



The CLL Bloodline

October 2017

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

MONTHLY QUIZ:

Anemia (low red cell count) is a common complication in CLL. All of the following causes are directly related to CLL and its treatment **EXCEPT**:

1. Crowding in the bone marrow by the CLL cancer cells so there is not enough room left to make red blood cells (RBC).
2. An enlarged spleen that both hoards and destroys too many RBC.
3. Suppression of the bone marrow by chemotherapy used to treat CLL.
4. Nutrient deficiencies, commonly low iron or vitamin B12 so there is no raw material to build new RBC.
5. Destruction of the RBC by an auto-immune process (auto-immune hemolytic anemia or AIHA).
6. A rare complication where a secondary cancer called MDS (myelodysplastic syndromes) develops leading to bone marrow failure.

The correct answer is #4. Although low iron or B12 may be found in CLL, the disease and its treatment should not directly lead to these deficiencies. All other options are possible causes of anemia in chronic lymphocytic leukemia and thus re-enforce the importance of having the correct assessment of the cause of the anemia, as each is treated differently.

NEWS:

Sept. 2017: September was Blood Cancer Awareness Month (#BCAM) and Sept. 15th was World Lymphoma Awareness Day (#WLAD). The CLL Society coordinated campaigns with LLS, LRF, Lymphoma Coalition, Leukaemia Care (UK), and others to raise awareness. Pooled together, blood cancers would be the 4th most common malignancy in the USA and CLL is the most common adult blood cancer.

THE BASICS: Definitions and Diagnosis

In the May issue of *The CLL Bloodline*, we discussed some factors that go into deciding your choice of therapy. This month we will start describing large categories of treatment.

Chemo-immunotherapy (CIT) was, until recently, the backbone of treatment for CLL and is still a good choice for some. It usually a cocktail of chemo drugs that non-specifically kill fast growing cancer cells such as fludarabine (F) and cyclophosphamide (C) or bendamustine (B). These are more effective when combined with antibodies (rituximab, ofatumumab, and obinutuzumab) that target specific markers (CD20) found only on the cancer cells and normal B cells. Common CITs are FCR and BR and CO (chlorambucil and obinutuzumab)

ACRONYM OF THE MONTH:

CD: Cluster of Differentiation (proteins on the cell surface used for immunophenotyping [cellular fingerprinting] for diagnosis or as a target for antibodies to attack.)

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