



The CLL Bloodline

December 2017

Over the course of a year of monthly meetings, The CLL Bloodline will teach the **BASICS** needed to understand CLL, bring news, help with the acronyms and new vocabulary, and offer fun quizzes.

MONTHLY QUIZ:

CLL (chronic lymphocytic leukemia) and SLL (small lymphocytic lymphoma)

1. Are entirely different, unrelated cancers
2. Are related, but different cancers
3. Are the identical cancers in different parts of the body; SLL in the nodes only, CLL in the blood and maybe the lymph nodes.
4. SLL may become CLL
5. 3 and 4 are correct

The correct answer is #5. To diagnosis CLL, there must be over 5000 clonal cells per microliter in the blood. In SLL, the identical clonal cells with the identical immunophenotyping (genetic fingerprinting) as in CLL are found in at least one lymph node, but there are less than 5000 these clonal cells per microliter in the blood. SLL can become CLL when the blood count exceeds 5000.

NEWS: November 2017: Shingrix, a new killed shingles vaccine was approved in the USA and Canada. As the prior shingles vaccine was a live vaccine that we couldn't take, this is potentially good news, but as of now the USA guidelines only recommend the series of 2 shots for the immune-competent, though this may change. Also in November, **acalabrutinib**, a second-generation BTK inhibitor, similar to ibrutinib was approved for use in another B cell cancer, mantle cell lymphoma. The hope is that a CLL approval will soon follow. Acalabrutinib may have different side effects than ibrutinib, giving us another treatment option if we can't tolerate ibrutinib.

THE BASICS: Types of Treatment

This month we will continue our review of large categories of treatment.

Cellular Therapies are treatments that use cells rather than drugs to treat cancer. The first cellular therapy was hematopoietic stem cell transplant (**HSCT**) or a bone marrow transplant. In CLL, this is done using a matched donor's immune cells. It is the only treatment that may cure CLL. Infections and graft versus host (GVHD) disease, where the new immune systems attacks more than the cancer, makes transplant very high-risk. **CAR-T** (chimeric antigen receptor –T cells) is experimental in CLL where our own T-cells are harvested, trained to attack our CLL, grown, and then re-infused. Results in CLL are amazing for some, but not most. Rare fatal toxicities include brain swelling and cytokine release syndrome (CRS), where inflammatory molecules flood the body causing fever, malaise, muscle pains and low blood pressure. CRS can usually be successfully treated.

WORD/ACRONYM OF THE MONTH:

Allogeneic stem cell transplant: This is a procedure in which bone marrow stem cells are taken from a genetically matched donor (a brother, sister, or unrelated donor) and given to the patient through an intravenous line.

If the CLL Society has helped you or a loved one, please consider making a contribution.