

**CLL SOCIETY**

*Smart Patients Get Smart Care™*

# COVID-19 Virtual Community Meeting

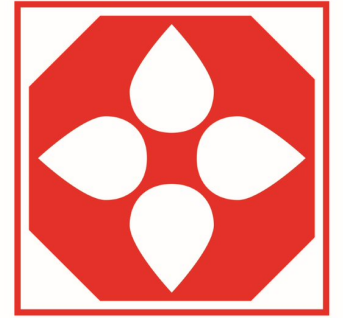
March 27, 2020

11:00 – 12:00 AM PDT  
2:00 PM – 3:00 PM EDT

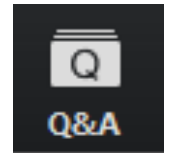
# Housekeeping Notes

Welcome to the CLL Society Virtual Community Meeting!

- Please note, the audience will be muted.
- Please direct your questions to speakers and CLL Society staff using the Q&A function (located at the bottom of your screen) at any time throughout the Virtual Community Meeting.
- Questions can only be seen by staff and speakers. We will do our best to answer as many questions as possible, and we will post answers to recurring questions on our website.
- The session is being recorded and will be available on our website via the Support Groups/Education page on [cllsociety.org](https://cllsociety.org).



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Question and Answer

**Welcome**  
Feel free to ask the host and panelists questions

Type your question here

☐ Send anonymously

Cancel Send

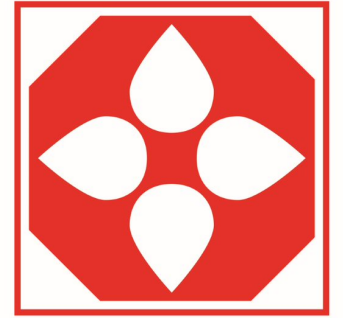
# Speakers

**Moderator:** Brian Koffman, MDCM (retired),  
DCFP, FCFP, DABFP, MSED

Executive Vice President and Chief Medical  
Officer, CLL Society

**Speaker:** Thomas E. Henry III, MBA, RPh, CPh  
Clinical Pharmacy Advisor, Lumere  
President and Senior Consultant, Burlington  
Consulting Associates

**Speaker:** Susan J. Leclair, PhD, CLS (NCA)  
Chancellor Professor Emerita  
University of Massachusetts  
Dartmouth, Massachusetts  
Senior Scientist, Forensic DNA Associates, LLC



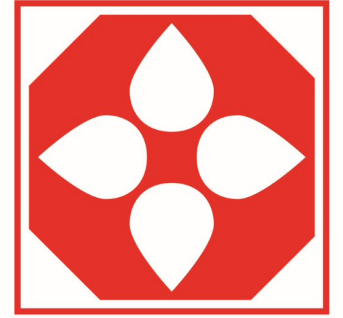
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# Speakers

**Speaker:** Anthony Mato, MD  
Director, CLL Program  
Memorial Sloan Kettering Cancer Institute

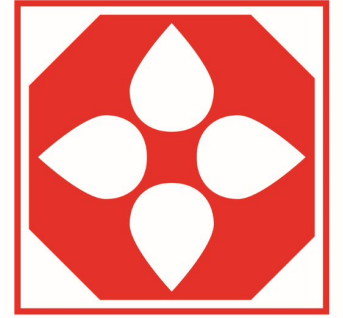


**Speaker:** Danielle M. Brander, MD  
Assistant Professor of Medicine  
Duke Cancer Institute



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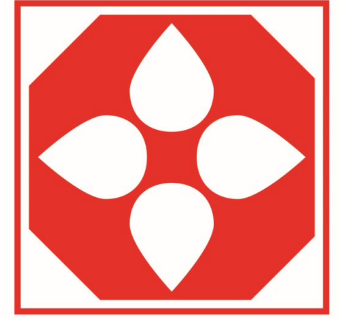
# Agenda



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- |         |  |
|---------|--|
| 2:00 ET | Welcome, Overview, Panel<br>Introductions, Audience Poll |
| 2:05 ET | Panelist Comments  |
| 2:15 ET | Q&A with CLL Community Participants                      |
| 2:55 ET | Audience Poll & Concluding Comments                      |

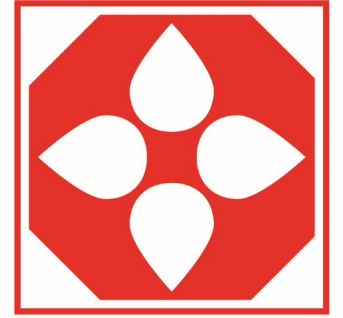
# CLL Drug Supply in US



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- At present none of the most commonly used CLL medications are in shortage status according to US FDA (ibrutinib, acalabrutinib, venetoclax, idelalisib, rituximab, bendamustine, chlorambucil. Fludarabine by Hospira is being discontinued in one size vial but current supplies expected to last until August and other suppliers, vial sizes available <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>
- China is a major supplier of medications used in US. There were some interruptions in production in certain regions but as Covid cases drop reports are that production is resuming. US Congress was considering legislation to require more drugs be made in US prior to pandemic. Expect this to gain traction and supporters
- Recent interview of CEO of FEDEX indicates that they have dramatically increased cargo flights to China with medications and medical supplies given priority
- Patient strategies to improve supply:
  - Early refills
  - Work with provider to possibly reduce dose temporarily. DO NOT DO THIS ON YOUR OWN

# Non-CLL Drugs

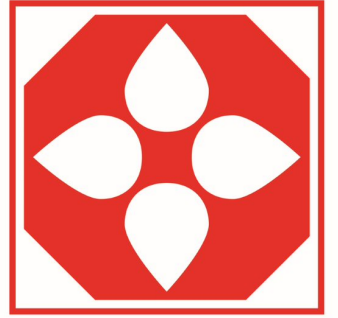


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- Maintenance Medications are critical. Co-morbidities increase risk but patients well controlled have similar risk to general population. Best example is diabetes
- Be pro-active and order medications early
- Request 90-day supplies if insurance allows
- Consider mail-order pharmacy temporarily – transfer of RX
- If shortages develop work with your medical team to find clinically appropriate alternatives

# Basic Laboratory information

- Two ways to test
  - What is going on now.
    - Do you have the disease
    - At what stage of the disease process are you
  - What happened in the last month or longer?
    - Did you make any antibodies against the causative agent
    - What kind of antibodies will tell us how long ago you were exposed
    - Additional research can determine if the antibodies are protective or not



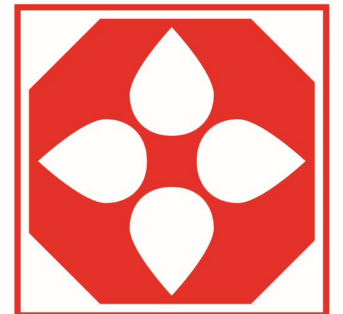
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# Basic Laboratory information

- Nasal Swab

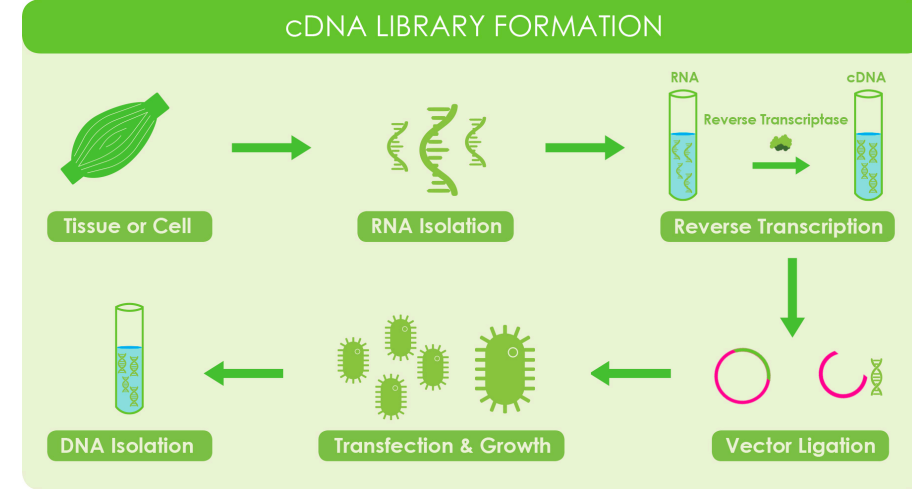
- Cannot be done by an amateur
- Can not touch the upper part and sides of the nose.
- Must reach all the way back
- Good specimen = usable results
- Bad specimen = potentially incorrect answers



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# Basic Laboratory information

Assuming no interruptions or other duties



- (real time) Reverse transcriptase polymerase chain reaction

- 4 steps to perform

- Retrieve RNA from specimen 1.5 – 2 hours
    - Amplify any RNA in the sample 1.5 – 2 hours
    - Quantification of specific RNA 1 – 6 hours
    - Separation of RNA 1 – 2 hours

5 – 12 hours

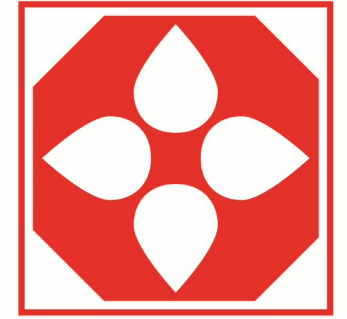
- Analysis

0.5 – 4 hours

So, assuming your specimen came in at the correct early morning time, a test can take up to

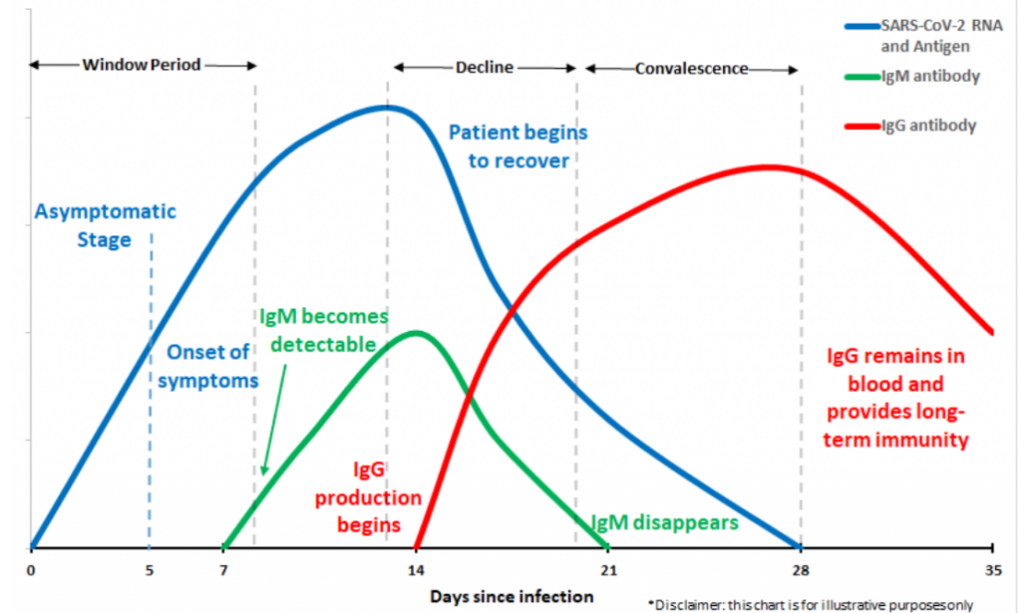
5.6 to 16 hours.

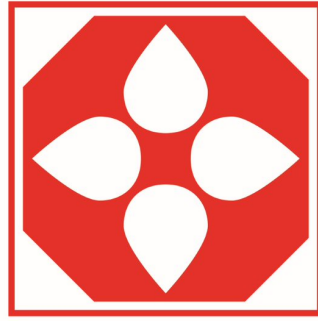
# Basic Laboratory information - looking for antibodies



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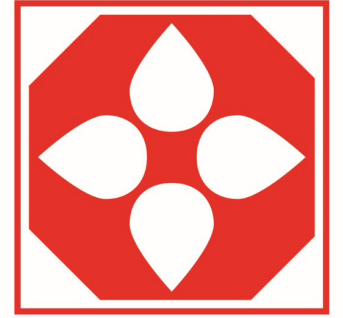
- Antibodies do not show up at first
  - IgM
    - First to be made
    - 8-10 after onset of symptoms
  - IgG
    - Long term / protective antibodies
    - 18 to 28 days after onset of symptoms





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# Questions & Answers



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# Thank You for Attending!

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

Join us at the same time on Friday, April 3 for the CLL Society COVID-19 Virtual Community Meeting. Registration on our COVID-19 Updates page.