The CLL Bloodline
June 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 updated annually.

MONTHLY QUIZ: Choose the correct statement below:

1. CLL most commonly presents in men and in the elderly (over 70).
2. CLL has two peak incidences: a smaller peak at age 55 and a largest one at age 72.
3. CLL is most common in women in their 50s and 60s.
4. CLL affects men and women equally.

ANSWER: The correct answer is #1.

CLL is more common in men and the average age at diagnosis is 72. It is quite rare but possible for those under 30. About 10% present under 50 and 5% under 40. It is more common in Ashkenazi Jews, less common in Asians.

NEWS:

- Data are accumulating with results from a study in the UK and LLS data coming soon that CLL patients' antibody response to the COVID-19 vaccines is not predictable, especially for those who are or have recently been treated with BTKi (ibrutinib and acalabrutinib), monoclonal antibodies (rituximab or obinutuzumab) or venetoclax. Treatment naïve patients and those in remission and those a way out from last therapy seem to fare best. It is important to remember we do not know if having antibodies is protective and not having them is not.
- Join Dr. Susan Leclair on June 29th at 10 AM PT for our webinar: Learning to Decode Your Blood Test Results for CLL
- Watch for CLL news from European Hematology Association (EHA) and American Association of Clinical Oncology (ASCO) Annual Congresses in early June on the website and the next Bloodline.

THE BASICS: Watch and Wait

The first treatment for most CLL patients is "Watch and Wait" or "Active Observation" or as patients often call it, "Watch and Worry". It is at first glance one of the most counter-intuitive concepts in CLL management. With many types of cancer early detection is critical with the prognosis getting worse with more advanced stages of the disease. That is the whole philosophy behind regular PAP smears, mammograms, colonoscopies, PSA and skin check: try to catch the cancer early.

But in CLL until a study reported in 2019 that for asymptomatic high-risk patients, early intervention with ibrutinib improved progression free survival and time to next treatment, there were no data showing that earlier treatment at the time of diagnosis helped in any way. There are two main reasons for this lack of benefit:

1. Until recently, all treatment options were either relatively toxic or ineffective.
2. Some patients will never need treatment so treating early only exposes them to toxicities with no benefits.

Even with the recent positive trial, the role for early intervention approach is controversial. Why take a medicine for years that you may never need and has not yet been shown to improve overall survival when taken early? Is taking it when needed just as good? Outside of a clinical trial, watch and wait is still the smart option but more trials are in progress using novel agents in high-risk patients such as those with del 17p.

WORD/ACRONYM OF THE MONTH: FLOW CYTOMETRY

Flow Cytometry is a powerful blood test that looks at markers on the cell surface. It is the test necessary to confirm the diagnosis of CLL by identifying the typical clonal population of cells (CD19, CD20(dim), CD23 and CD5). It is also be used to assess MRD (measurable or minimal residual disease) down to 1 cancer cell in 10,000.

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