The CLL Bloodline

October 2016

MONTHLY QUIZ:

Choose the correct statement(s) below:

Concerning the reason we have CLL:

1. CLL can be familial, but that is rare.
2. CLL incidence is increased in those exposed to Agent Orange in Vietnam
3. CLL incidence is increased in those exposed to radiation from Chernobyl
4. CLL is linked to benzene exposure
5. All of the above
6. 1, 2 and 3 are correct

The correct answer is #6. CLL mostly occurs episodically with no known cause, but a small percentage of CLL runs in families. Agent Orange is a recognized risk for CLL and exposed veterans who develop CLL may be entitled to compensation. For a long time, radiation was not considered a risk due to the lack of increase of CLL after Hiroshima, but we now know from the Chernobyl experience, that Hiroshima was the exception due to the very low baseline incidence of CLL in Japanese. Benzenes and other solvents may increase the risk of other blood cancers, but there has been no link found to CLL.

THE BASICS: Complications of CLL

Seeing as CLL is a cancer of the immune system, it is not surprising to discover that some of the most serious complications associated with CLL are related to immune dysfunction. The first is due to the lower immunity we all have to varying degrees. We are more prone to infections, especially pneumonia. That is why it so important to be careful about hand washing and to avoid sick family and friends, to get our vaccines, and to be aggressive about seeking medical care if we do get ill. We also are at higher risk for other cancers, especially skin cancers, so we need to get all the appropriate screening tests and to do what we can to lower our risk exposure - Stop smoking, use sunscreen, and eat healthy.

The second problem is auto-immunity, where our own immune system turns against us. Although rare, the consequences can be life threatening. The most common problem is when our immune system attacks our own red blood cells, which is called auto-immune hemolytic anemia (AIHA). If we attack our platelets, that is known as immune thrombocytopenic purpura (ITP). There are other less common autoimmune complications as well. The take-away message is that if we are anemic or our platelet count is low, especially if the drop is precipitous, we need to ask our doctors to consider respectively AIHA or ITP as part of the differential diagnosis

ACRONYM OF THE MONTH

LDT is lymphocyte doubling time. If your lymphocyte count jumps from 40,000 to 80,000 in six months, then your LDT is 6 months. Rapid LDT is used as an indicator for the disease taking off and the possible need for treatment.