



CLL SOCIETY

The CLL Bloodline April 2021

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 is updated annually.

MONTHLY QUIZ: CLL is classified as:

- A. A lymphoma, as it arises from lymphocytes.
- B. A leukemia, as it is a cancer of the blood cells.
- C. Neither, as it is a hybrid disease that is classified by itself.
- D. Both, as it arises from lymphocytes and is a blood cancer.

Answer: The correct answer is D or both. All cancers that arise from lymphocytes, a type of our white blood cells (WBC), are called lymphomas. As CLL is a cancer of the lymphocytes, specifically the B lymphocytes, it is included in the broad category of Non-Hodgkin's Lymphomas (NHL). That's good because we may qualify for NHL clinical trials. It is also a leukemia, as the cancerous lymphocytes appears in the blood in most patients. Leukemia means "white blood" and so named because of the excessive number of WBC seen in some blood cancer, including CLL. 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:

A year ago, we switched all our support groups and education forums to be online due to the COVID-19 pandemic. Today we have vaccines. CLL patients are prioritized in 46 states with thanks to your letter writing and CLL Society's advocacy efforts. Yet we do not know how effective vaccines will be for CLL patients. Fortunately, trials are now looking at this issue including a large multi-centered effort, LLS and Mayo trials. Also, a new T-Detect™ COVID for T cells response to COVID was authorized last month. Details for all this news can be found on the CLL Society website.

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 deletion 17p (del17p) 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 type of CIT: FCR (fludarabine, cyclophosphamide, and rituximab). TP53 should also be assessed by next generation sequencing (NGS) 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.

WORD/ACRONYM OF THE MONTH: Immunosuppressed

All 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. 85% of CLL patients make lower than normal amounts of antibodies or immunoglobulins. IVIG (intravenous immunoglobulin) may help. T cell function or cellular immunity may also be impaired. This makes us higher risk for problems with all infections including COVID-19, and for second cancers. Infection precautions and age and gender appropriate cancer screenings are critical.

The CLL Society is invested in your long life. Please invest in the long life of the CLL Society.