



The CLL Bloodline

April 2020

Over the course of a year of monthly meetings, *The CLL Society Bloodline* will teach the BASICS needed to understand CLL. It will also provide news, help with the acronyms and new vocabulary words, and offer simple fun quizzes. The cycle restarts and it updated annually.

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 in 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.

NEWS:

How the world has changed in a few weeks! The CLL Society Is responding to COVID-19 by switching to virtual meetings for patient educational forums and support groups through May, likely beyond. Our COVID-19 page (<https://cllsociety.org/covid-19/>) provides up-to-date general information, links, and advice specifically for CLL. We are producing and will archive Virtual Community Meetings, mostly Q+As, on Fridays at 11 AM PT when there is new information to share. The first one was attended by 800 people.

If I can offer any advice, besides the obvious of staying home, handwashing, and not touching our faces, I suggest we remember that this is an acute illness and we are the experts at surviving a chronic illness. We know how to make decisions, we know what's important in life, we know how to protect ourselves and our loved ones. Use our wisdom to lead others out of this. This too will pass and again we will only have our CLL to worry about. Stay strong. We are all in this together, even if it's 6-feet apart, and remember that when we say: *Smart Patients Get Smart Care™* we are not only talking CLL. We are talking selfcare in the pandemic too.

THE BASICS: Test Before Treat

It is critical to do prognostic and predictive tests before starting each and every treatment. These tests predict the likelihood that our CLL will respond to different therapies. One critical test is FISH (fluorescent in situ hybridization) that looks for chromosome abnormalities in the cells' nuclei. For example, finding del 17p means all chemoimmunotherapy (CIT) won't work. Another test examines the maturity of our cancer cells by looking at IgVH mutation. Some "mutated" patients with other good prognostics may have a very long response to one CIT: FCR (fludarabine, cyclophosphamide, and rituximab). TP53 must be assessed as its mutation also predicts for poor response to CIT. Check out our *Test Before Treat™* pages (<https://cllsociety.org/cll-101/test-before-treat/>) on the website and get our wristband.

WORD/ACRONYM OF THE MONTH: Immunosuppressed

CLL patients are immunosuppressed to a lesser or greater extent depending on disease stage and treatment history. Immunosuppressed or deficient is a catchall term for different weakened immune defenses. In CLL, 85% have low immunoglobulins or antibodies. IVIG (intravenous immunoglobulin) may help some. T cell function is impaired. This makes us higher risk for problems with all infections including COVID-19.

If the nonprofit 501c3 CLL Society has helped you or a loved one, please consider making a tax-deductible donation.