

# The CLL Bloodline

May 2017

#### **MONTHLY QUIZ:**

## CLL/SLL is considered an orphan disease

- 1. True
- 2. False

The correct answer is **True**.

CLL may be the most common blood cancer in adults but is still quite rare and considered an orphan disease. Overall there are approximately 20,000 new cases of CLL/SLL in the United States each year. Compared to breast cancer, which has 250,000 new cases annually, and 161,000 new cases of prostate cancer, CLL/SLL is quite small.

**Incidence** is the term used to describe the number of new cases annually. **Prevalence** is the number of all patients living with the disease. With the number of new treatments that have become available for CLL/SLL in the past few years, the prevalence of CLL/SLL has been increasing as patients are living longer.

#### **THE BASICS: Treatment Choices**

In our last two issues of *The CLL Bloodline*, we covered what needs to be done when first diagnosed, before treatment and how to know when treatment is needed. In this issue, we broadly discuss frontline treatment choices. Treatment decision should always be individualized and depends on several factors including:

- Your age, your overall health, and any co-morbidities
- Your prognostic factors (FISH and mutation status)
- Your personal preference

Your choices are complicated and there may be significant disagreement between well- meaning experts, making it even harder to make a decision. The approved frontline treatment choices broadly fall into three categories with significant overlap: 1: Chemo-immunotherapy or CIT including FCR and BR, 2: ibrutinib, and 3: clinical trials. All these options are explained in much more detail in the treatment. FAQ, and clinical trial sections of our website, CLLSociety.org.

## WORD/ACRONYM OF THE MONTH

**Clone:** A group of cells that are genetically identical and originate from a single parent cell. Leukemia cells develop from one original abnormal cell. Leukemia is an example of a **clonal** cancer. CLL/SLL are slow-growing blood cancers in which too many **clonal** white blood cells or lymphocytes are found either in the lymph nodes causing them to be enlarged, if it is SLL or in the blood and bone marrow, if it is CLL. The cells involved are identical in CLL and SLL.