



# The CLL Bloodline

May 2016

## MONTHLY QUIZ:

**Chemo-immunotherapy (CIT), specifically FCR (fludarabine, cyclophosphamide, and rituximab), can give very long remissions that are starting to look like cures in CLL for a significant percent of patients who:**

- 1: Are missing the short arm of chromosome 17 (del) 17p
- 2: **Have mutated IGH (correct)**
- 3: Have unmutated IGH
- 4: We can't predict who is more likely to respond or not to CIT

FCR has resulted in extremely durable remissions for some low-risk patients. Quoting from the journal *Blood* from January 2016: *The 12.8-year PFS (progression free survival) was 53.9% for patients with mutated immunoglobulin heavy chain variable (IGHV) gene (IGHV-M) and 8.7% for patients with unmutated IGHV (IGHV-UM). They conclude with: The high rate of very long-term PFS in patients with IGHV-M after FCR argues for the continued use of chemoimmunotherapy in this patient subgroup outside clinical trials; alternative strategies may be preferred in patients with IGHV-UM, to limit long-term toxicity.*

And that 12 plus years survival was not showing any drop off. It had plateaued and no folks were progressing.

What this means is that for patients with the best prognostic factors, if FCR gets them to where there is no measurable disease (MRD negative), then they have an almost an 80% chance of never needing any more treatment for CLL. However, if one doesn't fit into that low-risk group, odds are much worse.

Here is a link to a nice post by Dr. Jeff Sharman that explains mutated versus unmutated: <http://www.cll-nhl.com/2014/04/mutated-vs-unmutated-cll.html> - .VzAICGN7YIY

## NEWS:

April 11, 2016 – The U.S. Food and Drug Administration approved Venclaxta (venetoclax) for the treatment of patients with chronic lymphocytic leukemia (CLL) who have a chromosomal abnormality called 17p deletion and who have been treated with at least one prior therapy. Venclaxta is the first FDA-approved treatment that targets the B-cell lymphoma 2 (BCL-2) protein, which supports cancer cell growth and is overexpressed in many patients with CLL.

## THE BASICS: What to do when first diagnosed:

CLL is a slow-growing or indolent lymphoma of the B-lymphocytes and that means you have time to plan your therapy. Don't neglect your other medical care, especially age and gender appropriate cancer screenings. Get up to date with vaccinations, such as the flu and pneumonia vaccine, but no live vaccines, such as the shingles vaccine. Put together your team, join a support group and learn about your disease.

## WORD/ACRONYM OF THE MONTH: (2 words and one acronym this month)

**Petechiae:** Small red or purple pinhead spots on the skin. They are caused by bleeding under the skin and are usually the result of a shortage of platelets. They are similar to **purpura**, but are much smaller in size. In CLL, some patient's immune system destroys their own platelets. This is called **ITP** or **Idiopathic (or Immune) Thrombocytopenic Purpura** in which the body's dysfunctional immune system attacks its own platelets which results in bruising including petechiae and purpura and/or bleeding.