



The CLL Bloodline

November 2019

MONTHLY QUIZ: The spleen is important in CLL. All of the following are true except:

1. The white pulp of the spleen acts as an immune organ, much like a giant lymph node. Both normal and cancerous lymphocytes can grow here, sometimes leading to massive enlargement.
2. The red pulp acts to rid the body of old red blood cells and platelets and recycles their contents, including the iron. When enlarged, it can overdo the clearing out leading to anemia and low platelets.
3. The spleen can serve as a back up to the bone marrow by releasing blood cells into the circulation.
4. One can live without a well-functioning spleen or even after its total removal.
5. Removal of the spleen is sometimes done prophylactically in CLL to lower the risk of infections.

ANSWER: The correct answer is #5. The spleen actually helps the body remove certain encapsulated bacteria that can cause pneumonia, meningitis and other infections and its removal is associated with more serious infections.

NEWS:

The CLL Society is again proud to share that for the 3rd time in 4 years, our research has been accepted for publication at the very competitive ASH Annual Meeting. We are presenting how our free Expert Access Program improved outcomes for CLL patients.

Test Before Treat: Too many CLL patients are still getting the wrong treatment. Get tested before 1st and all subsequent treatments. Unmutated IGVH, del(17p) and mutated TP53 should generally not get chemotherapy. Download the CLL Society's Test Before Treat One-pager here: <https://cllsociety.org/wp-content/uploads/2019/08/Test-Before-Treat-One-pager-V3.pdf> and pick up your Test Before Treat wrist band at 1 of our 12 upcoming educational forums.

BASICS:

In a prior Bloodline we discussed some factors that go into deciding your choice of therapy. This month we will continue our definition of large categories of treatment.

Targeted Therapies (TT) are drugs that interfere with specific targets important to cancer cell growth and survival. In CLL these include monoclonal antibodies (MABs) that attack a specific protein found on the cells' surface. This protein may be found on some normal cells but not on most cells. Examples include rituximab, ofatumumab and obinutuzumab that target CD20 found on both CLL and normal B cells. TT may also block specific enzymes called kinase such as BTK blocked by ibrutinib and acalabrutinib or PI3K blocked by idelalisib and duvelisib. Both BTK and PI3K are part of the B cell receptor (BCR) pathway that is critical to the CLL cell's survival. Venetoclax is different. It triggers apoptosis or programmed cell death leading to rapid killing of the CLL cells that had turned off that pathway.

Unlike chemotherapies, TT do not damage DNA or target all fast-growing tissues such as hair or the gut. TT tend to be newer and more expensive than "chemo" discussed last in last month's Bloodline.

WORD/ACRONYM OF THE MONTH: IMMUNOTHERAPY THERAPY

Immunotherapy Therapy uses the immune system to fight cancer and are made from living organisms. They include MABs (antibodies) or CAR-Ts (cells). Just to confuse things, it may also be called biological therapy or targeted therapy.

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