 1 – 5	Risks Reasons not to choose this option	How much it matters 1 – 5

What are your next steps?

- ❒ I will talk to my family about my treatment options.
- ❒ I will ask my doctor more questions about my treatment options.
- ❒ I will get more information from other sources (Internet, another doctor, support groups, patient organizations) about my treatment options.
- ❒ I will make a treatment decision.

Resources

Be The Match, operated by the National Marrow Donor Program, has a team dedicated to supporting patients, caregivers, family members and friends, before, during and after a transplant. We offer you confidential one-on-one support, financial guidance and free educational resources—DVDs, booklets, online tools and more. Our goal is to help you get what you need, when you need it. We can help you learn more about transplant as a treatment option, plan for a transplant and learn what to expect after transplant.

- Learn: **BeTheMatch.org/patient**
- Request information: **BeTheMatch.org/request**
- E-mail: **patientinfo@nmdp.org**
- Call: **1 (888) 999-6743**

Many other organizations are available to help you and your family. The following list will help you locate resources and information that you might need.

This list should not be considered as an endorsement of these organizations by Be The Match. The choice to work with these groups is solely that of the patient and his or her representative.

To find trusted resources from other organizations that can help you in your situation, visit ExploreBMT.org. ExploreBMT is a one-stop resource for patients, families and caregivers impacted by a disease treatable by a blood and marrow transplant. This easy-to-search online tool provides direct access to information about blood and marrow transplantation from many patient-focused organizations.

General Cancer Resources

(S) American Cancer Society® (ACS)

(800) 227-2345
Web site: cancer.org

ACS is a health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy and service.

(S) CancerCare®

(800) 813-4673 (HOPE)
Web site: cancercare.org

CancerCare is dedicated to helping people face the many challenges of a cancer diagnosis. Through counseling, education, information and referral, and direct financial assistance, free professional help is provided to help people with all cancers.

Cancer Hope Network®

(877) 467-3638 (HOPENET)
Web site: cancerhopenetwork.org

This organization provides one-on-one confidential support for newly diagnosed adult cancer patients and their family members from volunteers who had the same type of cancer or treatment, including those who have undergone a clinical trial.

Cancer Support Community

(202) 659-9709
Web site: Cancersupportcommunity.org

The Cancer Support Community provides support, education and hope to people affected by cancer. The organization offers a network of personalized services and education for all people affected by cancer. Support services are available through a network of professionally led community-based centers, hospitals, community oncology practices and other non-profits, as well as online.

CaringBridge®

(651) 789-2300
Web site: caringbridge.org/marrow

CaringBridge provides free websites that connect people experiencing a significant health challenge to family and friends, making each health journey easier.

National Cancer Institute (NCI) Cancer Information Service

(800) 422-6237 (1-800-4-CANCER)
(310) 435-3848
Web site: cancer.gov

The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

Transplant Resources

(S) Blood & Marrow Transplant Information Network (BMT InfoNet)

(888) 597-7674
(847) 433-3313
Web site: bmtinfonet.org

BMT InfoNet strives to provide high quality medical information in an easy-to understand language; so that bone marrow and blood cell transplant patients can be active, knowledgeable participants in their health care planning and treatment. BMT InfoNet's Patient-to-Survivor program links patients to survivors who can share information and provide emotional support.

BMT Support

Web site: bmtsupport.org

This Web site offers an interactive chat area for marrow and blood cell transplant patients, survivors and caregivers.

BMT-TALK (Internet Mailing List)

BMT-TALK provides online peer support for patients, survivors and caregivers. Web site: acor.org. Click on "Mailing Lists." Under "Browse Alphabetically," click on "B" then click on BMT-TALK.

(S) Bone Marrow Foundation

(800) 365-1336
(212) 838-3029
Web site: bonemarrow.org

The mission of The Bone Marrow Foundation is to improve the quality of life for marrow and stem cell transplantpatients and their families by providing financial aid, education and support programs.

(S) National Bone Marrow Transplant Link (nbmtLINK)

(800) 546-5268
(248) 358-1886
Web site: nbmtlink.org

The mission of the National Bone Marrow Transplant Link is to help patients, caregivers and families cope with the social and emotional challenges of bone marrow/ stem cell transplant from diagnosis through survivorship by providing vital information and personalized support services. The Peer Support On Call program offers emotional support through one-on-one conversations with volunteers who are transplant survivors, caregivers and donors.

Aplastic Anemia

(S) Aplastic Anemia and MDS International Foundation, Inc.

(800) 747-2820
(301) 279-7202
Web site: aamds.org

AA and MDSIF serves as a resource for patient assistance, advocacy and support. It provides educational materials and medical information. It supports research to find treatments and a cure for aplastic anemia, myelodysplastic syndromes, and paroxysmal nocturnal hemoglobinuria.

Fanconi Anemia

(S) Fanconi Anemia Research Fund

(888)326-2664
(541) 687-4658
Web site: fanconi.org

The mission of Fanconi Anemia Research Fund is to find effective treatments and a cure for Fanconi Anemia, and to provide education and support services to affected families worldwide.

Leukemia

(S) Leukemia and Lymphoma Society® (LLS)

(800) 955-4572
(914) 949-5213
Web site: lls.org

LLS is dedicated to finding cures for leukemia, lymphoma, Hodgkin lymphoma and myeloma, and improving the quality of life of patients and their families. It supports medical research and provides health education materials. Local chapters offer information on local resources and support groups. It provides a Patient-Aid Program to give limited supplementary financial assistance to patients.

Leukemia Research Foundation

(888) 558-5385
(847) 424-0600
Web site: leukemia-research.org

This organization provides funding and support for worldwide medical research to scientists and physicians.

(S)= Spanish language support

Lymphoma

(S) Lymphoma Research Foundation

(800) 500-9976
(310) 204-7040
Web site: lymphoma.org

The Lymphoma Research Foundation is the nation's largest lymphoma focused voluntary health organization devoted to funding research to cure all lymphomas and providing patients and health care professionals with information on the disease.

Myeloma

(S) International Myeloma Foundation

(800) 452-2873
(818) 487-7455
Web site: myeloma.org

The International Myeloma Foundation is dedicated to improving the quality of life of myeloma patients while working towards prevention and a cure for multiple myeloma.

Multiple Myeloma Research Foundation

(203) 229-0464
Web site: multiplemyeloma.org

This organization provides information and newsletters for patients and families affected by multiple myeloma.

Sickle Cell Disease

(S) Sickle Cell Disease Association of America Inc. (SCDAA®)

(800) 421-8453
(410) 528-1555
Web site: sicklecelldisease.org

SCDAA's mission is to advocate for and enhance our membership's ability to improve the quality of life and services for individuals, families and communities affected by sickle cell disease and related conditions, while promoting the search for a cure for all people in the world with sickle cell disease.

Other Resources

ClinicalTrials.gov

Web site: clinicaltrials.gov

The U.S. National Institutes of Health developed this Web site through its National Library of Medicine to provide patients, family members and members of the public with current information about clinical research studies.

Immune Deficiency Foundation

(800) 296-4433
Web site: primaryimmune.org

The Immune Deficiency Foundation is dedicated to improving the diagnosis, treatment and quality of life of persons with primary immunodeficiency diseases through advocacy, education and research.

National Lymphedema Network (NLN)

(800) 541-3259
(510) 208-3200
Web site: lymphnet.org

NLN provides education and guidance to lymphedema patients, health care professionals and the general public by disseminating information on the prevention and management of primary and secondary lymphedema.

National Organization for Rare Disorders (NORD®)

(800) 999-6673 (voice mail only)
(203) 744-0100
Web site: rarediseases.org

NORD is an information clearinghouse on rare diseases committed to the identification, treatment and cure of rare disorders through programs of education, advocacy, research and service.

Organizations Serving Children

(S) American Childhood Cancer Organization

855-858-2226
(301) 962-3520
Web site: acco.org

This organization provides support, information, and advocacy for families of children with cancer, survivors of childhood cancer, and the professionals who work with them.

Chai Lifeline

(877) 242-4543 (CHAI LIFE)
Web site: chailifeline.org

Chai Lifeline provides advocacy and information on resources for seriouly ill children.

Kids Cancer Network

Web site: kidscancernetwork.org

Kids Cancer Network provides a national support outreach to children and families facing childhood cancer. Services include: "Your Story" section, prayers section, penpals and "FUNLETTERS" online.

Kids Konnected

(800) 899-2866
(949) 582-5443
Web site: kidskonnected.org

This organization provides friendship, understanding, education and support for children ages 3-18 who have a parent with cancer or who have lost a parent to cancer.

(S)= Spanish language support

National Children's Cancer Society

(800) 532-6459
(314) 241-1600
Web site: Thenccs.org

The mission of the National Children's Cancer Society is to improve the quality of life for children with cancer and to reduce the risk of cancer by promoting children's health through financial assistance, advocacy, support services and education.

Neuroblastoma Children's Cancer Society

(800) 532-5162
Web site: neuroblastomacancer.org

This organization is an advocate for children who suffer from neuroblastoma and is dedicated to serving as a support center for their families. Their primary focus is to raise money for local research in neuroblastoma cancer.

SuperSibs!®

(888) 444-SIBS (7427)
Web site: supersibs.org

SuperSibs! is a national not-for-profit organization that serves to honor, support and recognize the brothers and sisters of children with cancer. SuperSibs! provides free, ongoing services to children between the ages of 4 and 18, who reside in the United States or Canada, and who have (or have had) a brother or sister with cancer.

Ulman Cancer Fund for Young Adults

(888) 393-3863 (FUND)
(410) 964-0202
Web site: ulmanfund.org

This organization provides support programs, education, and resources free of charge to benefit young adults, their families, and friends, who are affected by cancer and to promote awareness and prevention of cancer.

Financial

(S) Children's Organ Transplant Association® (COTA)

(800) 366-2682
(812) 336-8872
Web site: cota.org

COTA helps children and young adults who need a life-saving transplant by providing fundraising assistance and family support.

National Association of Hospital Hospitality Houses (NAHHH)

(800) 542-9730
(828) 253-1188
Web site: nahhh.org

NAHHH promotes and assists nonprofit programs that provide lodging and supportive services in a caring environment from families receiving medical care away from home.

National Foundation for Transplants (NFT)

(800) 489-3863
(901) 684-1697
Web site: transplants.org

NFT assists transplant patients overcome financial obstacles to their medical treatment by providing advocacy and financial assistance through fundraising and grant programs.

National Transplant Assistance Fund (NTAF)

(800) 642-8399
(610) 535-6105
Web site: NTAfund.org

NTAF helps transplant and catastrophic injury patients afford critical but uninsured medically related expenses through fundraising guidance, patient support, and resources as well as financial assistance.

Needymeds

Web site: needymeds.org

Needy Meds provides information about assistance programs to help with the cost of medications and costs related to healthcare.

Pharmaceutical Research & Manufacturers Association

(800) 762-4636
(202) 835-3400
Fax: (202) 835-3414
Web site: phrma.org

This resource provides a directory of drug companies that provide medications for patients who could not otherwise afford them. The directory contains information on what medications are covered based on eligibility criteria.

Insurance

Children's Health Insurance Program

(410) 786-3000
Web site: https://www.cms.gov/home/chip.asp

Children's Health Insurance Program is a partnership between the federal government and the states designed to provide health insurance coverage for low income children who are not eligible for Medicaid. Contact your local Department of Health and Human Services for more information.

Medicare

(800) MEDICARE
Web site: medicare.gov

Medicare provides information about eligibility for Medicare insurance and provides Medicare beneficiaries information regarding Medicare claims and benefits.

(S)= Spanish language support

(S) Patient Advocate Foundation

(800) 532-5274
(757) 873-6668
Web site: patientadvocate.org

Patient liaison representatives work with patients and their caregivers to educate and empower them as well as mediate on their behalf to resolve denial of access to quality care, job retention, and financial issues related to diagnosis.

Social Security Administration

(800) 772-1213
Web site: ssa.gov

Includes income insurance programs such as Social Security Disability (SSD) and Supplemental Security Income (SSI).

Legal

(S) Cancer Legal Resource Center

(866) 843-2572
(213) 736-1455
Web site: disabilityrightslegalcenter.org

This organization provides information and resources on cancer-related legal issues to cancer patients, survivors, family members, health care professionals, and others touched by cancer.

(S) Equal Employment Opportunity Commission

(800) 669-4000
Web site: eeoc.gov

Promotes equality of opportunity in the workplace, enforces federal laws prohibiting job discrimination and provides information on job discrimination.

Transportation

Air Care Alliance

(888) 260-9707
Web site: aircareall.org

Air Care Alliance provides a central listing of free air transportation services.

National Patient Travel Helpline

(800) 296-1217
(757) 318-9174
Web site: PatientTravel.org

National Patient Travel Helpline provides information about all forms of charitable, long-distance medical air transportation and provides referrals to all sources of help available.

Survivorship

LIVESTRONG® SurvivorCare

(866) 235-7205 – English
(866) 927-7205 – Spanish
Web site: Livestrong.org/CancerSupport

LIVESTRONG SurvivorCare provides free professional support in English and Spanish to help you:

- Cope with emotional concerns through counseling
- Address your financial, insurance and job concerns
- Match to clinical trials and new treatments in development
- Locate and access local resources
- Learn about physical, emotional and day-to-day concerns
- Get brochures about cancer issues

(S) National Coalition for Cancer

Survivorship (NCCS)

(877) 622-7937
(301) 650-9127
Web site: canceradvocacy.org

NCCS is a national advocate for rights of cancer patients and survivors. It provides publications and referrals.

(S)= Spanish language support

Glossary of terms

Absolute Neutrophil Count (ANC)

Neutrophils are a type of white blood cell that helps protect the body from infection. Numbers of neutrophils in the circulating blood are used as an indicator of engraftment after transplant, or recovery after chemotherapy. See Neutrophil.

Allele

One of the different forms of gene that can occur at a single spot on a chromosome. A part of DNA representing a gene inherited from each parent to make a pair. Alleles are part of the HLA tissue type used to match patients and donors. See HLA.

Allogeneic bone marrow or blood stem cell transplant

Any bone marrow or blood stem cell transplant that uses cells from a person other than the patient. The donated cells can come from a related or unrelated donor.

Antigens

Proteins found on most cells of the body and capable of stimulating the immune system.

Apheresis

A procedure where blood is taken from a person's arm and circulated through a machine. The machine separates and collects certain cells such as blood-forming cells, white blood cells or platelets. The rest of the blood is returned through the other arm.

Autologous bone marrow or blood stem cell transplant

A transplant using the patient's own marrow or blood stem cells.

Blood-forming cells

Early stage cells that can grow into red blood cells, white blood cells and platelets. Also called hematopoietic cells.

Bone marrow

The soft, blood-forming tissue inside of bones. Marrow makes blood-forming cells, white blood cells, red blood cells and platelets.

Bone Marrow Transplant (BMT)

The process of giving healthy marrow to patients whose marrow is damaged or diseased.

Central line, venous catheter

A thin, flexible, spaghetti-sized tube that is inserted into a large vein in the body, usually in the chest or groin. It is used to take blood samples and to give drugs and blood products. Also known as a venous catheter. See Apheresis, Peripheral Blood Stem Cell (PBSC) donation.

Chemotherapy

A drug treatment that kills cancer cells. Also used to prepare patients for a marrow or blood stem cell transplant. See Conditioning regimen.

Conditioning regimen

The process used to prepare a patient to receive a marrow or blood stem cell transplant by first killing the diseased cells and the patient's own immune cells. Chemotherapy with or without radiation therapy is often used. Also known as preparative regimen.

Confirmatory HLA testing

Repeating a donor's HLA tissue typing, usually at higher resolution, to make sure the tissue type matches the recipient.

Cord blood

The blood collected from the umbilical cord and placenta after a baby is born. Cord blood contains a high concentration of blood-forming cells that can be used in transplantation. See Blood-forming Cells, and Umbilical Cord Blood

Cytomegalovirus (CMV)

A virus that can cause pneumonia, gastroenteritis or urinary tract infection in people with weakened immune systems. Many healthy people infected with the virus have no symptoms. People with weakened immune systems might experience serious symptoms.

DNA (Deoxyribonucleic Acid)

The molecule that contains a person's genetic information.

Donor workup

The process that a closely matched potential donor goes through to make sure he or she is healthy and ready to donate marrow or blood stem cells.

Engraftment

The stage when the transplanted blood-forming cells start to grow and make healthy new blood stem cells.

Filgrastim

A man-made version of a normal human protein that increases the number of blood-forming cells in the bloodstream. It is given to donors who have agreed to donate peripheral blood stem cells. See Apheresis, Peripheral Blood Stem Cell (PBSC) donation.

Graft-Versus-Host Disease (GVHD)

A condition where the transplanted marrow or blood cells react against the patient's tissues. It is caused by the donor's T cells. See T cell.

Hematopoietic cells

Early stage cells found in the blood that can grow into red blood cells, white blood cells or platelets. Also called blood-forming cells or progenitor cells.

Hematopoietic cell transplantation (HCT)

See Bone marrow transplant.

Histocompatibility

Refers to the degree of tissue matching between two persons. See HLA, HLA typing.

HLA (Human Leukocyte Antigen*)

Refers to proteins found on almost all cells of the body and making up the main part of each person's tissue type. HLA testing is used to match patients and donors for marrow or blood stem cell transplants.

* These proteins were originally described on white blood cells and called human leukocyte antigens, the term from which HLA was derived.

HLA typing

The test by which HLA antigens and alleles are identified. See Allele, Antigens.

Lymphocyte

A type of white blood cell, and an important part of the body's immune system. There are two recognized types of lymphocytes, T cells and B cells. T cells are a kind of lymphocyte that cause graft-versus-host disease. See Graft-Versus-Host Disease (GVHD).

Malignant

Cancerous.

Marrow

The soft, blood-forming tissue that fills the cavities of bones. Marrow is responsible for making blood-forming cells, white blood cells, red blood cells and platelets. See Blood-forming cells.

Match

In a marrow or blood stem cell transplant, the match refers to how much alike the donor's and patient's tissue types are. See Histocompatibility, HLA, HLA typing.

Molecular HLA typing

At the level of a molecule. Molecular HLA typing is the same as DNA-based typing.

Neutrophil

Neutrophils are a type of white blood cell that helps protect the body from infection. Numbers of neutrophils in the circulating blood are used as an indicator of engraftment after transplant, or recovery after chemotherapy.

Non-myeloablative transplant

Also known as a "mini transplant" or "low intensity" or "reduced intensity" regimen. A type of transplant that uses lower doses of chemotherapy and/or radiation to prepare a patient for transplant. See Conditioning.

Peripheral Blood Stem Cell (PBSC) donation

Peripheral blood stem cells are collected through the process known as apheresis. The donor's blood is withdrawn through a sterile needle in one arm and passed through a machine that separates the blood-forming cells. The rest of the blood is returned to the donor. See Apheresis,

Platelet

A blood cell that helps control bleeding.

Preparative regimen

The process used to prepare a patient to receive a marrow or blood stem cell transplant by first killing the diseased cells and the patient's own immune cells. Chemotherapy with or without radiation therapy is often used. Also known as conditioning regimen

Protocol

A specific plan for treatment of a disease or for a research study.

Relapse

The return of a disease following a remission. See Remission.

Remission

When signs and symptoms of disease are gone after treatment.

Stem cells

Any of the cells in the body that can grow into other kinds of cells. Blood stem cells grow into white blood cells, red blood cells and platelets. In blood stem cell transplants, blood stem cells are given to patients after they are treated for the disease of the blood.

Stem cell transplant

Refers to the use of blood stem cells as a treatment for cancer or other diseases. See Bone marrow transplant.

T cell

A type of white blood cell that plays an important part in the immune system.

Tumor

Any abnormal over-growth of cells. Tumors can be caused by cancer cells or non-cancer cells.

Umbilical cord blood

The blood collected from the umbilical cord and placenta after a baby is born. Cord blood contains a large number of blood-forming cells.

Unrelated bone marrow transplant or blood stem cell transplant

A marrow or blood stem cell transplant in which the donor is not related to the patient.

Be The Match has a team dedicated to supporting patients, caregivers and families before, during and after transplant.

We offer you confidential one-on-one support, financial guidance and free educational resources-DVDs, booklets, online tools and more. Our goal is to get you what you need, when you need it. We can help you learn more about transplant as a treatment option, plan for a transplant, and learn what to expect after transplant.

We offer support in more than 100 languages, including Spanish bilingual staff, and translated materials.

- Learn: **BeTheMatch.org/patient**
- Request information: **BeTheMatch.org/request**
- E-mail: **patientinfo@nmdp.org**
- Call: **1 (888) 999-6743**

Notes

Ed, transplant recipient, with his wife and caregiver, Rosemarie

English
If you would like help translating this information, please call 1-888-999-6743.

Español
Si desea ayuda para traducir esta información, puede llamar al 1-888-999-6743.

Português
Se você necessitar de ajuda para a tradução destas informações, favor ligar para 1-888-999-6743.

Tagalog
Kung kailangan mo ng tulong sa pagsalin ng impormasyong ito, tawagan lamang ang 1-888-999-6743.

中文
如您需要幫助翻譯這些資料，請致電 1·888·999·6743。

한국어
이 정보의 한국말 번역이 필요하시면, 1-888-999-6743으로 전화하십시오.

Tiếng Việt
Nếu muốn được giúp đỡ để thông dịch thông tin này, xin gọi số 1·888·999·6743.

Every individual's medical situation, transplant experience, and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a physician's medical judgment or advice.

BE THE MATCH®

Patient Services, National Marrow Donor Program
3001 Broadway St. N.E., Minneapolis, MN 55413-1753

1 (888) 999-6743 | BeTheMatch.org/patient

Be The Match helps patients with leukemia, lymphoma and other diseases who need a marrow or umbilical cord blood transplant. People can join the Be The Match Registry® — the largest listing of potential marrow donors and donated cord blood units — contribute financially and volunteer.

Patients and their families can also turn to Be The Match for support and resources before, during and after transplant. Be The Match is operated by the National Marrow Donor Program® (NMDP), a nonprofit organization that matches patients with donors, educates health care professionals and conducts research so more lives can be saved. Learn more at BeTheMatch.org/patient or call 1 (888) 999-6743.

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