Hi, I'm Dr. Brian Koffman. I'm the founder and the medical director of the nonprofit CLL Society, and I'm a CLL patient myself. And like all CLL patients, what I want is a knockout punch for our CLL.

I was disappointed when I saw a recent study released from MD Anderson that showed that adding lenalidomide after a transplant was not a viable option. In fact, adding this immune modulator, and let's just pause on that word for a minute: Immune modulator means a medication that modulates the immune system.

What this really means is we don't really understand what it's doing. But, we do know, that in patients that are not cured of their CLL after transplant, when there's persistent CLL in their transplant, their prognosis is not good.

It was hoped that by tweaking the immune system, by adding lenalidomide, that these patients might do better. But, in fact, they found that they did worse. The overall survival when they looked at these patients was about 51%, and the progression-free survival was 38%.

It was consistently worse in the lenalidomide group compared to the standard of care group.

So, while transplants offer a high-risk but potentially high-payoff option for some patients, it looks like adding lenalidomide after to clean up any residual CLL is not going to be the answer down the line.