



CLL SOCIETY

The CLL Bloodline December 2020

Over the course of a year of monthly meetings, The CLL Bloodline will teach the **BASICS** needed to understand CLL, bring news, help with the acronym and new vocabulary, and offer simple fun quizzes.

MONTHLY QUIZ: CLL (chronic lymphocytic leukemia) and SLL (small lymphocytic lymphoma)

1. Are entirely different unrelated cancers.
2. Are related but different cancers.
3. Are the identical cancers in different parts of the body; SLL in the nodes only, CLL in the blood and maybe the lymph nodes.
4. SLL may become CLL.
5. 3 and 4 are correct.

The correct answer is #5. To diagnosis CLL there must be > 5000 clonal cells per microliter (μl) of blood. In SLL, clonal cells with the identical immunophenotyping (genetic fingerprinting), as in CLL, are found in at least one lymph node, but there are < 5000 of these cells per μl of blood. SLL becomes CLL if the count exceeds 5000.

NEWS:

As 2020 draws to a close we are asking for your help in supporting our efforts to continue to do everything we possibly can to save the lives of CLL patients. The resources provided by donors like you made it possible for us to pivot when COVID-19 struck with new virtual support groups and online education. It allowed us to distribute thousands of lifesaving KN95 masks to our vulnerable CLL patients and their caregivers and develop official COVID-19 triage and work statements that are saving lives. Donations of cash, cars, trucks, stocks, artwork and much more can be transformed into action to benefit our CLL community. The CLL Society is invested in your long life. Please invest in the long life of the CLL Society. You can donate safely through the website. Thank you!

THE BASICS: Types of Treatment

Cellular Therapies are treatments that use cells rather than drugs to treat CLL. The first cellular therapy was a hematopoietic stem cell transplant (**HSCT**), or a bone marrow transplant. In CLL, this is usually done using a matched donor's stem cells. It may be curative, but infections and graft versus host (GVHD) disease, where the new immune system attacks more than the cancer, makes transplant very high-risk. **CAR-T** (chimeric antigen receptor – T cells) is experimental in CLL where our own T-lymphocytes are harvested, trained to attack our CLL, grown, and then re-infused. Results in CLL are amazing for this "living drug" for some but the data are early. Neurotoxicity and cytokine release syndrome (CRS), where inflammatory molecules (cytokines) are released causing flu-like symptoms or worse, can occur and even be fatal; however, they can almost always be successfully managed. Other cellular therapies include CAR-NK (natural killer) cells and TILs (tumor infiltrating lymphocytes). Watch out for this month's Tribune on CAR-T and other cellular therapies.

WORD/ACRONYM OF THE MONTH: ALLOGENEIC STEM CELL TRANSPLANT

Allogeneic stem cell transplant is a procedure in which bone marrow stem cells are taken from a genetically matched donor (a sibling or unrelated donor) and given to the patient through an IV. The cells migrate to and hopefully engrafts in the patient's marrow, giving new stem cells to build all the blood components, and with it, a new immune system that recognizes and attacks the cancer as an invader. This is called Graft versus Leukemia (GVL).