



The CLL Bloodline

August 2018

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MONTHLY QUIZ:

CT scans should be used in CLL:

1. At time of diagnosis to establish a baseline.
2. Before treatment to assess staging.
3. After treatment to assess response.
4. Only in combination with a PET scan to assess both anatomy and the metabolic activity of any nodes or masses.
5. While they may be needed in some circumstances, outside of a clinical trial there is no mandatory role for CT imaging.

The correct answer is #5. While there are many circumstances where a CT may be indicated, their routine use at time of diagnosis or treatment is not generally indicated. PET scans are helpful if there is concern that there might be a second type of cancer as occurs in Richter's Transformation (RT). RT is faster growing than CLL and therefore more metabolic active and will "light up" on a PET scan. Outside of clinical trials, CTs (and PET scans) are not helpful in the routine management of CLL. For more details, see:

<https://cllsociety.org/beyond-the-basics/what-about-ct-scans/>.

NEWS:

Stan Kurtz is swimming 22 miles from Catalina Island to Palos Verdes to raise money for leukemia. Please support him at <https://www.gofundme.com/swimcatalinaforleukemia>.

BASICS: Response to Therapy

In order to be consistent, doctors and researchers have agreed on standard ways to describe response to therapy. The definitions are actually quite technical and are changing. This is a simplified version. We start with the worst and work towards the best.

Progressive Disease (PD): As the name suggests, the cancer continues to grow despite the treatment. This is not good news.

Stable Disease (SD): The cancer neither progresses nor recedes. This can be a durable and quite an OK circumstance, especially if the CLL is not causing problems.

Partial Remission (PR): The cancer has been knocked back, but there are still cancer cells to be found in the blood or marrow or nodes. PR requires at least a 50% reduction in the size of lymph nodes and in the number of lymphocytes in the peripheral blood stream.

Complete Remission (CR): The absence of clonal lymphocytes in the blood is one of the major criteria. All lymph nodes need to be normal size (<1.5 cm). In a clinical trial, the confirmation of a CR usually requires a bone marrow biopsy that shows no CLL.

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Minimal Residual Disease (MRD)-Negative: This is the best news with the longest durations of response. Special tests can be used to find a single CLL cell hiding among 10,000 or more cells in the blood or bone marrow. If no cells are found, you are MRD-, a very good thing. Just to confuse things, it is possible to be MRD- and be in a PR if your nodes are still enlarged. This may happen when nodes are still enlarged but are cancer free.

TERM OF THE MONTH:

Flow Cytometry is a powerful blood test that looks at cellular surface markers. It can confirm the diagnosis of CLL by identifying the typical clonal population of cells. It can also find CLL cells when there is only one cancer cell in 10,000 or more lymphocytes.

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

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