



## The CLL Bloodline

### December 2018

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 diagnose CLL, there must be over 5,000 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 5,000 of these clonal cells per microliter in the blood. SLL can become CLL when the blood count exceeds 5,000.

**NEWS: ASH 2018** (American Society of Hematology), Annual Meeting of over 20,000 hematologists from around the world, would be news enough in itself as this is where treatment changing research is presented. This year is special for two reasons:

1. The CLL Society's abstract: **Factors That Influence Treatment Decision-Making: Perspectives of 1147 Chronic Lymphocytic Leukemia (CLL) Patients in the United States**, has created an international buzz and will change how CLL is managed; and
2. Yours truly is humbly honored as a CURE 2018 Chronic Lymphocytic Leukemia Heroes along with Dr. Byrd, Lisa Minkove (deceased), and Chris Dwyer.

#### **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 CLL. The first cellular therapy was hematopoietic stem cell transplant (**H SCT**) or a bone marrow transplant. In CLL, this is done using a matched donor's immune cells. It may be curative, but infections and graft versus host disease (GVHD) where the new immune system 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-lymphocytes are harvested, trained to attack our CLL, grown, and then re-infused. Results in CLL are amazing for some but the data are early. Neurotoxicity and cytokine release syndrome (CRS) where inflammatory molecules (cytokines) are released causing flu-like symptoms or worse can occur and even be fatal, however, they can almost always be successfully treated.

#### **WORD/ACRONYM OF THE MONTH: ALLOGENEIC STEM CELL TRANSPLANT**

Allogeneic stem cell transplant 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.***