CLL Society’s Official Statement Concerning Prioritizing CLL (chronic lymphocytic leukemia) Patients When Triaging Care During the COVID-19 Pandemic

July 15, 2021

Dear Healthcare Provider,

Thank you for all you are doing.

CLL Society recognizes the present COVID-19 pandemic can strain limited healthcare resources and may demand thoughtful and ethical triage of the healthcare team’s time and resources.

Data show that chronic lymphocytic leukemia (CLL) patients who have symptomatic SARS-CoV-2 infections carry a markedly increased risk of mortality and morbidity\(^1,2\). The risk of hospitalization for CLL patients who have symptomatic infection is 90%, and more than 1 in 3 who are hospitalized do not survive. Moreover, there are increasing data that CLL patients are less protected by vaccination\(^3\). Therefore, please consider their immunocompromised status and prioritize their assessment and management when they are asking for your help with a potential or established COVID-19 infection.

Immunocompromised patients (such as those with CLL) are likely to be amongst those who would most benefit from the early use of SARS-CoV-2 directed monoclonal antibodies to prevent serious infection or hospitalization, and who also might benefit from high titer convalescent plasma\(^4\) used early in hospitalization.

Thank you for care and dedication in these unprecedented times.

Stay strong. We are all in this together.

Brian Koffman MDCM (retired), MS Ed
Co-Founder, Executive VP and Chief Medical Officer CLL Society, Inc.

References:

2: COVID-19 severity and mortality in patients with chronic lymphocytic leukemia: a joint study by ERIC, the European Research Initiative on CLL, and CLL Campus (https://doi.org/10.1038/s41375-020-0959-x)
4: EMERGENCY USE AUTHORIZATION (EUA) OF COVID-19 CONVALESCENT PLASMA FOR TREATMENT OF HOSPITALIZED PATIENTS WITH COVID-19 (https://www.fda.gov/media/141478/download)