



The CLL Bloodline April 2019

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 type of our white blood cells, are called lymphomas. CLL/SLL is one type of the broad category of Non-Hodgkin's Lymphomas (NHL). That's good as we may qualify for NHL trials.

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 staging is worse than it really is. For more on this please see: <http://cllsociety.org/2016/03/basic-facts-ctl/>.

NEWS:

The FDA called for a partial halt on venetoclax trials involving multiple myeloma (MM) patients due to a higher death risk. This has not been seen in CLL. CLL patients should continue on venetoclax as prescribed.

THE BASICS: Prognostic and Predictive Testing

Once the decision has been made to start therapy (see last month's Bloodline on this topic), 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 respond poorly to chemotherapy and it should be avoided. 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). There are many other prognostic tests to discuss with your treatment team and that can be reviewed on CLLSociety.org. Before starting therapy, at a minimum we advise knowing your mutation status and FISH. FISH need to be retested before treatment because it can change, IgVH never changes. All these tests can be done from a blood draw. There is no need for a bone marrow biopsy or for that matter, imaging with a CT or PET scan in most routine cases of CLL.

ACRONYM OF THE MONTH: AIHA and ITP

AIHA stands for autoimmune hemolytic anemia and ITP or idiopathic thrombocytopenic purpura are complications of CLL where the immune system turns against our red blood cells (AIHA) or platelets (ITP) and destroys them.

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