This program was made possible by grant support from abbvie
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 a.m.</td>
<td>The Early Journey: What Is CLL?</td>
<td>Boyu Hu, MD</td>
</tr>
<tr>
<td>10:15 a.m.</td>
<td>&quot;Watch and Wait&quot; Healthy Habits and Supplements; COVID-19</td>
<td>Natalie Turner, APRN</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>CLL Treatment, Including New Drugs and Clinical Trials</td>
<td>Deborah Stephens, DO</td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>The CLL Society and Patient Self-Advocacy, Support, and Education</td>
<td>Brian Koffman, MDCM</td>
</tr>
<tr>
<td>11:15 a.m.</td>
<td>Panel Q &amp; A</td>
<td>All Presenters</td>
</tr>
</tbody>
</table>
Huntsman CLL Team: Providers

### Doctors

<table>
<thead>
<tr>
<th>Martha Glenn</th>
<th>Ahmad Halwani</th>
<th>Boyu Hu</th>
<th>Harsh Shah</th>
<th>Deborah Stephens</th>
</tr>
</thead>
</table>

### Advanced Care Practitioners

<table>
<thead>
<tr>
<th>Renée Vadeboncouer</th>
<th>Natalie Turner</th>
<th>Klasina Caballero</th>
<th>Laura Bickel</th>
<th>Jessica Coon</th>
<th>Brynn Parsegov</th>
</tr>
</thead>
</table>
What is CLL?

CLL Patient Forum
11-14-2020

Boyu Hu, MD
Huntsman Cancer Institute
Assistant Professor of Medicine, University of Utah
What is CLL?

- CLL is a slowly growing blood cancer.

- **RBC =** Carry Oxygen
  - Low RBC = Anemia

- **Platelets =** Make Blood Clots
  - Low platelets = Thrombocytopenia

- **WBC =** Fight Infections
  - CLL is a Cancer of a Type of WBC

https://www.fairview.org/HealthLibrary/Article/40309
What is CLL?

- CLL is a cancer of lymphocytes.

Lymphocytes Normally Help Fight Infections – Especially Viruses

Specifically B lymphocytes responsible for “memory”
What is CLL?

- CLL is the most common adult leukemia.
  - One third of new leukemia cases
- In 2019, American Cancer Society estimates:
  - 20,940 new cases of CLL
  - 4,510 deaths from CLL
- Average person’s lifetime risk of getting CLL is 1:175
- Average age at diagnosis is 70
- More common in men (2:1)

Risk factors

- Male sex (incidence double that of females)
- White ancestry (4.14/100000 in 2004)
  - Asians, whether in US or Asia, are at lowest risk (0.84/100000) suggesting that genetics are more important than environment
- Family history of blood cancer
  - 5% of cases are familial, with at least 1 relative with CLL
  - Risk of CLL is higher in relatives of patients with any lymphoma or lymphoid leukemia
What are lymph nodes?

- Part of the lymphatic system
- Vital part of the immune system
- Contains WBCs
- Transports infection-fighting WBC to site of infections
- Contains 500-700 lymph nodes

[Image of human body with lymphatic system highlighted]

What’s the typical clinical course?

• Prolonged periods with no symptoms
  ➢ 40% of patients are diagnosed because of an unexpected finding on routine blood work
• Initial symptoms
  ➢ Lymph node swelling
  ➢ Fatigue
  ➢ “B” symptoms (fever, sweats, chills, weight loss)
• Findings on exam
  ➢ Large lymph nodes
  ➢ Large liver and/or spleen
• 60M presented to doctor for yearly physical exam
• Routine labs showed WBC count of 40k/uL (normal 4-10k/uL)
• Lab reports 88% of these as “abnormal lymphoid cells”
• Other blood counts are normal
• Doctor suspects CLL and patient is referred to Huntsman Cancer Institute
• What is necessary for diagnosis?
Cell Surface Protein Expression for Diagnosis

Must also be negative for:
- CD10
- Cyclin D1

The number of these CLL cells in the blood must be ≥5000
CLL Staging

IN GENERAL: CLL staging is not that useful

<table>
<thead>
<tr>
<th>Stage</th>
<th>Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>↑ Lymphocytes + ↓ RBC (Hbg &lt; 11g/dL) +/- LAD or HSM</td>
</tr>
<tr>
<td>IV</td>
<td>↑ Lymphocytes + ↓ Platelets (Plt &lt; 100 k/uL) +/- LAD or HSM</td>
</tr>
</tbody>
</table>
Back to our example patient

• Flow cytometry confirmed CLL
• ↑ Lymphocytes (>5.0 k/uL)
• Enlarged lymph nodes
• Rai Stage I
• What other tests might be helpful?
CLL Prognostic Factors

• Usually genetic abnormalities intrinsic to the CLL
• Most Prognostic
  • FISH
  • Immunoglobulin Variable Heavy Chain (IgVH) mutational status
  • Karyotype
  • CLL gene mutations
Normal Human Karyotype

1  2  3
4  5
6  7  8  9  10  11  12
13  14  15
16  17  18
19  20  21  22

Autosomes

or

XX (female)  XY (male)

Sex Chromosomes

U.S. National Library of Medicine
Normal B Lymphocyte

During normal cell replication

Loss of a part of a chromosome

Duplication of a chromosome
**FISH Panel**

- FISH used to probe for common/significant mutations found in CLL cancer cells (not all of your cells!)

<table>
<thead>
<tr>
<th>Mutation</th>
<th>%</th>
<th>Good or Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Del(13q)</td>
<td>30-45</td>
<td>Good</td>
</tr>
<tr>
<td>Trisomy 12</td>
<td>~20</td>
<td>In between</td>
</tr>
<tr>
<td>Del(11q)</td>
<td>17-20</td>
<td>Bad</td>
</tr>
<tr>
<td>Del(17p)</td>
<td>7-10</td>
<td>Bad</td>
</tr>
</tbody>
</table>

IgVH Mutational Status

- Tests for a gene that is normally mutated to produce immune cells
- ~60% of CLL considered unmutated
- Does not change over time
- Mutated = OS ~ 25 years
  - ~80% No therapy
- Unmutated = OS ~9 years
  - ~20% No therapy

CLL Gene Mutations

• Most common: TP53, ATM, SF3B1, NOTCH1
• Less common: BTK, PLCG2, BCL2, XPO1, POT1
• HCI has a 27 gene mutation panel specific to CLL that we will send out (takes 2-3 weeks to result)

When do we send these tests?

- Most of the time at diagnosis
- After some treatment and before the next line of treatment
  - *IGHV* mutational status is “static” – does not change with time or treatment
  - FISH (i.e. deletion 13q, trisomy 12, deletion 11q and deletion 17p), karyotype and mutations can change over time with treatment
Back to our example patient

- Risk Factors = Low Risk:
  - IgVH = Mutated
  - FISH = Del(13q)
- No symptoms
- His doctor’s recommendation?
  - Observation
- Who needs treatment for CLL?
Watch and wait
Watch and worry
**Indications to Treat CLL**

### “Active Disease”

- **↓ RBC (Hgb < 11g/dL) or Platelets (Plts < 100 k/uL)**
- Symptomatic enlarged spleens or lymph nodes (Spleen > 6cm below costal margin)
- **“B-type” symptoms**
  - Weight loss of >10% in the last 6 months
  - Fevers (>100.5 for ≥ 2 weeks w/o infection)
  - Night sweats x 1 month (w/o infection)
  - Fatigue
Changing outlook for patients with CLL

Watch and wait for new, more effective treatments!

CHANGING THE DNA OF CANCER CARE®
“Watch & Wait” Explained

- Majority of patients do not require treatment at time of diagnosis
- Length of watch & wait varies
- Provider visits
- “Watch & wait,” NOT “watch & worry” !!

- Indications for treatment
- No benefits have been shown for early treatment of low risk asymptomatic patients
- Now what???
Supplements: The real deal?

- Green tea extract (EGCG)
- Curcumin
- Vitamin D
EGCG: All that and a cup of tea?

- Phase I and II studies at Mayo Clinic
- Results:
  - Decrease in lymphocyte count
  - Reduction in lymph nodes
- Limitations:
  - Toxicities
  - No phase III studies
  - Heavily focused on lymphocyte count
  - Duration of treatment not determined
Curcumin: The spice of life?

- Active ingredient in turmeric
- Mayo Clinic studies
  - Curcumin alone and in combination with EGCG
- Results:
  - Induces CLL B cell death in vitro
  - Combination with EGCG induces more cell death than either agent given alone
- Limitations:
  - In vitro results not seen in human subjects
  - Poor intestinal absorption
  - Effects appear to be transient
  - No phase III studies
• Vitamin D deficiency very common
• Vitamin D study in CLL patients
  – 30% had vitamin D deficiency
  – Time to treatment and overall survival shorter in deficient patients
  – Increased risk of death
• Vitamin D replacement safe and effective in CLL patients
  – 50,000 units weekly x 12 weeks
Supplements: Take home messages

- EGCG and curcumin generally not recommended by CLL providers
- Vitamin D replacement IS recommended in deficient patients
- Supplements are NOT a replacement for conventional CLL treatment
- Discuss with your provider before starting any supplements
- Consider cost
Secondary Prevention

• Higher risk of second cancers in CLL patients
• Routine cancer screenings
  – Colonoscopy
  – Women: mammogram, Pap
  – Skin screening
  – Lung cancer screening for smokers
Infection Prevention

- Infection common in CLL
- Major cause of death
- Stay up to date on vaccines
  - Avoid live vaccines
- Some patients may benefit from IVIG
- Hand hygiene is key!!
COVID19 and CLL

• Are CLL patients at higher risk?
  • Immune dysregulation
    • Underlying malignancy
    • CLL-directed therapy
  • Median age at dx = 70 years
• Outcomes of patients with COVID19 and hx of CLL?
• Multicenter, international study of pts with CLL and symptomatic COVID19
  • Feb-April 2020
  • Both watch & wait and active treatment
  • Primary endpoint: overall survival (OS)
Who gets COVID19?

• Median age 70.5 years
• Slight male predominance
• Significant comorbidities
• Treatment history
  • 39% watch & wait, 61% one or more prior therapies, 50% active treatment
Outcomes

- Most patients required hospitalization
- Watch & wait versus prior treatment had similar outcomes
- About 1/3 of patients died
  - Similar fatality rate between treatment groups
  - Increased risk of mortality
    - More comorbidities
    - Age > 75
    - Smoking history
    - Lung disease, diabetes, kidney disease
- BTK therapy did not impact survival
COVID and CLL

- Things to note:
  - Did not include asymptomatic COVID patients
  - Study was early in the pandemic
  - Ongoing research re: BTK therapy in COVID
    - May reduce severity and length of infection
COVID and CLL

• What can you do?
  • Standard precautions
    • Wear a mask
    • Wash your hands
    • Social distancing, NOT social isolation
References

- Recommended adult immunization schedule for ages 19 years or older, United States, 2019. Retrieved from [https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
Thank you!
CLL Treatments and Clinical Trials

Deborah Stephens, DO
Division of Blood and Blood Cancers
University of Utah, Huntsman Cancer Institute
November 14, 2020
Introduction/Outline

• CLL Treatments
  – Treatment Goals
  – Types of Treatments

• CLL Clinical Trials
  – What is a Clinical Trial?
  – First Treatment
  – Treatment at Time of Relapse

• Summary

• Questions/Answers
CLL Treatment Goals

- No cure for CLL (except for bone marrow transplant)
- Main goal = remission (no evidence of active CLL) for the longest possible time

### Response Criteria

<table>
<thead>
<tr>
<th>Response Criteria</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Response</td>
<td>CR</td>
<td>Normal blood counts, lymph nodes and spleen</td>
</tr>
<tr>
<td>Partial Response</td>
<td>PR</td>
<td>↓ 50% of lymphocytes, lymph nodes and spleen</td>
</tr>
<tr>
<td>Stable Disease</td>
<td>SD</td>
<td>No change</td>
</tr>
<tr>
<td>Progressive Disease</td>
<td>PD</td>
<td>New areas or worsening disease</td>
</tr>
</tbody>
</table>
What is MRD?

- Minimal Residual Disease
- Designed to detect very small levels of CLL
- Can be done by flow or sequencing
- MRD- means we can’t detect disease (may still be there)
- CLL patients who have undetectable MRD after certain treatments = longer survival
What are General Treatment Options?

• Surgery:
  – No

• Radiation:
  – Rarely
  – Palliation

• Chemotherapy:
  – Usual choice
  – Blood cancer = treat all blood
  – Classic, Immunotherapy, Targeted
Classic Chemotherapy

- Non-specific killing of growing cells
- Fludarabine
- Cyclophosphamide
- Bendamustine
- Pentostatin
- Chlorambucil
- Short-term: Nausea, hair loss, fatigue, low blood counts, infection, nerve pain, rash, blood in urine, heart failure
- Long-term: Bone marrow damage

"At least yours will grow back…"

https://www.whatnext.com/blog/posts/14-funny-things-that-happened-while-fighting-cancer
Immunotherapy

• Specifically targeting something that lives on the outside of a CLL cell

• Antibodies (CD20):
  – Rituximab
  – Ofatumumab
  – Obinutuzumab

Recognizes cancer

Tells other immune cells to kill the cancer
Targeted Cancer Therapy

• Avoids killing normal cells and goes after the cancer cells
• Ibrutinib, acalabrutinib, idelalisib, duvelisib, venetoclax….
B-cell Receptor Blockers

- Block cancer survival signals (B-cell receptor pathway)
- Like taking gas out of your car
- **Ibrutinib**: Approved all lines
- **Acalabrutinib**: Approved all lines
- **Idelalisib**: 2nd Line
- **Duvelisib**: 2nd Line
## Ibrutinib: Side Effects

<table>
<thead>
<tr>
<th>Common/Mild (&gt;20%)</th>
<th>Rare/Serious (&lt;10%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low blood counts</td>
<td>Deadly bleeding</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Atrial fibrillation</td>
</tr>
<tr>
<td>Nausea</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Bruising/bleeding</td>
<td>Infection</td>
</tr>
<tr>
<td>Muscle/Joint Pain</td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td></td>
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</table>

Venetoclax

- Cancer cells have proteins that prevent death (BCL-2)
- Venetoclax blocks proteins and causes cancer cell death
- Like taking your foot of the brake and driving over a cliff
- Now approved for all CLL patients (with either obinutuzumab or rituximab)
Venetoclax: Side Effects

Tumour Lysis Syndrome

- Xanthine
- Xanthine Oxidase
- Uric Acid
- Acute Kidney Injury
- Phosphorus
- Calcium Phosphate
- Low Free Calcium
- Seizures
- Potassium
- Arrhythmias

https://www.youtube.com/watch?v=v6VidGkd4XY
Outline

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  – Treatment at Time of Relapse
• Summary
• Questions/Answers
Introduction to Clinical Trials

Standard of Care
• Tested in people
• Safe
• Works well
• Approved by the FDA

Clinical Trial
• Process of testing in people
• Phase 1: Is it safe?
• Phase 2: How well does it work?
• Phase 3: Is it better than standard of care?
Clinical Trials

• Am I a Guinea pig?
• Will I be given a fake/sugar pill (placebo?)
• Since no cure for CLL is established = clinical trials are important!

https://wonderopolis.org/wonder/are-guinea-pigs-really-pigs
Combinations of New Drugs

- Obinutuzumab
- Ibrutinib
- Venetoclax
Trials for 1st CLL Treatment

- ECOG Trial: <70 years. 3 drug arm stops ibrutinib after 19 mo
- Alliance Trial: ≥70 years. 3 drug arm stops ibrutinib after 15 mo if no detectable CLL.

Cost: All drugs paid for by study!

Status: OPEN

Untreated CLL: Requiring Treatment

RANDOMIZE

Ibrutinib + Obinutuzumab

Ibrutinib + Obinutuzumab + Venetoclax
Untreated CLL: Requiring Treatment

- Ibrutinib x 3 months
- Ibrutinib + Venetoclax x 12 months

MRDu
- Ibrutinib
- Placebo

MRD+
- Ibrutinib
- Ibrutinib + Ven

Ongoing Study: More to Come

Tam: ASH Abstract 2019 #35
Clinical Trial For Patients Receiving Ibrutinib

- **Strategy to deepen remission:**
  
  Trial to add VAY736 to ibrutinib
  
  - Add VAY736 to ibrutinib: blocks BAFF survival signals
  
  - If clears all CLL cells, stop both drugs

Status: OPEN for patients on ibrutinib ≥ 1 year and no complete remission
Future Clinical Trial

- S1925 EVOLVE CLL Study
- Upcoming trial for previously untreated CLL
- High risk: Del(17p) or combination of clinical and genetic risks
- Must have new diagnosis of CLL within the last year

Un-treated CLL: High Risk, Not meeting criteria for treatment

- Immediate Obinutuzumab + Venetoclax
- Delayed Obinutuzumab + Venetoclax

Planned to Open Nov 2020
Ibrutinib Resistance

▲ BTK (C481S)
▲ Still fits, but doesn’t block well
▲ Rapid progression after ibrutinib d/c
▲ DO NOT D/C ibrutinib wo another plan!
▲ Same for acalabrutinib/ zanubrutinib

KEYHOLE: SPOT ON CLL WHERE IBRUTINIB BINDS

KEYHOLE: CHANGES AND IBRUTINIB DOESN’T FIT WELL
Clinical Trials

- Block cancer survival signals (B-cell receptor pathway)
- **ARQ-531**: Does not require same binding spot as ibrutinib
- **MS-553**: Blocks a different part of BCR pathway (PKCb)

Status: OPEN for patients with relapsed CLL
CAR-T Cell Therapy

CANCER

CD19

CART

IMMUNE SYSTEM
CAR-T Cell Therapy

#1. Blood Collected

#2. T-cells separated

#3. CAR Inserted into T-cells

#4. T-cells Multiply with CAR Insert

#5. Chemotherapy Given

#6. CAR-T cells Return to Patient
Clinical Trial with JCAR017

• 23 relapsed CLL patients
  • ~5 prior therapies (2-11)
  • All prior ibrutinib
  • ½ prior ibrutinib and venetoclax
• 22 patients available for response
  • Overall response = 82%
  • Complete remission = 46%
• In the 9 that responded with ≥ 9 month of follow-up, only 2 progressions or deaths

Siddiqi, ASH 2019
CAR-T Cell Therapy

- Important side effects:
  - Cytokine release
  - Brain toxicity

- Fever, nausea, chills, low blood pressure, fast heart rate, rash, trouble breathing, death
- 9% (2/23) of patients had high grade cytokine release
- 22% (5/23) had high grade brain toxicity
Summary

- CLL Treatments
  - Treatment Goals
  - Types of Treatments
- CLL Clinical Trials
  - What is a Clinical Trial?
  - First Treatment
  - Treatment at Time of Relapse
- Summary
Brian Koffman MD (retired)
Co-founder, Executive Vice President and Chief Medical Officer
CLL Society (USA charity)
Learning Objectives

• Learn practical tips on self-advocacy
• Increase our odds of staying alive with CLL
• Employ shared medical decision-making to improve outcomes
Dr. Brian Koffman: Alive and Well 16 Years Since Diagnosis

- **Despite**
  - 17p del, 11q del, Complex Karyotype, Notch1, Unmutated IgVH, ZAP70+, XOP1, and more
  - Failed bone marrow transplant
  - 7+ yrs on ibrutinib (PCI-32765) in Phase 1 clinical trial
  - Very difficult CAR-T course
  - <1/1,000,000 CLL cells 1.13 and 30 months later by NGS
How I have Survived

• What I Have Done to Beat the Odds
  • Refusing some treatments and choosing others
  • Hiring and firing HCPs
  • Getting an expert on my team
  • Being my own advocate
  • Enrolling in 2 Phase 1 clinical trials
  • Getting treatments paid for
  • Joining a support group
Sharing and Giving Forward: Blogging and founding the nonprofit CLL Society
The CLL Society

We gather the best available resources
Disseminate the information
through the CLL Society
website and programs

CLLSociety.org
Get The Best Care for Your Chronic Lymphocytic Leukemia (CLL)

The CLL Society Inc. is a patient-centric, physician-curated nonprofit organization focused on patient education, support and research. Dedicated to addressing the unmet needs of the (CLL) chronic lymphocytic leukemia and related blood cancer communities, we explain the rapidly changing therapeutic landscape and the importance of clinical trials, support and build patient networks, engage in research and educate providers and patients.

What's New in CLL?

CLL Society worked with CURE magazine to provide panel members to discuss their CLL journey and the changing way CLL should be treated in this nice series of 5 short videos.

At ASH 2019, Dr. Brown shared the exciting first in human trial data for LOXO 305 that has a new way to block BTK that is different than ibrutinib or acalabrutinib.

The Coronavirus appears to spreading beyond China. For more and a link to the CDC, we are reminding you of this brief note.

We have so many great drugs to treat CLL. How to sequence them is unclear, but Dr. Mato presents some reassuring data that when we use venetoclax, we still have some good options when it stops working in this interview from ASH 2019.

CLLLAN is an international “umbrella” charity organization that the CLL Society proudly supports. Learn more here.

The coronavirus has many of us scared and it might be best in this case to ignore Dr. Koffman’s usual Zen advice to underreact, and this time to overreact to the threat. Read his thoughts and a link to the CDC website for the latest here.

Read More News
Smart Patients Get Smart Care™
Online CLL Society Toolbox

- Online CLL Toolbox with Downloadable Aids and Links
  - Putting together your team
  - CLL glossary
  - Abbreviations and acronyms
  - Normal lab values
  - Lab tracking spreadsheet – to track your lab results
  - List of CLL doctors recommended by CLL Society readers
CLL Society Programs

• 38 CLL specific patient and caregiver live support groups
• 12 Patient and Caregiver educational forums annually
• Quarterly online newsletter, *The CLL Tribune*
• Live and archived conference coverage: ASH, EHA, ASCO, and iwCLL
• Expert Access™ Program – online, 2nd opinion consultation with CLL expert
• Ask the Doctor, Pharmacist, Lab Scientist, Palliative Care/Hospice Doctor
• Healthcare Provider Toolkit to share with patients
• Webinars
• Testing
  • Diagnosis
  • Test Before Treat
  • U-MRD
• Research on the patient journey published & presented at ASH, ASCO, EHA
• 2,000 free KN95 masks to vulnerable CLL patients and their caregivers
How to Be Your Own Best Advocate!

And How to Save Our Own Lives
And Maybe Save the Lives of Others
How to Be Your Own Best Advocate!

And How to Save Our Own Lives
And Maybe Save the Lives of Others
How to Be Your Own Best Advocate!

And How to Save Our Own Lives

And Maybe Save the Lives of Others
Knowledge of Ourselves

- Self-knowledge is the first step towards advocating for our rights
  - We need to know our cancer and our general health
  - We need to know our own strengths, weaknesses, needs, influences, and interests
  - We need to know our personal bottom line
- We need to know ourselves
Knowledge Beyond Ourselves

- We need to know about:
  - Our cancer management options, including access to novel therapies and clinical trials
  - Our healthcare team’s strengths and weaknesses
  - Our broader support team including family, friends, and community
  - What’s covered, what can be privately paid for and what it costs
- We need to know our external challenges and opportunities
Brian’s CLL Commandments

• **Build your team**
  • This is our first and most vital step. Find a true CLL expert to lead our team (or become one yourself). Almost as important as who is on the team is who is off it. We must not be afraid to fire team members, including doctors who are not helping us. Read about Team Building at http://cllsociety.org/toolbox/build-a-team/
  • We have time, but we don’t have forever
  • Underreact
  • Expect the unexpected
  • Control is an illusion
  • All action and even inactions have their risks
Brian’s CLL Commandments

• You may need to make difficult decisions with imperfect knowledge and contradictory advice
• Think laterally and question authority
• Join a local support group or get support from organizations such as CLL Society or LLS
• Money matters
• Remember to live now
• Give forward
• Stay strong. We are all in this together.
Shared Decision-Making Process

- Medical evidence and information
- Patient-friendly terms

- Needs, values, preferences

- Care plan
- Follow-up
Learning Objectives

• Learn practical tips on self-advocacy
• Increase our odds of staying alive with CLL
• Employ shared medical decision-making to improve outcomes
This program was made possible by grant support from abbvie
Thank You for Attending!

Please take a moment to complete our event survey, your feedback is important to us.

CLL Society is invested in your long life. Please consider investing in CLL Society by supporting our work at:

cllsociety.org/donate-to-cll-society/