



The CLL Bloodline

July 2016

MONTHLY QUIZ:

CLL is classified as:

1. A lymphoma, as it arises from lymphocytes
2. A leukemia, as it is a cancer of the blood cells
3. Neither, as it is a hybrid disease that is classified by itself
4. Both, as it arises from lymphocytes and is a blood cancer

Answer:

The correct answer is 4 or both.

All cancers that arise from lymphocytes, a subtype of our white blood cells, are called lymphomas. CLL arises from the B-lymphocytes and so is one of many B cell lymphomas.

It is also a leukemia as it appears in the blood on most patients. SLL (small lymphocytic lymphoma) is a less common form of the same disease where the cancer cells are not found in excess in the blood stream.

It is important that the staging of CLL or SLL follow its own specific staging guidelines (Rai or Binet) and not the more general Ann Arbor staging that is used for most lymphomas as this could suggest the CLL's progression is worse than it really is.

For more on this please see: <http://cclsociety.org/2016/03/basic-facts-ctl/>

THE BASICS: Prognostic and Predictive Testing

Once the decision has been made to start therapy (see last's month's Bloodline BASIC's section on this decision (<http://cclsociety.org/2016/06/june-2016/>), it is important to do prognostic and predictive tests before starting any treatment. These tests help predict the likelihood that our CLL will respond to different therapy options. One critical test is FISH (fluorescent in situ hybridization) that looks for chromosome abnormalities in the cells' nuclei. For example, we know patients with deletion 17p tend to respond poorly to chemotherapy. Another test examines the maturity of our cancer cells by looking at IgVH mutation. A subgroup of mutated patients with other good prognostics may have a very long response to a specific chemo-immunotherapy combination of FCR (fludarabine, cyclophosphamide, and rituximab) that might be a cure for some. There are many other prognostic tests to discuss with your treatment team.

Before starting therapy, at a minimum we advise knowing your mutation status and FISH.