



# ENGAGING IN A CLL DISCUSSION

Actor portrayal

## Understanding CLL

CLL is a type of cancer of the blood and bone marrow. CLL cells are found primarily in the bloodstream, bone marrow, lymph nodes, and spleen. CLL typically progresses slowly, usually affecting older adults.<sup>1,2</sup> Some people with CLL don't have symptoms. When they do occur, symptoms often develop gradually, with those who are affected seeing little to no changes in their health for years. Symptoms of CLL may include: getting tired more easily, shortness of breath, swollen lymph nodes or spleen, repeated infections, and unexplained weight loss.<sup>2</sup>

## After CLL diagnosis<sup>1</sup>

Once diagnosed, it is important for patients and providers to discuss the types of tests needed and how often they'll be needed. This may include genetic testing, which can provide critical information about the patient's specific CLL type and help inform development of a personalized treatment plan. Unlike some other cancers, treatment for CLL isn't always needed right after diagnosis. When it is needed, patients and their care team work closely together to develop a treatment plan aligned to the patient's goals, preferences, and lifestyle. Patients with CLL may need multiple treatments over the course of their disease, so it is important to stay educated about the different treatment options.










## Treatment options

When choosing a treatment, patients work with their healthcare provider to understand the differences in treatment options and discuss which one may be right for their individual treatment goals, needs, and lifestyle. CLL treatments differ in many ways. Some factors that may be discussed include:

- **Type of treatment:** Some treatments include **chemotherapy**, which kills rapidly dividing cells, while others are more **targeted**<sup>1</sup>
- **How it's taken:** Some treatments are given via infusion (**IV**), while others are taken as a pill (**oral**)<sup>2</sup>
- **How long it's taken:**
  - Some treatments are **ongoing**, which means they are taken until the disease worsens or treatment can no longer be tolerated by a patient, at which point a provider will discuss different treatment options<sup>3</sup>
  - Other treatments are designed to be taken for a **set time frame**, meaning they are taken until the regimen comes to completion, unless a patient has intolerable side effects or the disease worsens. This may offer a chance for time away from treatment until another therapy is needed, at which point other appropriate treatment options should be discussed

For more information, visit [LivingWithCLL.com](https://LivingWithCLL.com) 

## Common treatment regimens for previously untreated and R/R CLL<sup>4-10</sup>

Type	Chemotherapy	Targeted therapy	
Regimen	Chemo + anti-CD20 antibody	BTK inhibitor ± anti-CD20 antibody	BCL-2 inhibitor + anti-CD20 antibody
How it's taken	 +  IV* + IV	 ±  oral alone OR oral + IV	 +  Oral + IV
How long it's taken	 Set time frame	 Ongoing	 Set time frame
Treatment cost <sup>†</sup>	Planned end	Ongoing while on treatment	Planned end

**This is not an exhaustive list of CLL treatment regimens.** No claims are made regarding the relative efficacy or safety of each regimen. Treatment decisions are based on complex factors including the overall health of the patient, previous CLL treatments, subtype of CLL, and other considerations. Based on these factors, a doctor may recommend treatments or combinations that are not listed here.

**If your CLL has returned,** the course of treatment your doctor recommends will depend on what treatments you've had before, how long it's been since the last treatment, the genetics of your CLL, and your overall health.

\*Chemotherapy can sometimes be dosed orally.<sup>2</sup>

<sup>†</sup>Treatment cost refers to patient out-of-pocket regimen-related drug costs. Individual patient copays may vary based on insurance coverage. R/R=relapsed/refractory; BTK=Bruton's tyrosine kinase; BCL-2=B-cell lymphoma 2.

## Questions to consider

### Understanding CLL

- Are there different types of CLL? What type do I have?
- Do I need specific testing after being diagnosed and/or before starting treatment?

### Exploring treatment options

- What are some treatments that could work for me?
- Can you explain how different treatments are taken?
- Are all treatments given for the same amount of time? What will my short-term and long-term treatment plan look like?
- Are there treatments that offer time away from treatment?
- Can you explain the cost considerations of the different treatment options? How long may those treatment costs continue?

### Expectations

- What are common side effects of different treatment options and how long will they last?
- How can the different treatment options affect my daily routine?
- How often will I have a checkup to monitor my CLL?

### Support available

- Are there actions I can take to emotionally support myself?
- What support groups or organizations are there for patients with CLL?
- Are there organizations that can help with financial support for treatment and other expenses?

For more information, visit [LivingWithCLL.com](https://www.livingwithcll.com) 

**References:** 1. Referenced with permission from the NCCN Guidelines for Patients (NCCN Guidelines for Patients®) for Chronic Lymphocytic Leukemia. V.2021. National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed September 30, 2021. To view the most recent and complete version of the guideline, go online to [NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines). 2. The CLL Guide. Information for Patients and Caregivers. Leukemia & Lymphoma Society website. [https://www.lls.org/sites/default/files/file\\_assets/cllguid.pdf](https://www.lls.org/sites/default/files/file_assets/cllguid.pdf). Revised 2014. Accessed September 16, 2021. 3. Brander D, et al. *Am Soc Clin Oncol Educ Book*. 2019;39:487-498. 4. Fischer K, et al. *N Engl J Med*. 2019;380(23):2225-2236. 5. Seymour JF, et al. *N Engl J Med*. 2018;378(12):1107-1120. 6. Fischer K, et al. *Blood*. 2016;127(2):208-215. 7. Burger JA, et al. *N Engl J Med*. 2015;373(25):2425-2437. 8. Moreno C, et al. *Lancet Oncol*. 2019;20(1):43-56. 9. Ghia P, et al. *J Clin Oncol*. 2020;38(25):2849-2861. 10. Byrd JC, et al. *N Engl J Med*. 2014;371(3):213-223.

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