CLL SOCIETY

Smart Patients Get Smart Care™

5th Annual Patient & Caregiver Ed Forum

November 9, 2021

4:00 PM PT, 5:00 PM MT, 6:00 PM CT, 7:00 PM ET

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This program was made possible by grant support from

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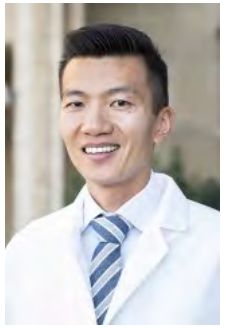
CLL Society Programs and Resources

- CLL Society Patient & Caregiver Support Groups
  - SLC CLL Support Group: Meets 2nd Wed. monthly @ 7pm, sign-up online
- Webinars / Virtual Community Meetings
- Expert Access™ Program – Free, online, 2nd opinion from a CLL expert physician
- Weekly Alert Emails
- COVID-19 & CLL Updates, Expert Interviews & Conference News
- Ask the Expert
- Patient Centric Research
- Test Before Treat™ Campaign

Huntsman CLL Team: Providers

Doctors

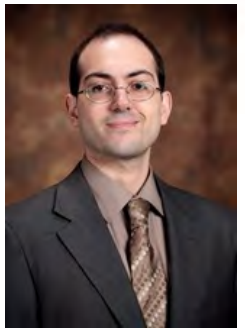
Deborah Stephens



Boyu Hu

Harsh Shah

Lindsey Fitzgerald

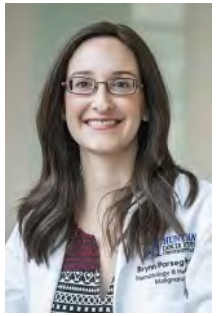


Ahmad Halwani

Advanced Care Practitioners

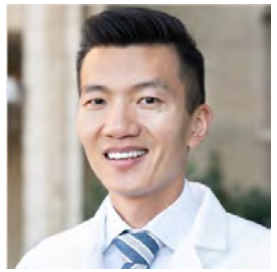
Renée Vadeboncouer

Jessica Coon



Brynn Parsegov

Agenda, Speakers, and Moderator



Boyu Hu, MD

Harsh, Shah, DO

Deborah Stephens, DO

Lindsey Fitzgerald, MD

Doreen Zetterlund

Brian Koffman, MDCM (retired), MS Ed

Agenda		
5:00 PM MT	Program Welcome and Overview	Drs. Koffman and Stephens
5:05 PM	CLL Basics: Diagnosis, Staging, Watch & Wait	Boyu Hu, MD
5:20 PM	CLL Treatments: Chemotherapy, Immunotherapy, and Targeted Agents	Harsh Shah, DO
5:35 PM	Clinical Trials and New Advances for Patients with CLL	Deborah Stephens, DO
5:50 PM	Navigating COVID-19 for Patients with CLL	Lindsey Fitzgerald, MD
6:05 PM	The Patient Experience: Becoming Your Own CLL Project Manager	Doreen Zetterlund
6:15 PM	Audience Q&A	All Speakers
7:00 PM	Program Close	Brian Koffman, MDCM (retired) MS Ed

CLL Basics: Diagnosis, Staging, Watch & Wait

CLL Symposium 11-9-21

Boyu Hu, MD

Assistant Professor, Division of Hematology and Hematologic Malignancies, Department of Internal Medicine

Huntsman Cancer Institute / University of Utah

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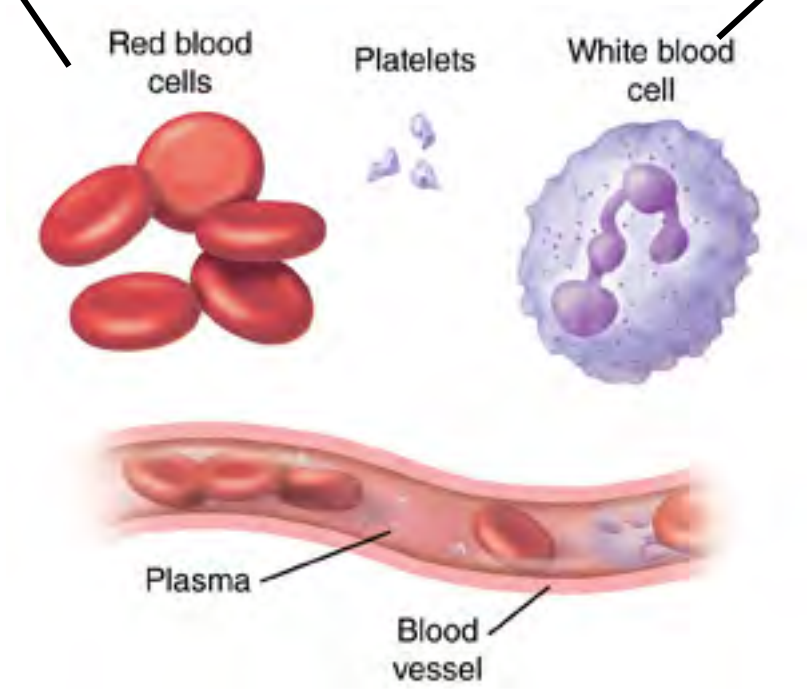
What is CLL?

- (Usually) slow 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

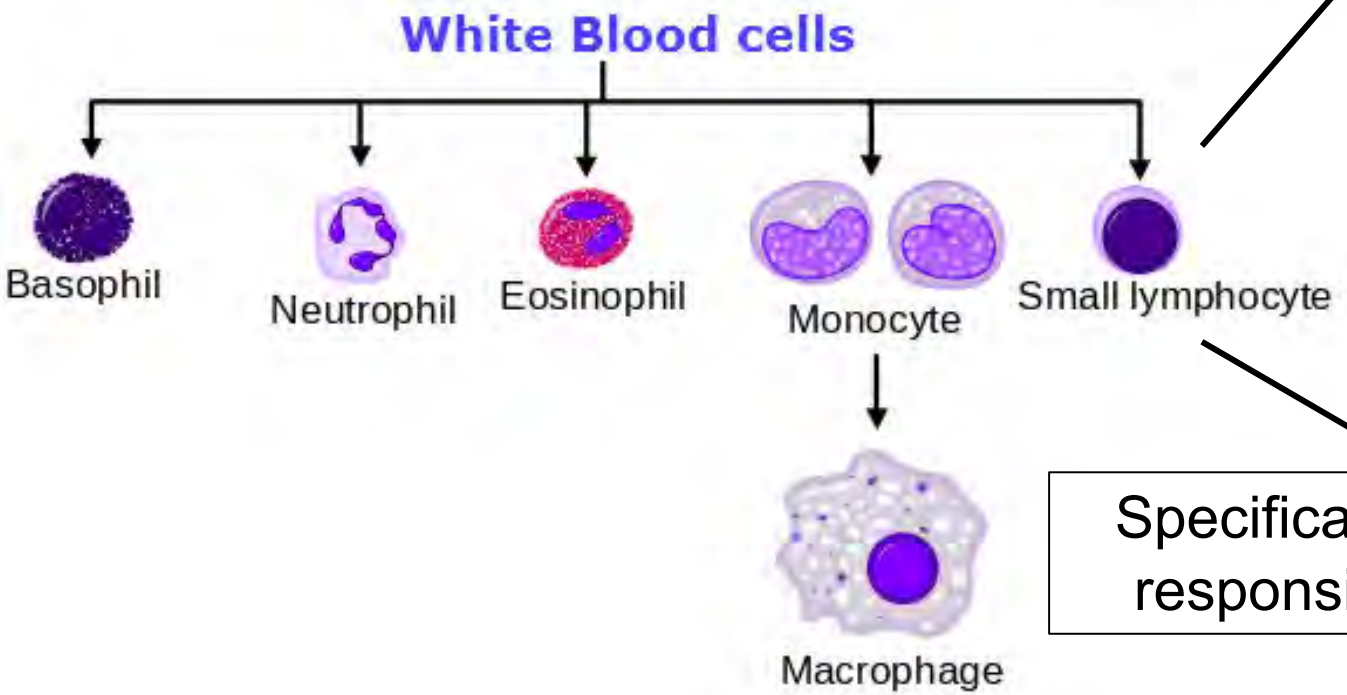


https://www.fairview.org/HealthLibrary/Article/40309

What is CLL?

- CLL is a cancer of lymphocytes

Lymphocytes Normally Help Fight Infections – Especially Viruses



Specifically B lymphocytes responsible for “memory”

http://www.thestudysite.com/types-of-white-blood-cells

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)

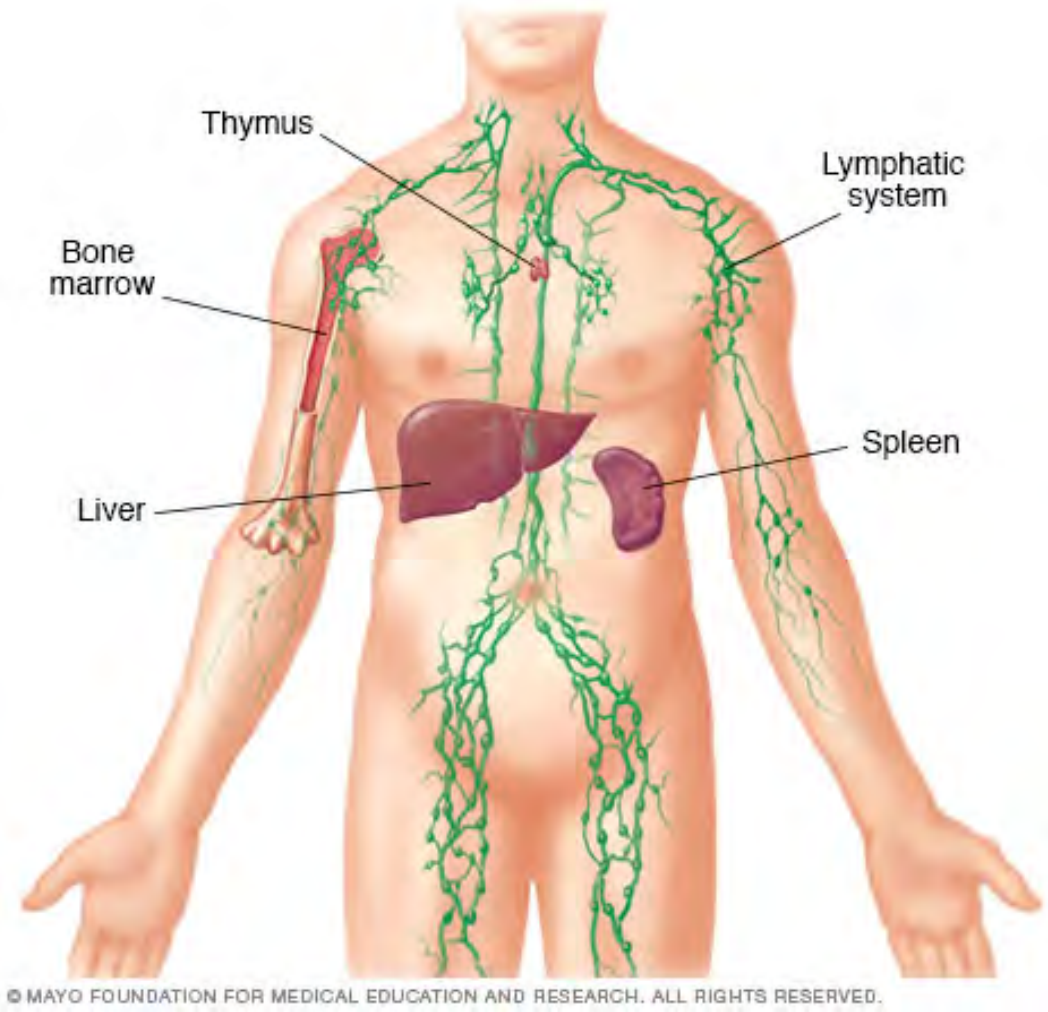
http://www.cancer.org/cancer/leukemia-chroniclymphocyticcll/detailedguide/leukemia-chronic-lymphocytic-key-statistics

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 (fevers, drenching night sweats, weight loss)
- Findings on exam
  - Enlarged lymph nodes
  - Enlarged liver and/or spleen

What Are Lymph Nodes?

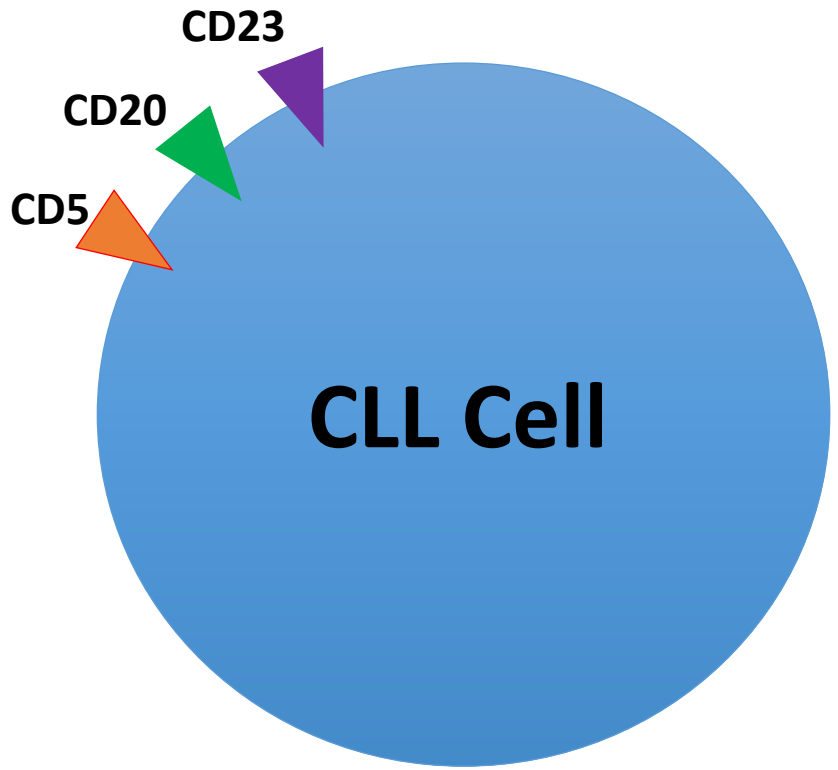
- Part of the lymphatic system
- Vital part of the immune system
- Contains WBCs
- Transports infection-fighting WBC to site of infections
- Body has 500-700 lymph nodes



Clinical Case

- 60 year old male presented to doctor for yearly physical exam
- Routine labs showed WBC count of 40,000/uL (normal 4000-10,000/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

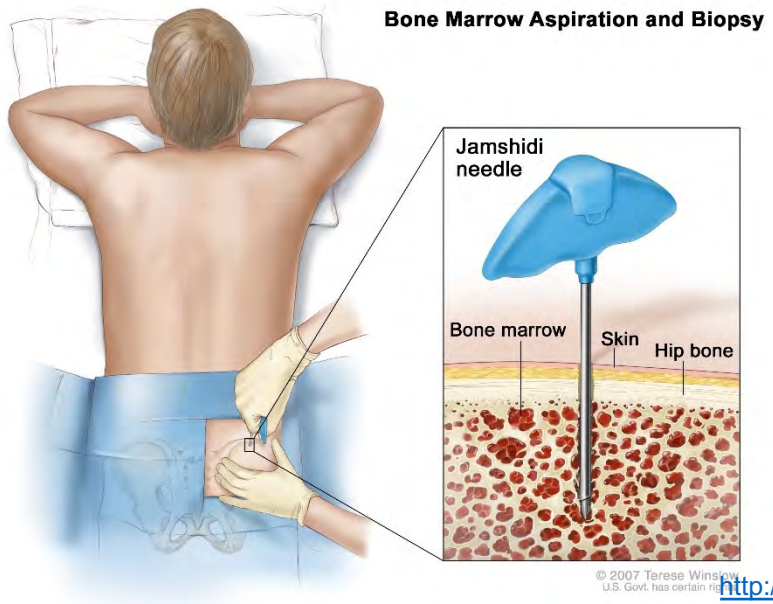


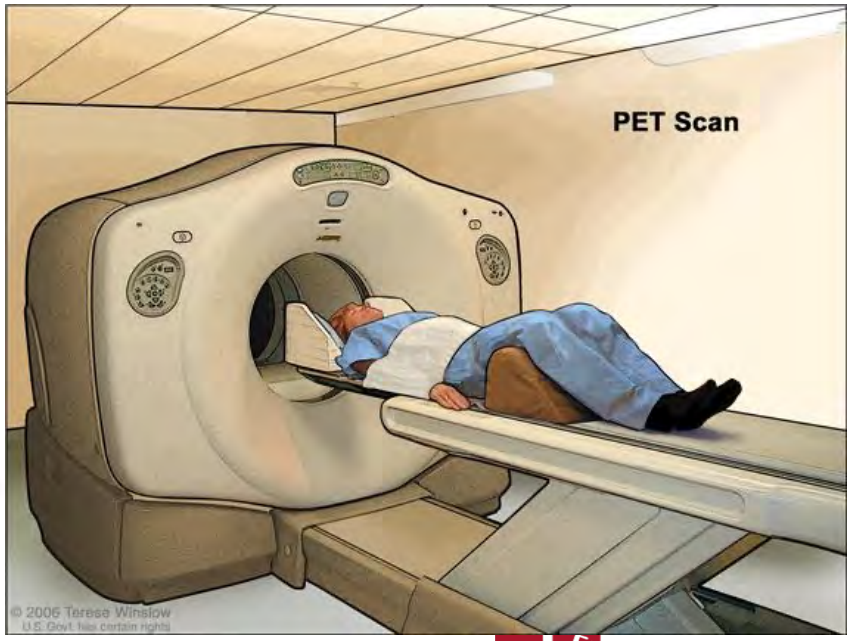
Must also be negative for:
- CD10
- Cyclin D1

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

Further Work Up

- Not required (but may be indicated):
  - Bone marrow Biopsy
  - CT Scan
  - PET Scan





http://mashingmyeloma.blogspot.com/2012/12/bone-marrow-biopsy-aspiration-ouch.html;
http://my.clevelandclinic.org/services/imaging-institute/imaging-services/hic-computed-tomography-ct-scan;
http://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=46140

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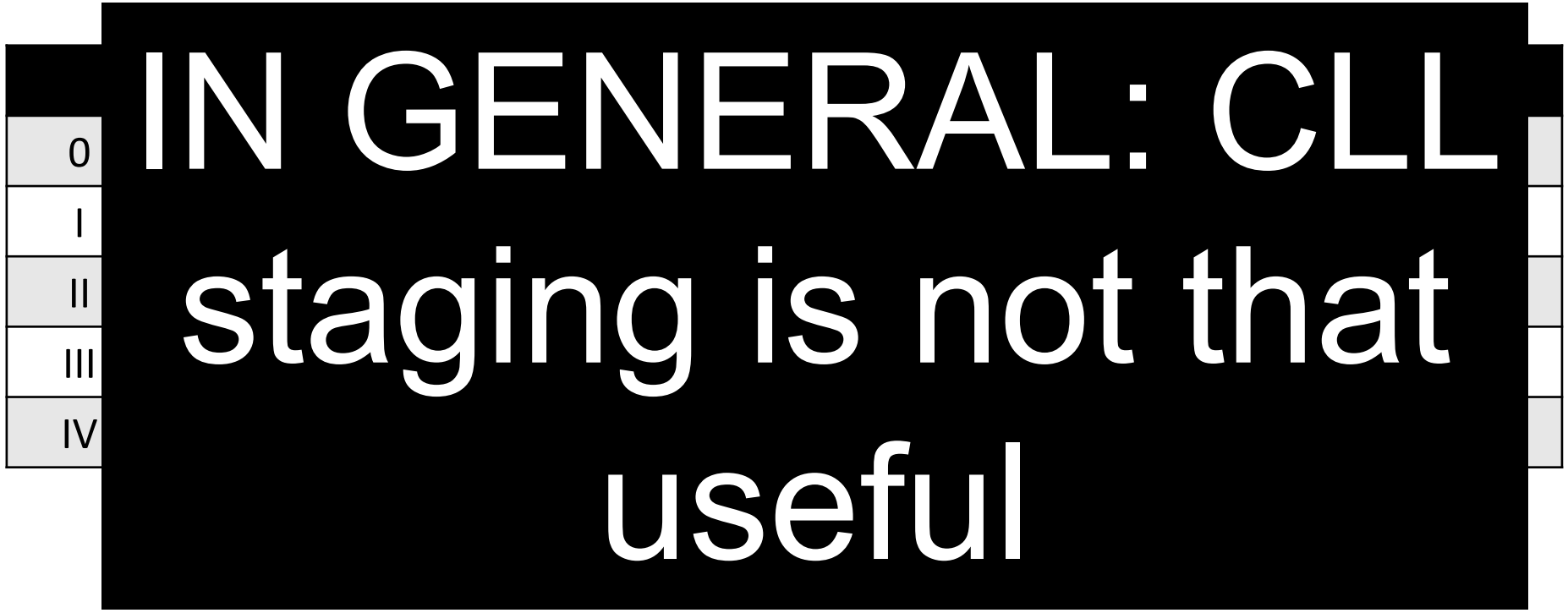
CLL Staging



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 changes in DNA or genes that are only found in the CLL cells
- Most Prognostic
  - FISH
  - Immunoglobulin Heavy Chain Variable (*IGHV* or *IGVH*) Region mutational status
  - Karyotype
  - CLL gene mutations

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:
  - *IGHV* = Mutated
  - FISH = Del(13q)
  - CLL Gene Mutation = None
  - Karyotype = 46XY (normal)
- No symptoms
- His doctor's recommendation?
  - Observation
- **Who needs treatment for CLL?**

Indications to Treat CLL

"Active Disease"
• ↓ RBC (Hgb < 11g/dL) or Platelets (Plts < 100 k/uL)
• Symptomatic enlarged spleens or lymph node

• "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

• Other patient symptoms attributable to CLL   • Patient symptoms most important

Reasons for Observation

1. CLL is still generally considered incurable
2. Some patients may never need any treatment
3. Multiple studies have not shown treating asymptomatic CLL patients make them live longer
   - Studies were done with traditional chemotherapy
   - With our current landscape of targeted therapies, it's unclear if some patients may have benefit with early treatment (e.g. S1925)

Watch and Wait?

Watch and Worry

What Does Watch and Wait Mean?

- Most likely every 3-12 month visits with your doctor that will include lab work, history taking* and physical exam.
  - *Patient symptoms are most important
  - Visits may be closer together or spaced further apart depending on what is happening with the patient and/or their “stability”
- Performing routine scans without new or worsening symptoms is generally not recommended
  - False positives leading to unnecessary biopsies or work up
  - You can’t scan for ever!

What Else Do You Recommend During the W&W Period?

- Stay healthy!
  - Most patients with CLL die from something else
  - Heart disease, stroke, kidney disease, obesity, diabetes are still more likely to occur in patients who live in the Western World
  - Sunscreen and skin protection
- Follow the AHA guidelines for diet and exercise
  - Diet and lifestyle: https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/aha-diet-and-lifestyle-recommendations

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What Else Do You Recommend During the W&W Period?

- Age/sex appropriate cancer screenings
  - Colon cancer screening starting at 45 years old
  - Yearly mammograms for females 40 and older
  - Pap smears for women (usually every 3-5 years)
  - Annual skin check
  - ? Prostate cancer screening
- Vaccinations – avoid live vaccines
  - COVID
  - TdAP every 10 years
  - Pneumonia series (Prevnar-13 or 20 followed by Pneumovax-23 2-6 months later)
  - Shingrix after age 50
  - Annual flu

Source: https://www.uspreventiveservicestaskforce.org/uspstf/

Thank You and Questions Will Be Answered at the End

Treatments in CLL

Harsh Shah, DO

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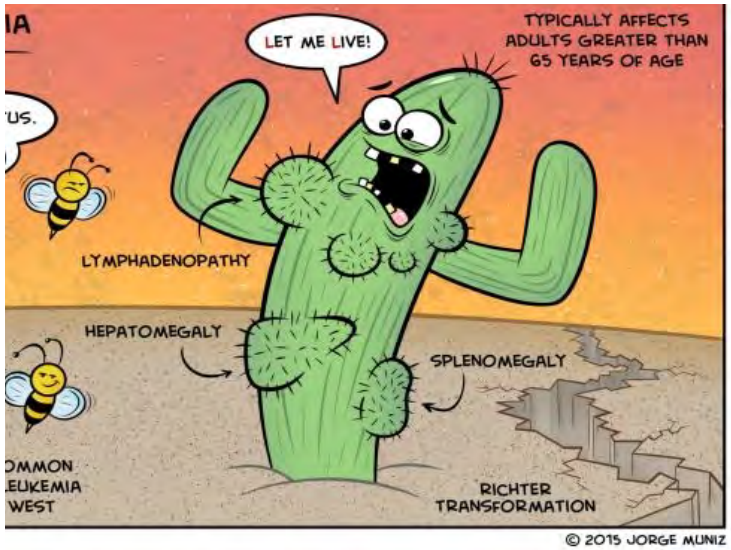
In the Next 15 minutes!

- Indications for Treatment
- Goals of Treatment
- Basic Options of Treatment
- First Line Options
  - Bruton's Tyrosine Kinase (BTK) Inhibitors
    - Ibrutinib
    - Acalabrutinib
  - Venetoclax
- Relapsed/Refractory CLL

When Do We Treat?

- **Evidence of progressive marrow failure (“low counts”)**
- **Constitutional symptoms**
- **Massive lymph nodes**
- **Symptomatic enlarged spleen (splenomegaly)**

Night sweats



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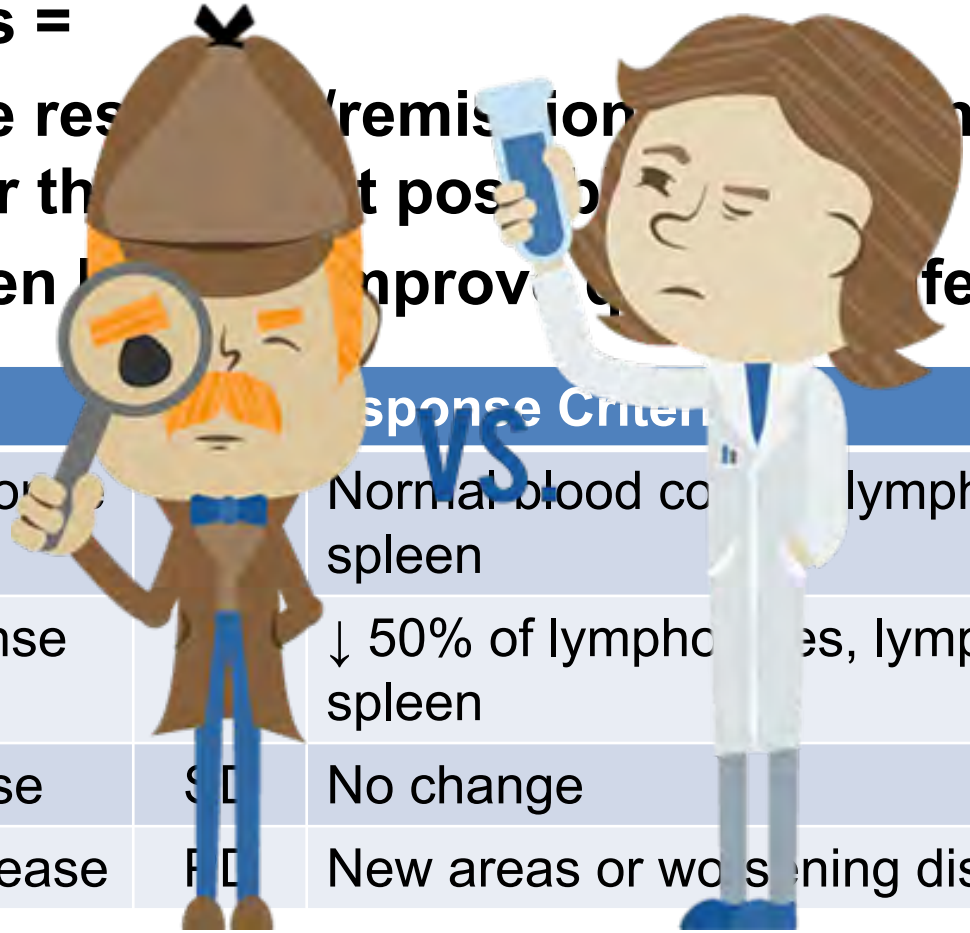
MEDCOMIC.COM, LeukemiaCare

CLL Treatment Goals

- **Main goals =**
  - **Achieve res… /remis…ion …nce of active CLL) for th… t pos… p**
  - **Lengthen l… mprov… …fe**



Minimal Residual Disease (MRD)

	…sponse Criter…	
Complete Respo…	Norma… blood co… lymph nodes and spleen	
Partial Response	↓ 50% of lympho… …es, lymph nodes and spleen	
Stable Disease	S… D	No change
Progressive Disease	P… D	New areas or wo…s…ning disease

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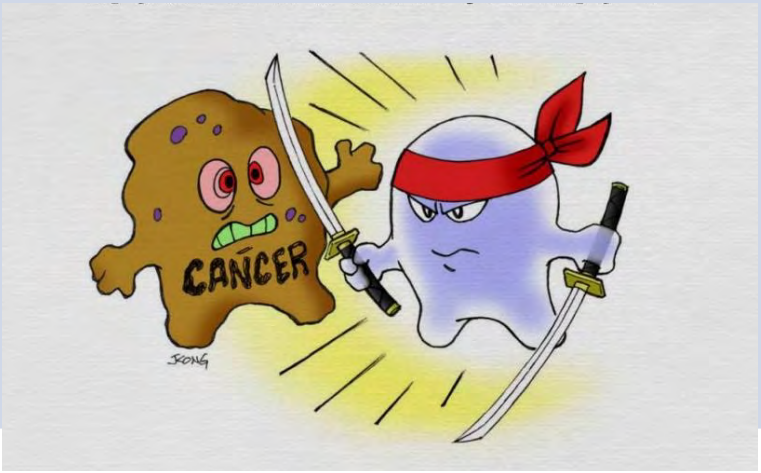
https://www.gene.com/stories/the-positive-side-of-negativity

What is Chemotherapy and Immunotherapy?

Chemotherapy	Immunotherapy
FCR (**Fludarabine+ Cyclophosphamide+** Rituximab) **BR** (**Bendamustine**+Rituximab) **Chl-O** (**Chlorambucil+** Obinutuzumab)	**Rituximab** **Obinutuzumab**



Chemicals that kill quickly growing cells

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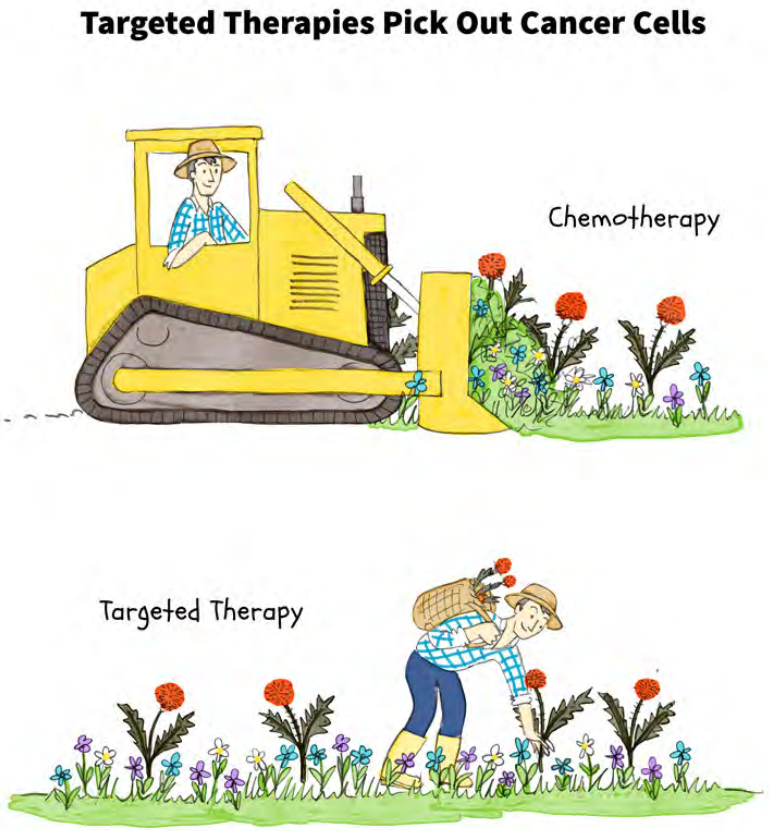
Why Targeted Therapy Over Chemotherapy?

- **Side effects are more specific to the therapy**
- **Deeper response and tends to be more effective in high-risk patients**



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Current Landscape of Treatment in CLL

Chemo immunotherapy

- **FCR**
- **BR**
- **Obinutuzumab-Chlorambucil**

BTK Inhibitors (Ibrutinib and Acalabrutinib)

Venetoclax

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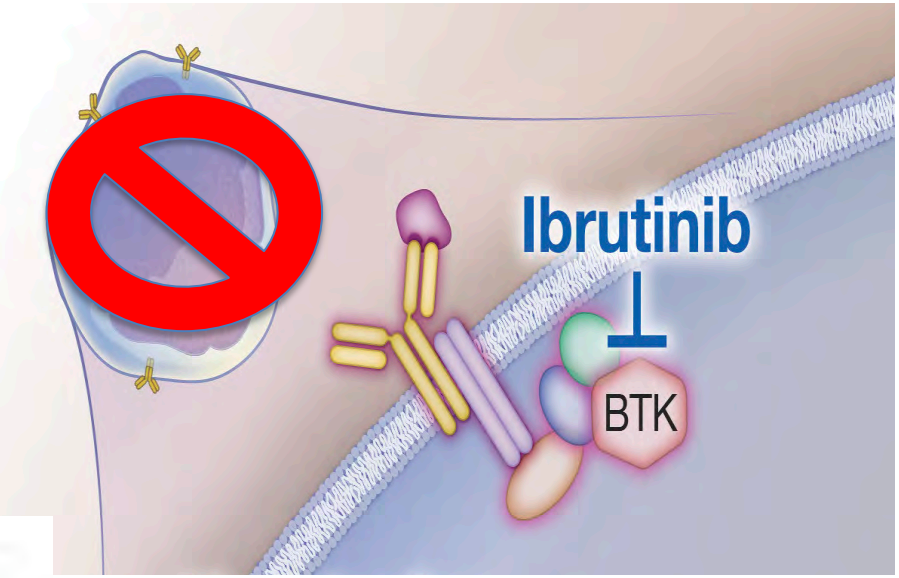
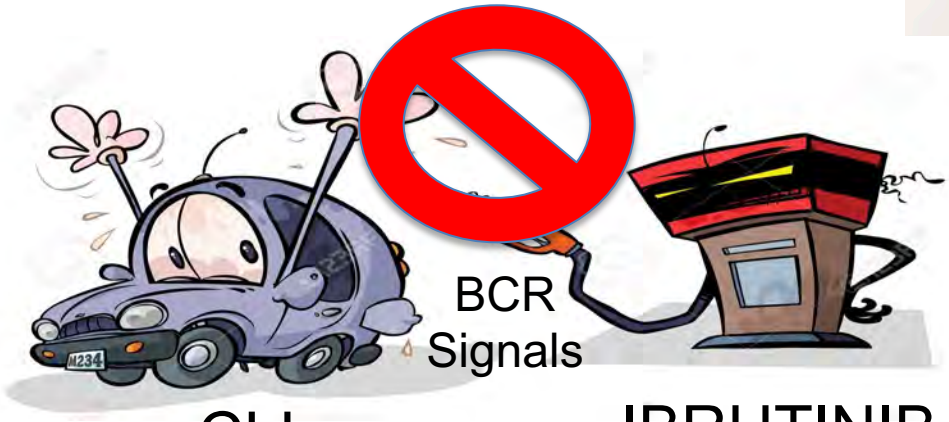
What is Ibrutinib?

- **It blocks the B-Cell receptor pathway which is important for survival of CLL cells**





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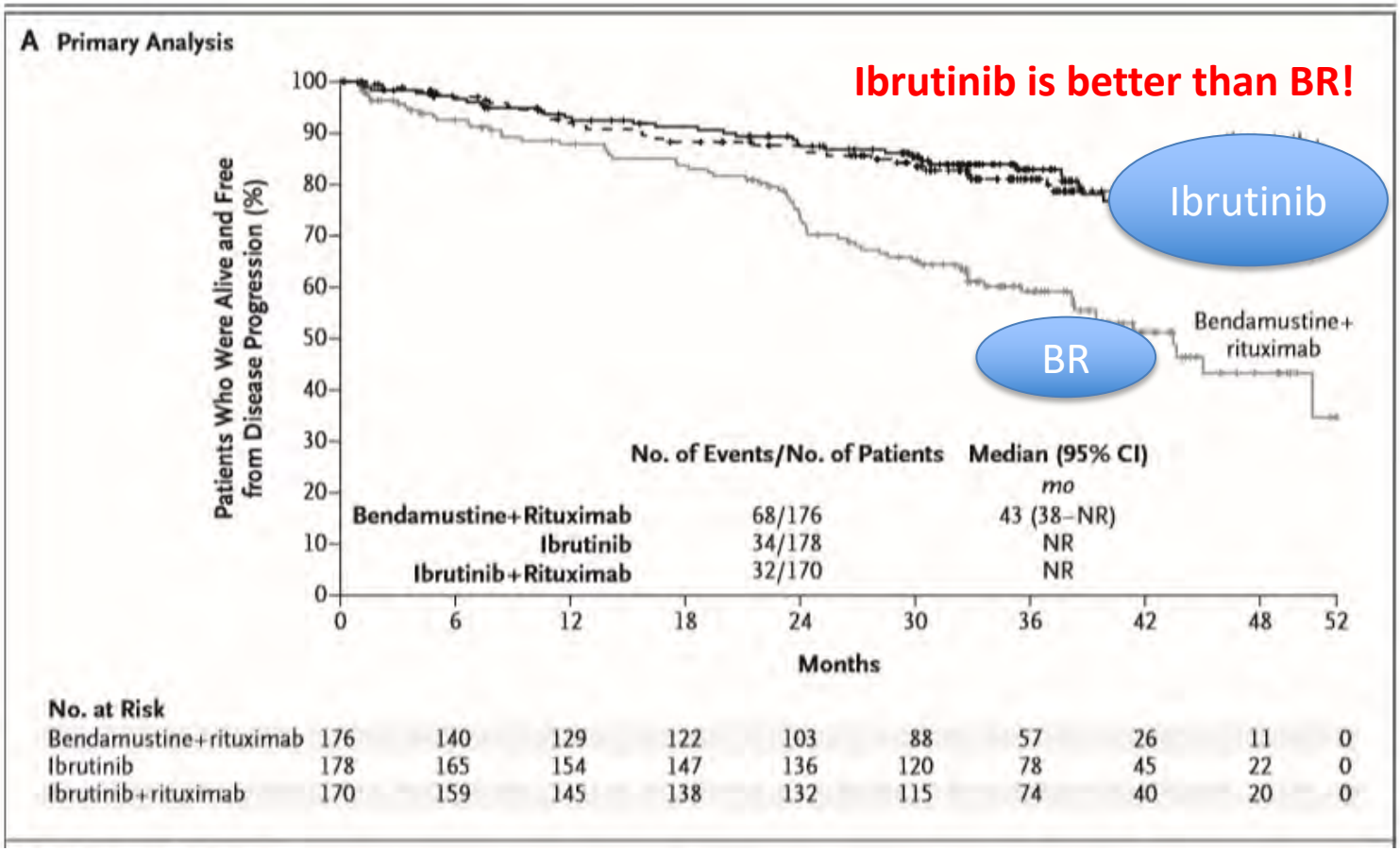
New England Journal of Medicine

Ibrutinib vs BR in >65 Year Old Patients with CLL (ALLIANCE)



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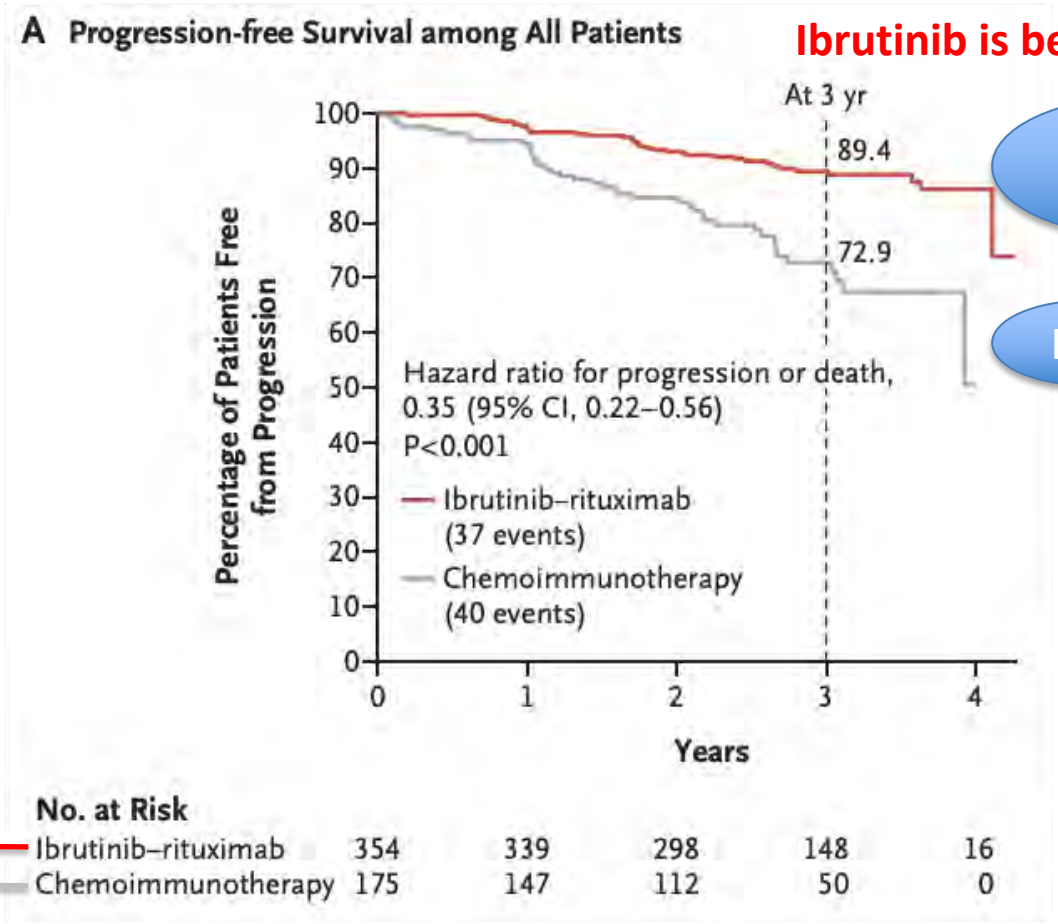
Woyach et al, N Engl J Med Dec 2018

Age <65 Years: Ibrutinib vs FCR

Ibrutinib is better than FCR!



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Shanafelt et al NEJM 2019

Ibrutinib: Side Effects

Common/Mild (>20%)	Rare/Serious (<10%)
Low blood counts	Deadly bleeding
Diarrhea	Atrial fibrillation
Nausea	High blood pressure
Bruising/bleeding	Infection
Muscle/Joint Pain	
Infection	

Can't take Ibrutinib if:

- Medication (Warfarin, CYP3A4)
- Uncontrolled atrial fibrillation
- Poor digestion
- Can't take a pill long-term

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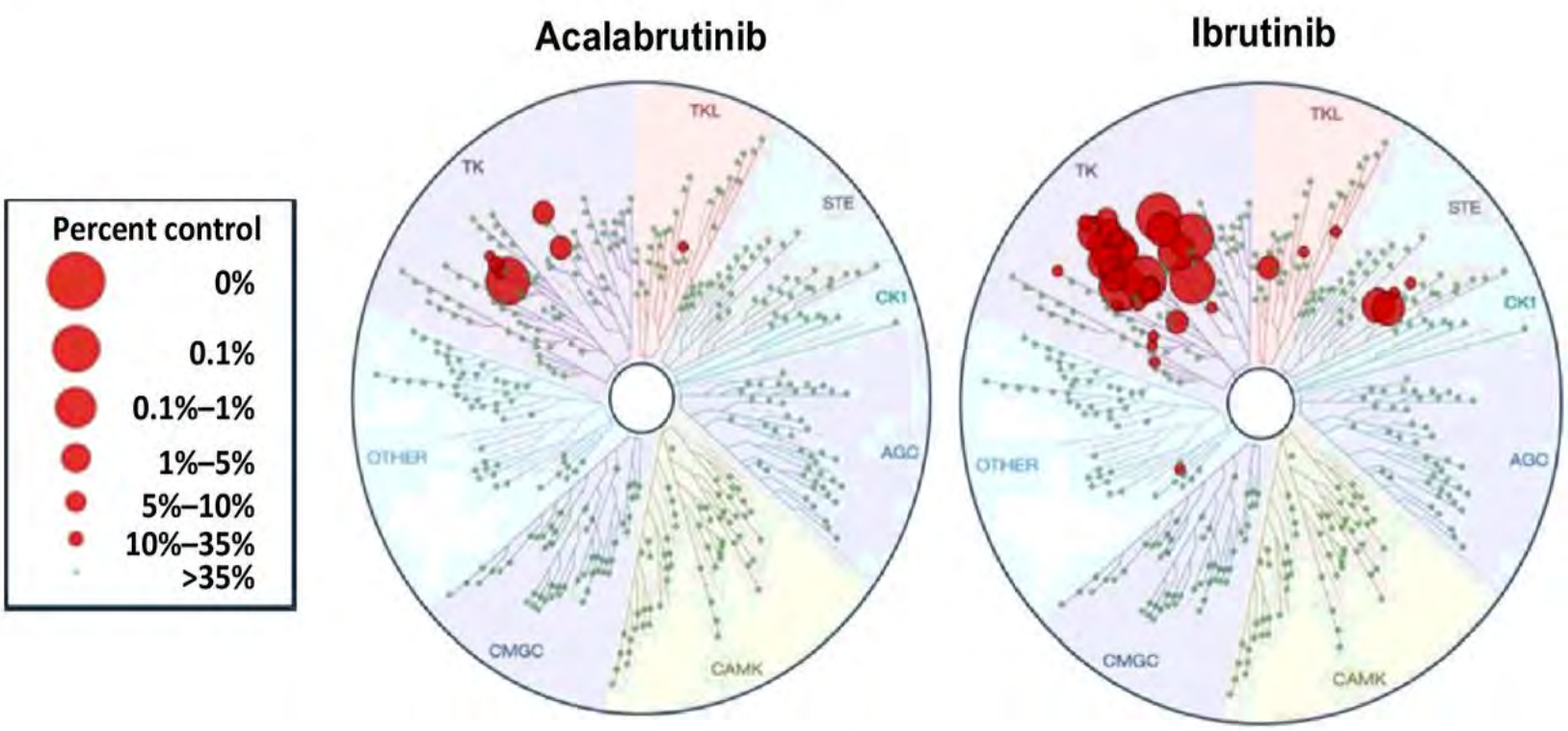
Ibrutinib Package Insert; https://www.123rf.com/stock-photo/fuel_gun.html

Acalabrutinib: More Selective Than Ibrutinib



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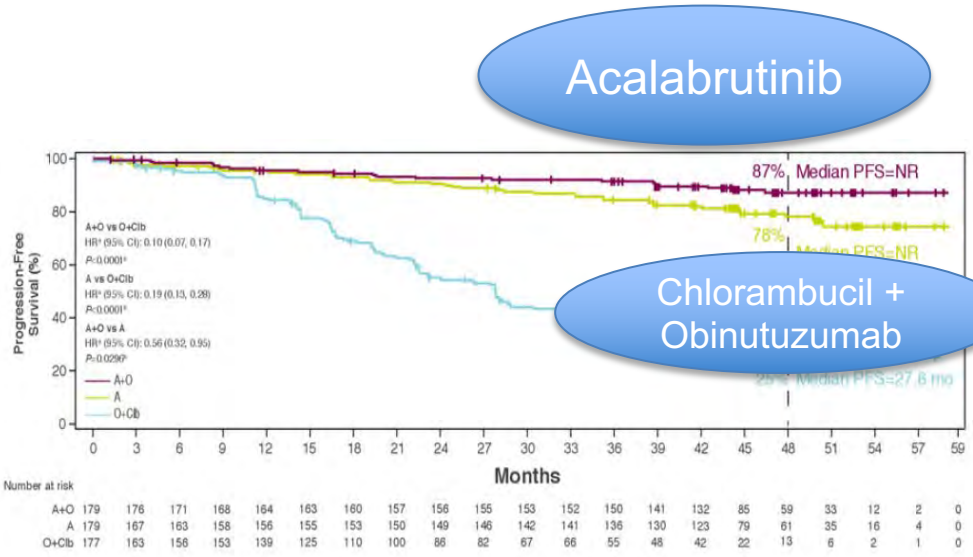
Acalabrutinib: 2nd Generation BTK Inhibitor

ELEVATE-TN
-Treatment naïve CLL
-≥65 years

N = 535

- Acalabrutinib x 6 cycles → Acalabrutinib Daily
- Acalabrutinib Obinutuzumab x 6 cycles (starting C2) → Acalabrutinib Daily
- Chlorambucil Obinutuzumab x 6 cycles



Acalabrutinib is better than Chlorambucil + Obinutuzumab!

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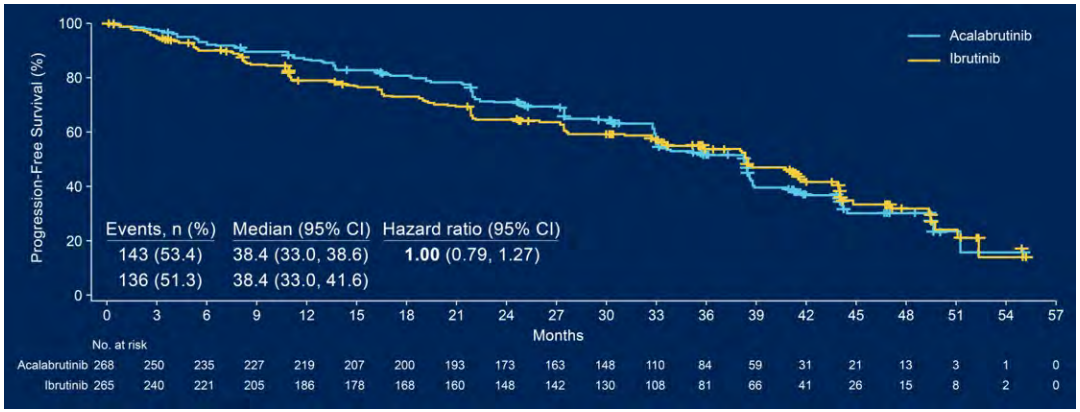
Sharman, ASCO 2021

Ibrutinib vs Acalabrutinib?

ELEVATE-RR
-RR CLL
-Del17p or del11q

- Acalabrutinib 100mg PO BID
- Ibrutinib 420mg PO QD



Similar Efficacy

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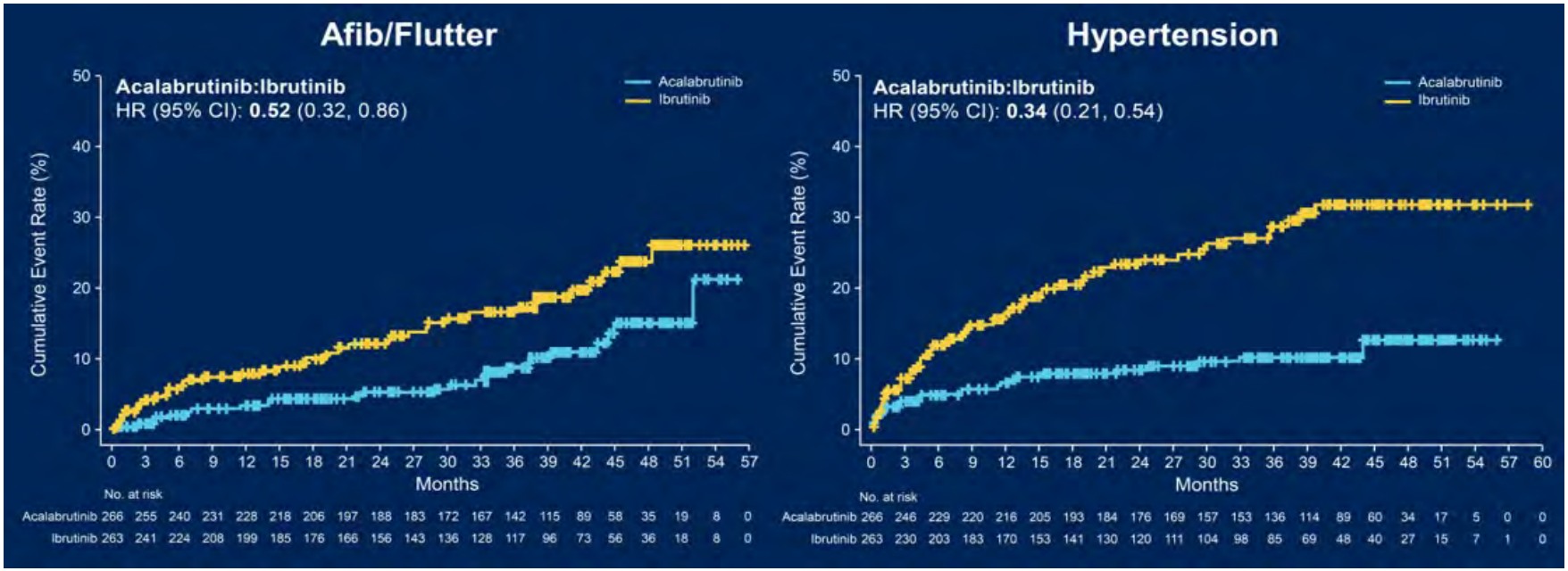
Byrd, JCO 2021

Ibrutinib vs Acalabrutinib?



- **Acalabrutinib is associated with lower cumulative rates of atrial fibrillation and hypertension**
- **Acalabrutinib treatment is also associated with lower cumulative incidence of bleeding, diarrhea, arthralgia**

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Byrd, JCO 2021

How to Choose Between BTK inhibitors

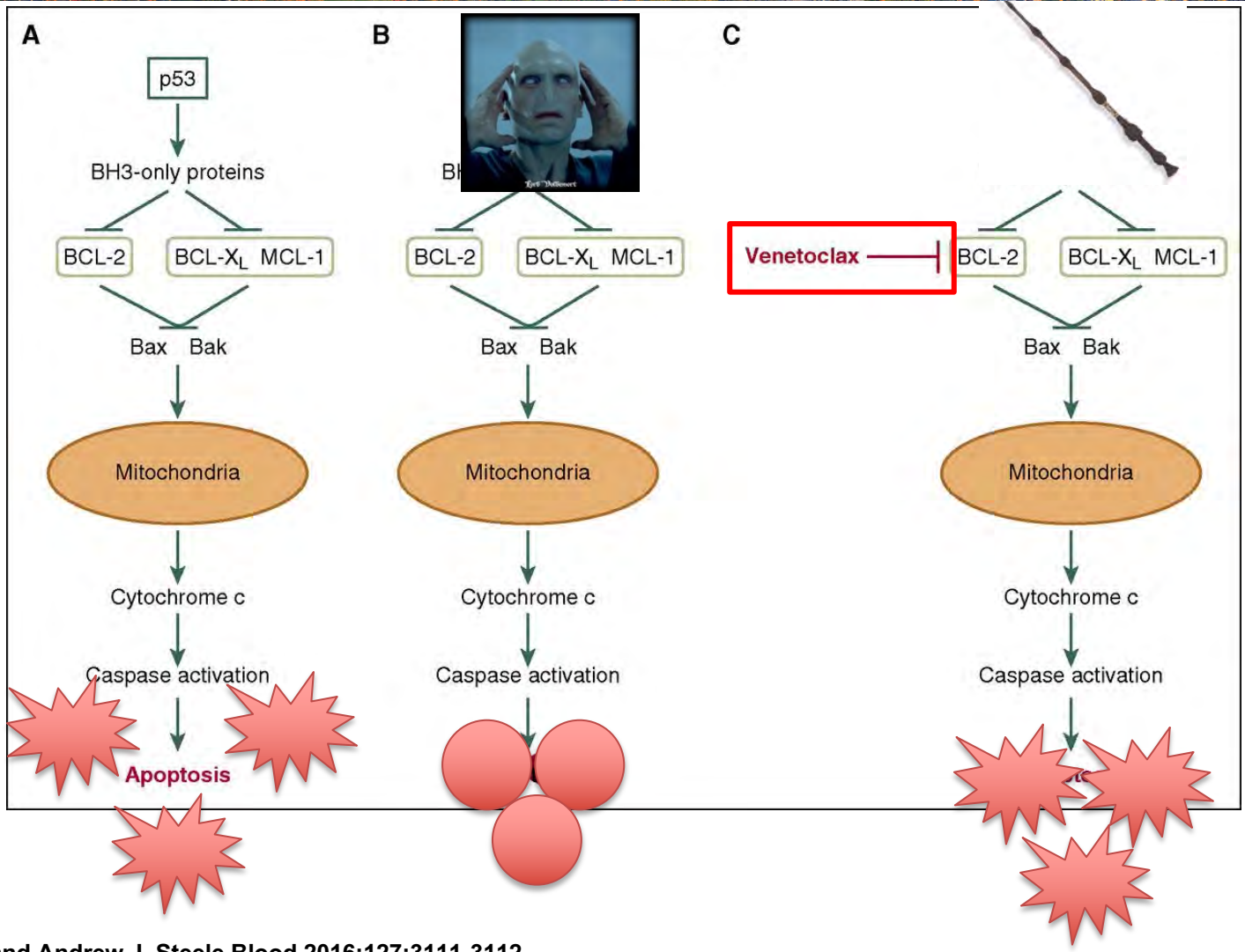
Ibrutinib

- Compliance with once daily therapy
- Significant GERD requiring PPI
- Most data for young, del(17p), TP53

Acalabrutinib

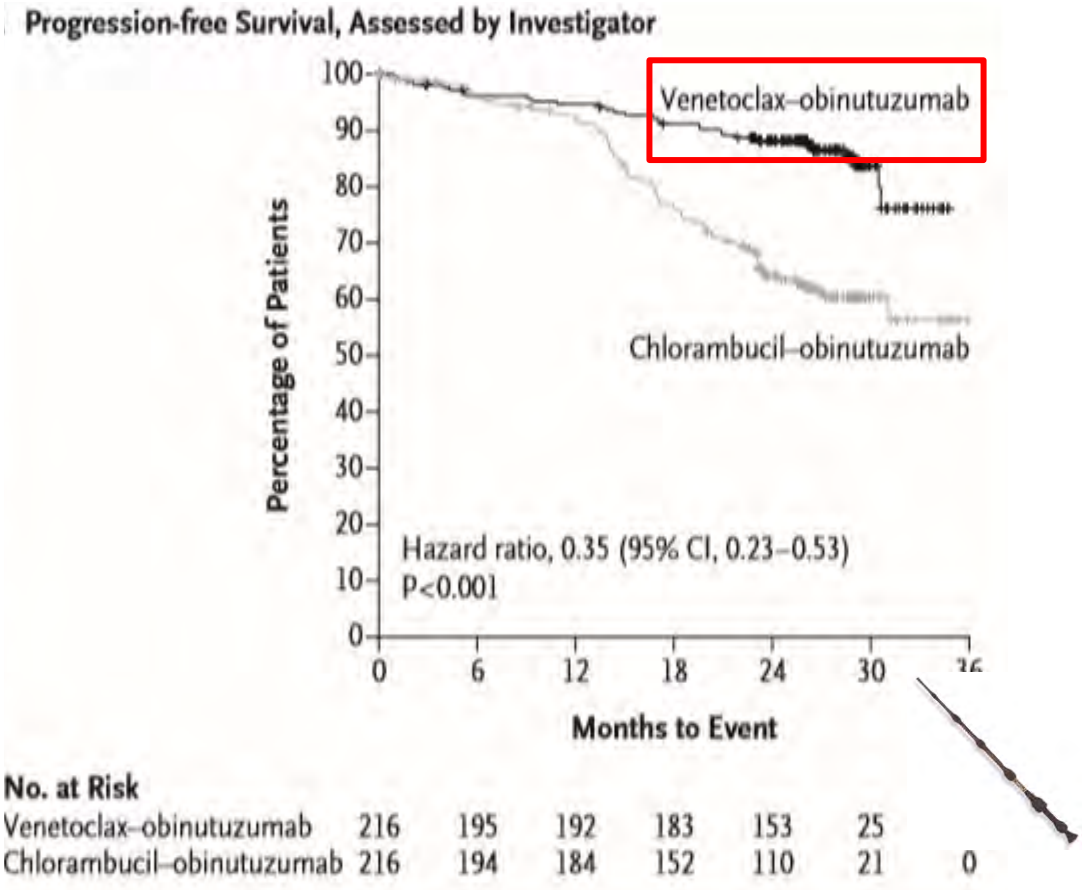
- Most others

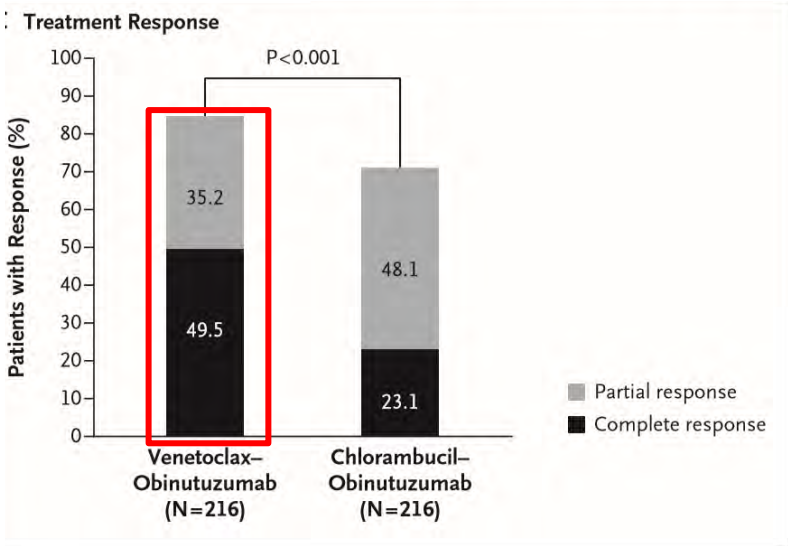
Venetoclax and How It Works



Matthew D. Blunt, and Andrew J. Steele Blood 2016;127:3111-3112

Venetoclax Plus Obinutuzumab (For 1 Year) in Those With Comorbidities





Treatment Arm	Bone Marrow MRD	Blood MRD
Venetoclax plus Obi	57%	75%
Chlorambucil plus Obi	17%	35%

Fischer et al. NEJM 2019

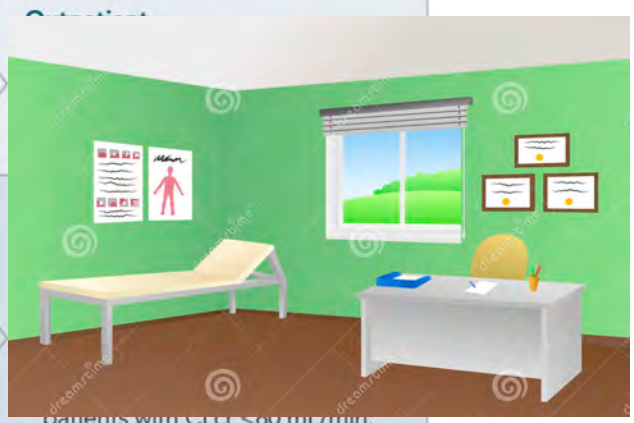
Tumor Lysis Syndrome

Release of Potassium, Phosphorus, And Uric Acid

Week 1	Week 2	Week 3	Week 4	Week 5
20 mg	50 mg	100 mg	200 mg	400 mg

Measures To Prevent Tumor Lysis Syndrome

STEP 1: **ASSESS**	STEP 2: **PREPARE** 2-3 DAYS PRIOR TO FIRST DOSE		STEP 3: **INITIATE** FIRST 5 WEEKS OF TREATMENT
Tumor burden assessment	Anti-hyperuricemics*	Hydration†	Blood chemistry monitoring‡,§
LOW TUMOR BURDEN All LN <5 cm ALC 25 x 10⁹/L	Allopurinol	Oral (1.5-2 L)	
MEDIUM TUMOR BURDEN Any LN 5 to <10 C 0⁹/L	Allopurinol	Oral (1.5-2 L) — Consider additional IV	
HIGH TUMOR BURDEN	Allopurinol; Consider rasburicase if baseline uric acid is elevated	Oral (1.5-2 L) and IV (150-200 mL/hr as tolerated)	



How Do We Choose Between the Two?

BTK Inhibitors **Venetoclax**

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How Do We Choose Between the Two?

BTK Inhibitors

- Longer follow up data
- Treatment until relapse or adverse events
- Avoid in patients with history of atrial fibrillation or hypertension, or those who require anticoagulation

Venetoclax

- Short follow up Data
- Finite amount of treatment (1 year)
- Avoid in patients who can not be monitored for tumor lysis syndrome or have renal failure

CLL17 Study: Head-to-head comparison of ibrutinib and venetoclax/obinutuzumab in young frontline patients

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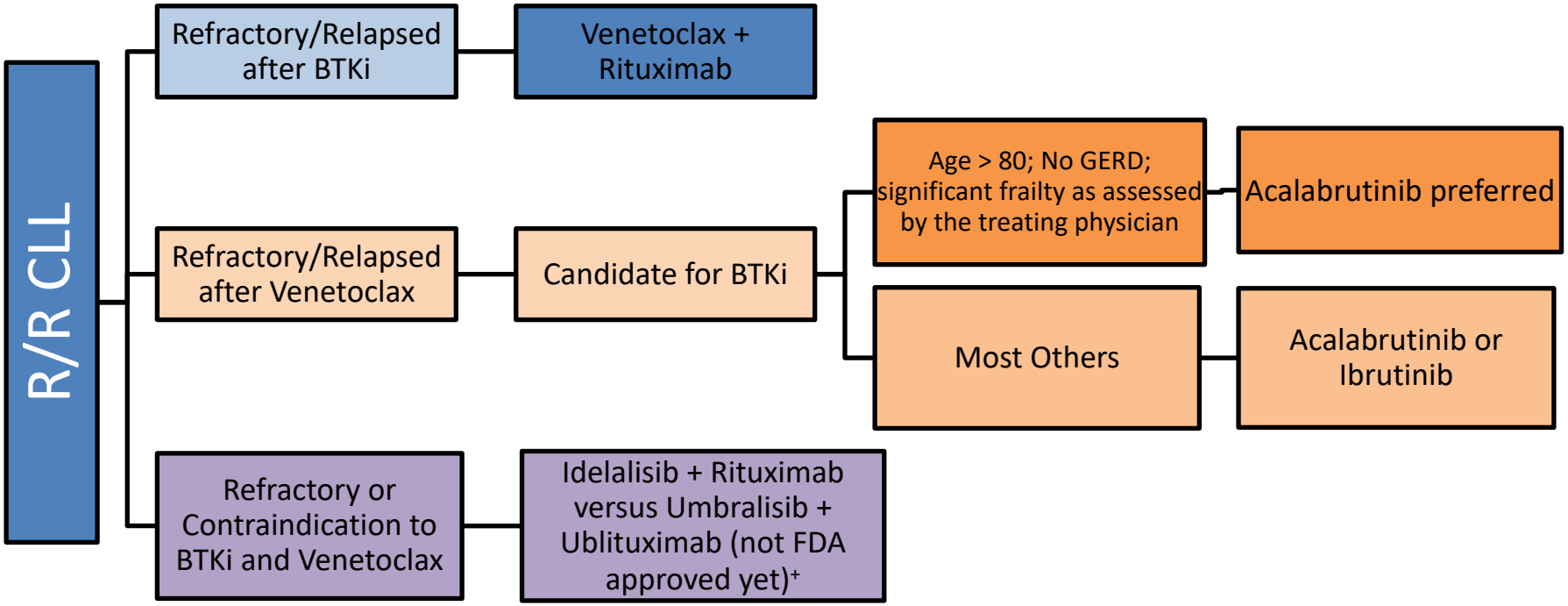
Relapsed/Refractory CLL



Clinical Trials always preferred!

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Thank you!

Clinical Trials and New Advances for Patients with CLL

Deborah Stephens, DO

November 9, 2021

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Introduction to Clinical Trials

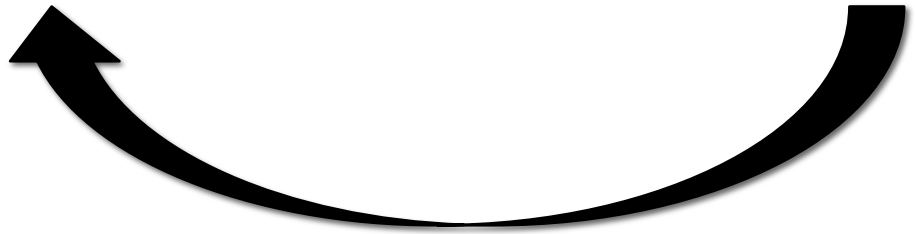
Introduction to Clinical Trials

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
https://mnphysicalmedicine.com/2016/10/27/placebo-pills-helping-patients-chronic-pain/

Promising Clinical Trials

- New “Versions” of Older Drugs
- Combinations of New Drugs
- CAR-T Therapy

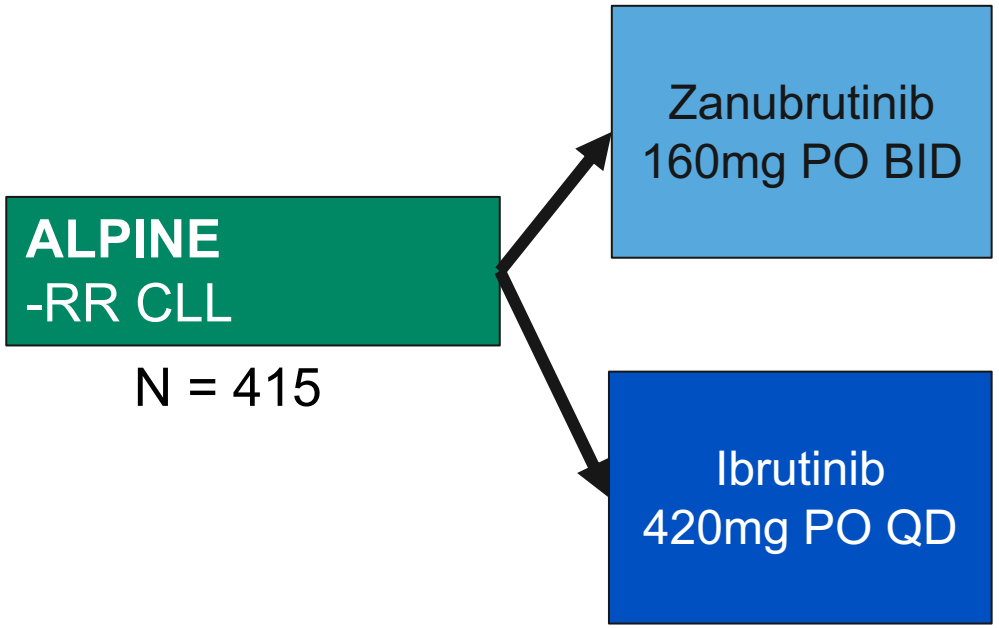
New “Versions” of Older Drugs

New “Versions” of Older Drugs

Bruton’s Tyrosine Kinase (BTK) Inhibitor	
Approved	**New**
Ibrutinib	Zanubrutinib
Acalabrutinib	Pirtobrutinib
	ARQ-531
	LP-168

BCL2 Inhibitor	
Approved	**New**
Venetoclax	Lisaftoclax
	LP-118

ALPINE

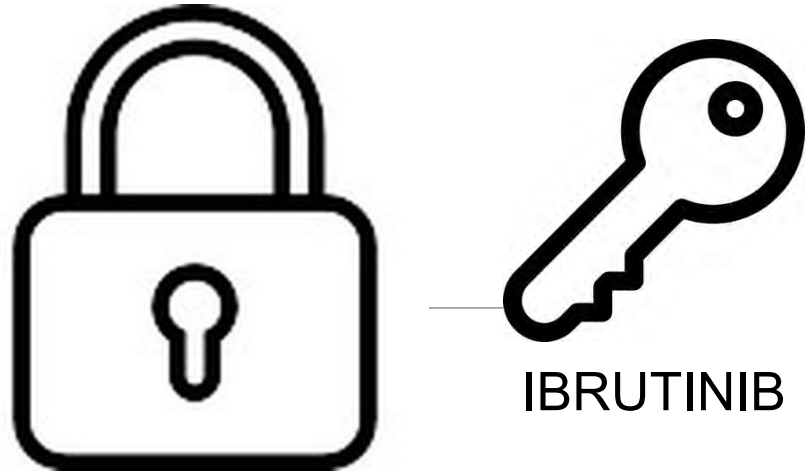


- **Zanubrutinib:**
  - Better response
  - Less side effects
- **What to know:**
  - Need longer follow-up of the study
  - Zanubrutinib not yet approved for CLL
    - May be able to get if you have a lot of side effects on ibrutinib or acalabrutinib

Hillmen, EHA 2021

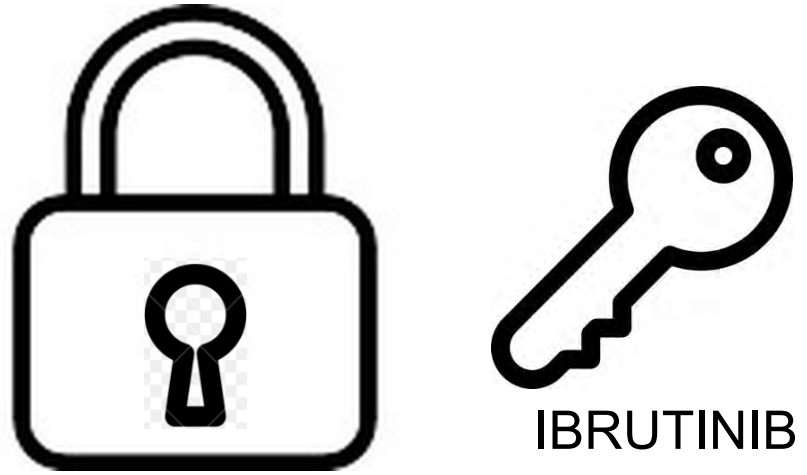
When Ibrutinib Doesn't Work Anymore….

- ▲BTK (C481S)
- ▲Still fits, but doesn't block well
- ▲Rapid progression after ibrutinib d/c
- ▲DO NOT D/C ibrutinib without another plan!
- ▲Same for acalabrutinib/ zanubrutinib



IBRUTINIB

KEYHOLE: SPOT ON CLL WHERE IBRUTINB BINDS



IBRUTINIB

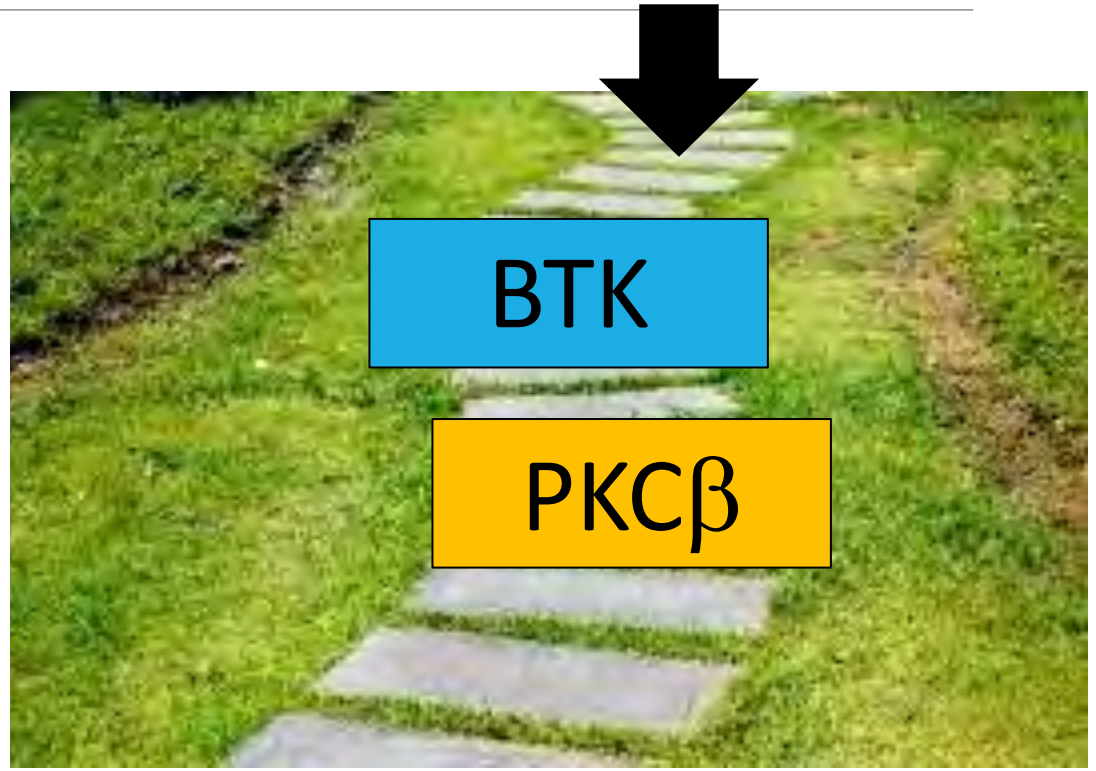
KEYHOLE: CHANGES AND IBRUTINIB DOESN'T FIT WELL

When Ibrutinib Doesn't Work Anymore….

Bruton's Tyrosine Kinase (BTK) Inhibitor		
Generation 1/2	**Next Generation**	**Status**
Ibrutinib	Pirtobrutinib (LOXO-305)	**Open clinical trials showing response in CLL after generation 1 & 2 BTKi with less side effects**
Acalabrutinib	ARQ-531	
Zanubrutinib	LP-168	**Clinical trial open! Now enrolling in Utah!**

MS-553

- BTK inhibitors block CLL survival signals
- PKC inhibitors block CLL survival signals in a different spot on the survival pathway
- Promising new pill that works when ibrutinib no longer works
- Clinical Trial Open at Utah!



Combinations of New Drugs

Combinations of New Drugs

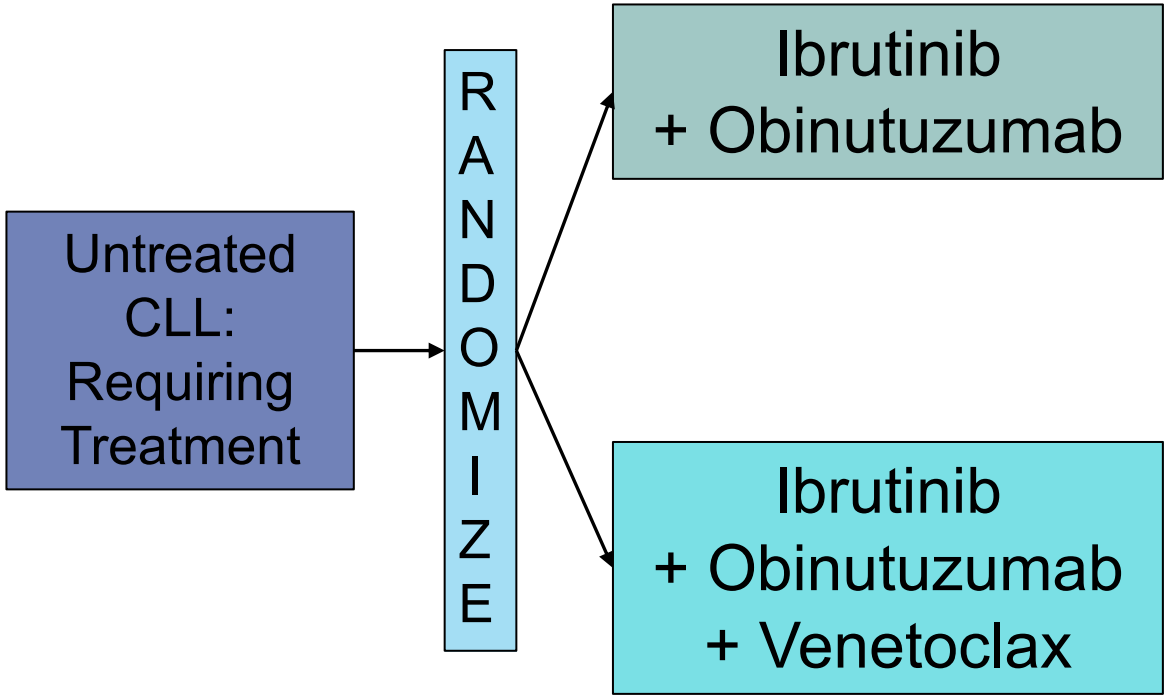
- Pick 2 or 3 good drugs and combine them

Bruton's Tyrosine Kinase (BTK) Inhibitor		BCL2 Inhibitor		Anti-CD20 Antibody Treatment
Ibrutinib	✚	Venetoclax	✚	Obinutuzumab
Acalabrutinib		? Other new drug ?		Rituximab
Zanubrutinib				Ublituximab

- Advantages: Deeper or Longer Lasting Responses, Shorten Treatment Length

Trials for 1st CLL Treatment

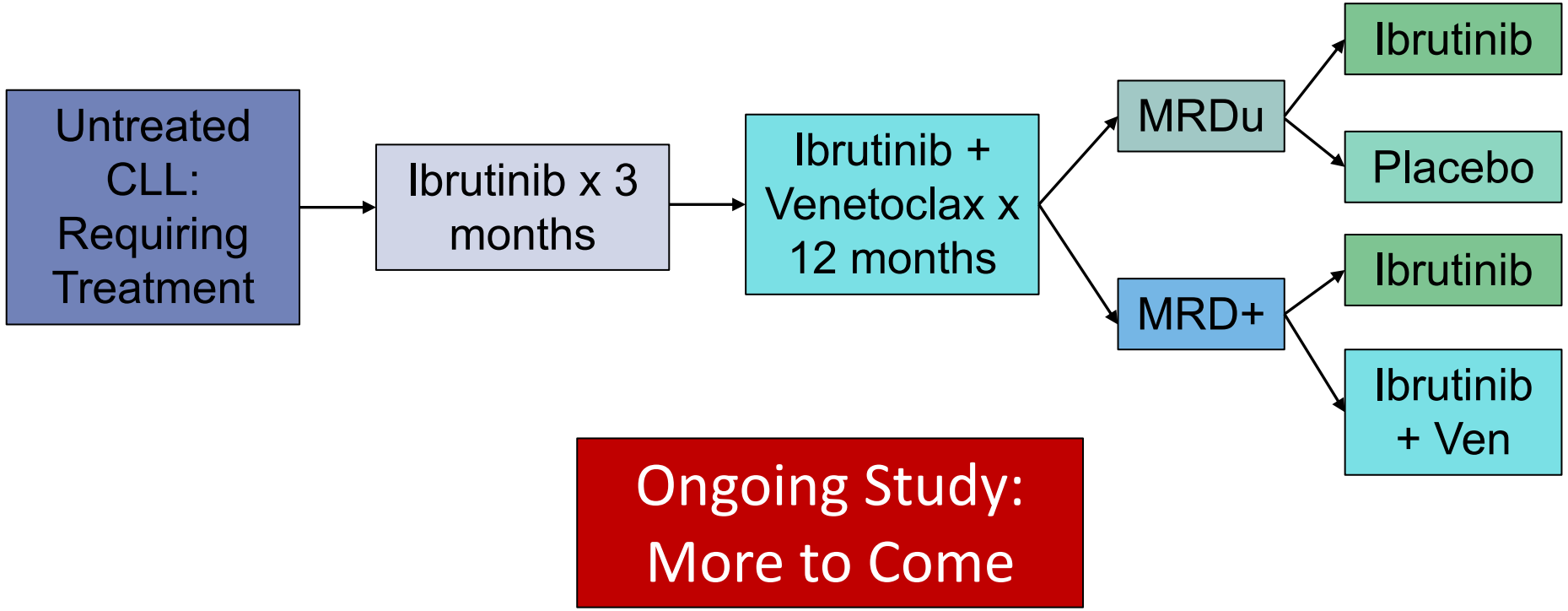
Alliance Trial: ≥70 years. 3 drug arm stops ibrutinib after 15 mo if no detectable CLL.



Cost: All drugs paid for by study!

Alliance: OPEN

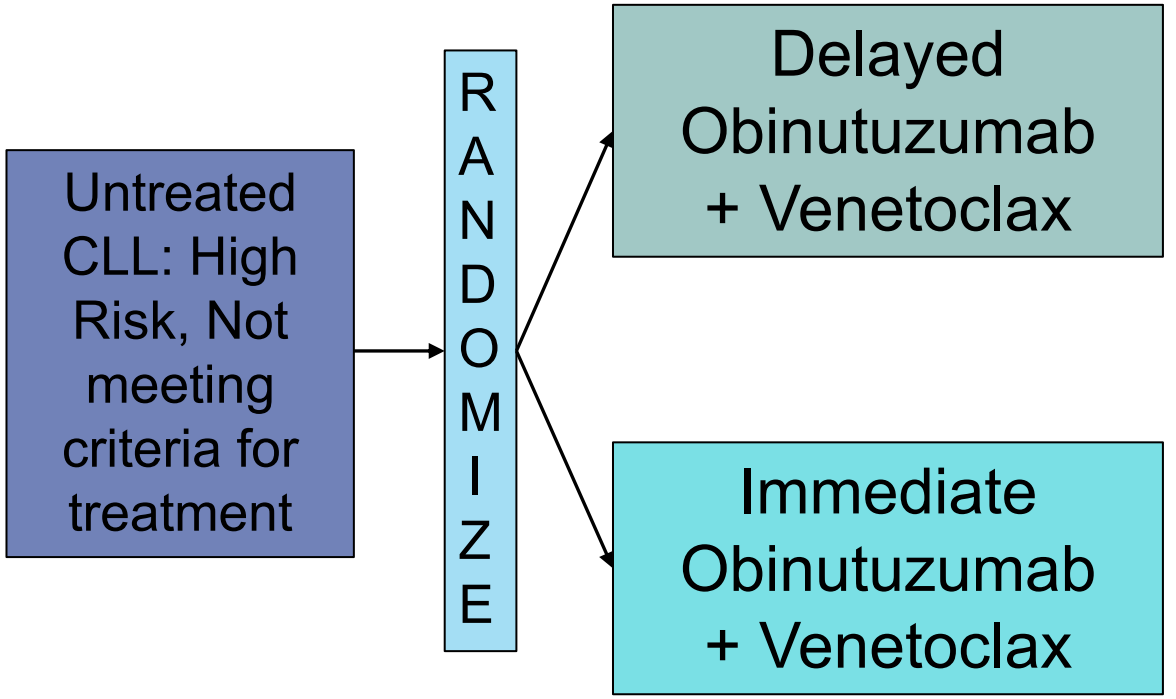
CAPTIVATE Study



Early Treatment

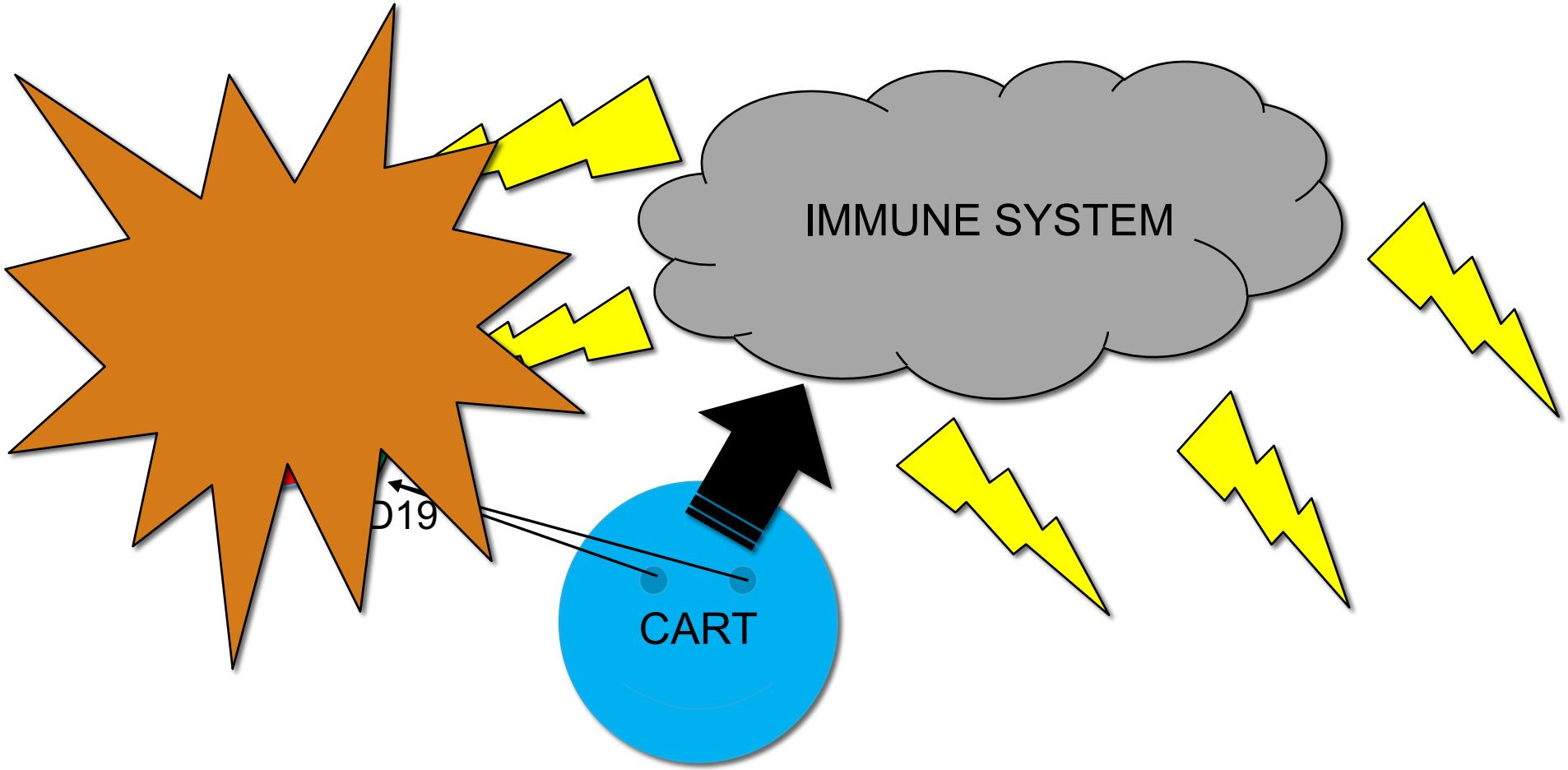
- S1925 EVOLVE CLL Study
- High risk: Del(17p) or combination of clinical and genetic risks
- Must have new diagnosis of CLL within the last year

Accrual Ongoing

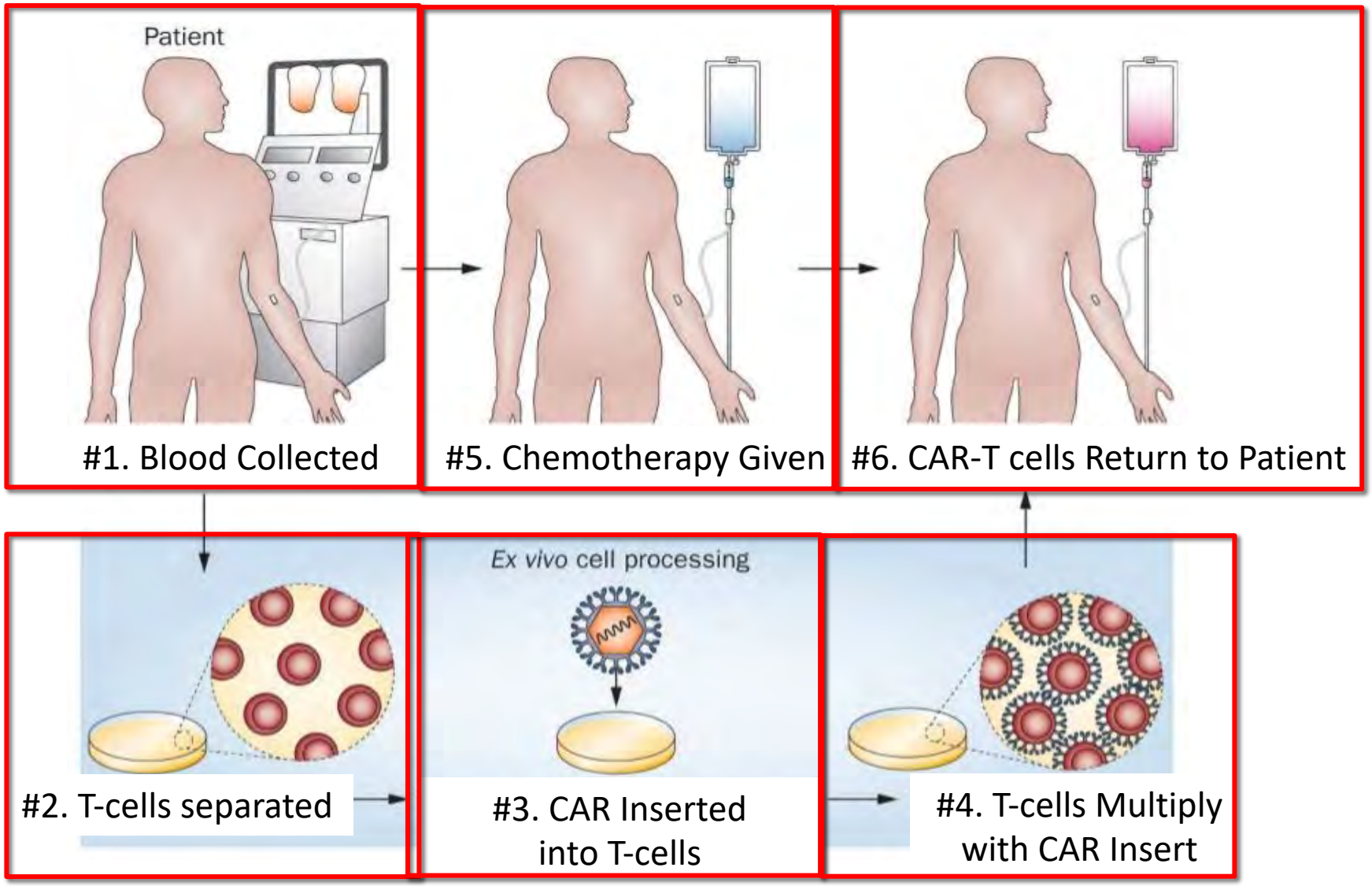


CAR-T Cell Therapy

CAR-T Cell Therapy



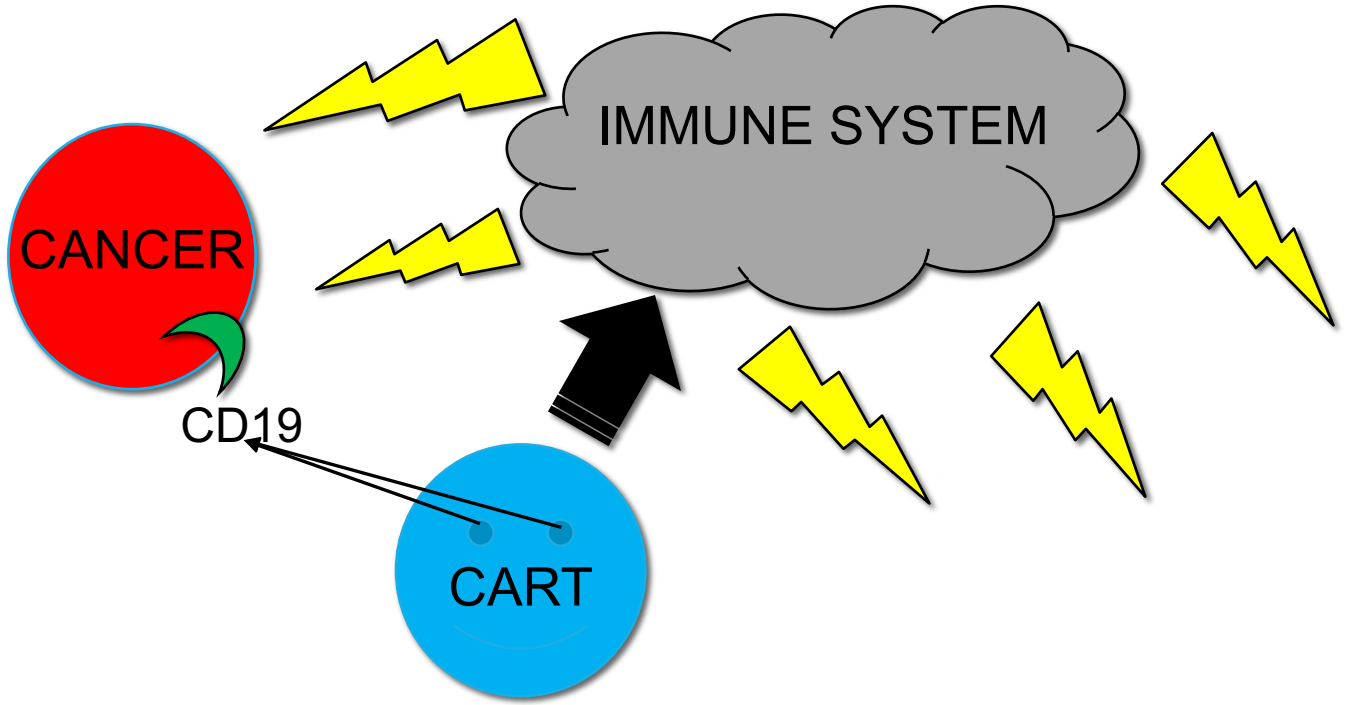
CAR-T Cell Therapy



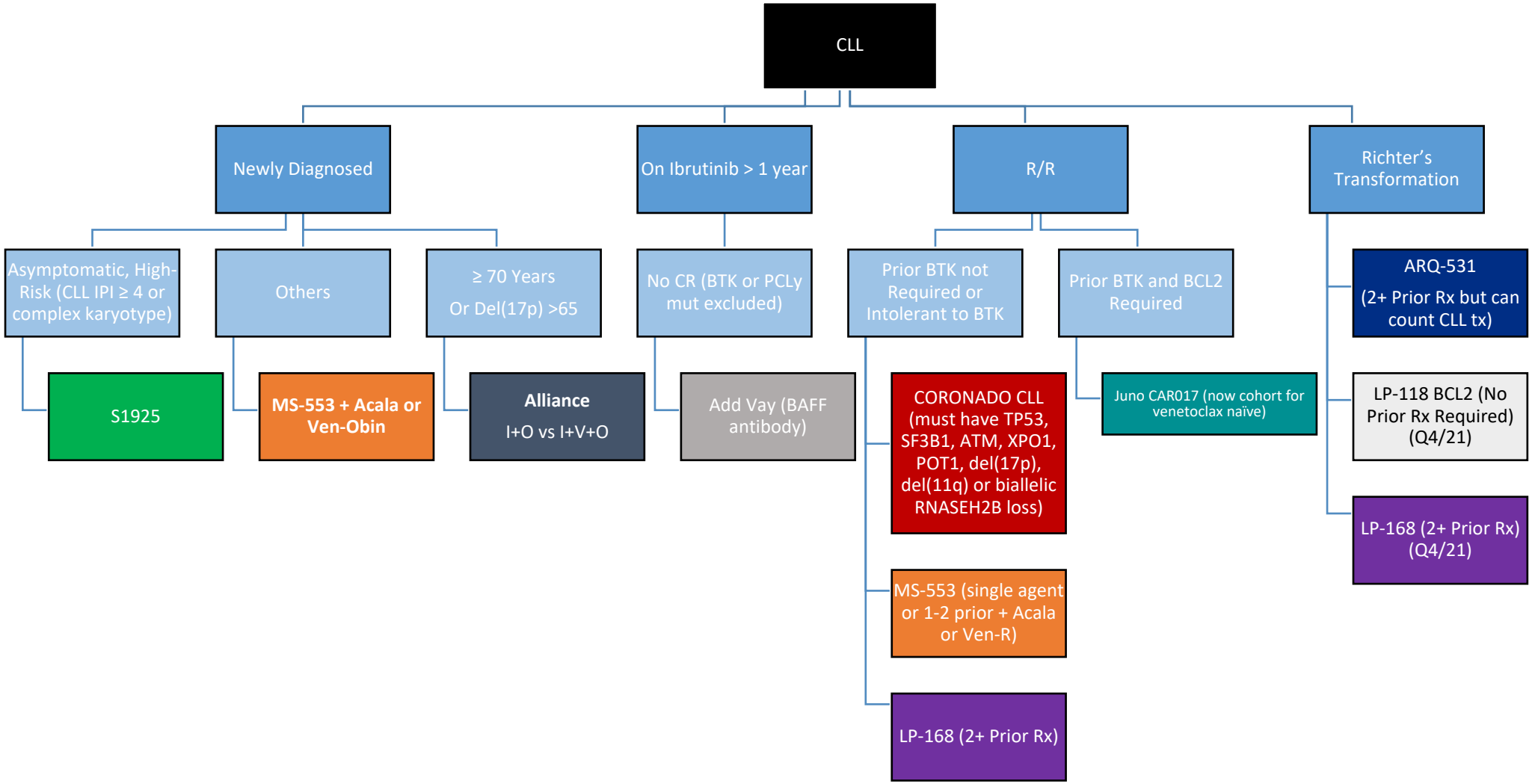
Kochenderfer,Nat. Rev. Clin. Oncol. 2013

CAR-T Cell Therapy

- Important side effects:
  - Cytokine release
  - Brain toxicity



Clinical Trials at Utah


CLL
Newly Diagnosed
On Ibrutinib > 1 year
R/R
Richter's Transformation
Asymptomatic, High-Risk (CLL IPI ≥ 4 or complex karyotype)
Others
≥ 70 Years
Or Del(17p) >65
No CR (BTK or PCLy mut excluded)
Prior BTK not Required or Intolerant to BTK
Prior BTK and BCL2 Required
ARQ-531
(2+ Prior Rx but can count CLL tx)
S1925
MS-553 + Acala or Ven-Obin
Alliance
I+O vs I+V+O
Add Vay (BAFF antibody)
CORONADO CLL (must have TP53, SF3B1, ATM, XPO1, POT1, del(17p), del(11q) or biallelic RNASEH2B loss)
Juno CAR017 (now cohort for venetoclax naïve)
LP-118 BCL2 (No Prior Rx Required) (Q4/21)
MS-553 (single agent or 1-2 prior + Acala or Ven-R)
LP-168 (2+ Prior Rx) (Q4/21)
LP-168 (2+ Prior Rx)

THANK YOU

TWITTER: @DEBBIEMSTEPHENS

A Brief Overview of COVID-19 and CLL

Lindsey Fitzgerald, MD
Huntsman Cancer Institute/University of Utah
November 9, 2021

Outline

- Background
- Outcomes in CLL patients
- Vaccines
- Treatment

"Immunosuppressed individuals have faced special peril with this pandemic all along."

- Laura Michaelis, *The Next Wave: immunizing the immunosuppressed*, Blood (2021) 138 (9), 9/2/21

COVID 101

- SARS-CoV-2 = virus
- COVID = disease caused by SARS-CoV-2 virus
- Spreads through droplets and aerosol

- Delta Variant:
  - More than 2x as contagious
  - May cause more severe illness
  - Vaccines are still effective against this variant

https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html

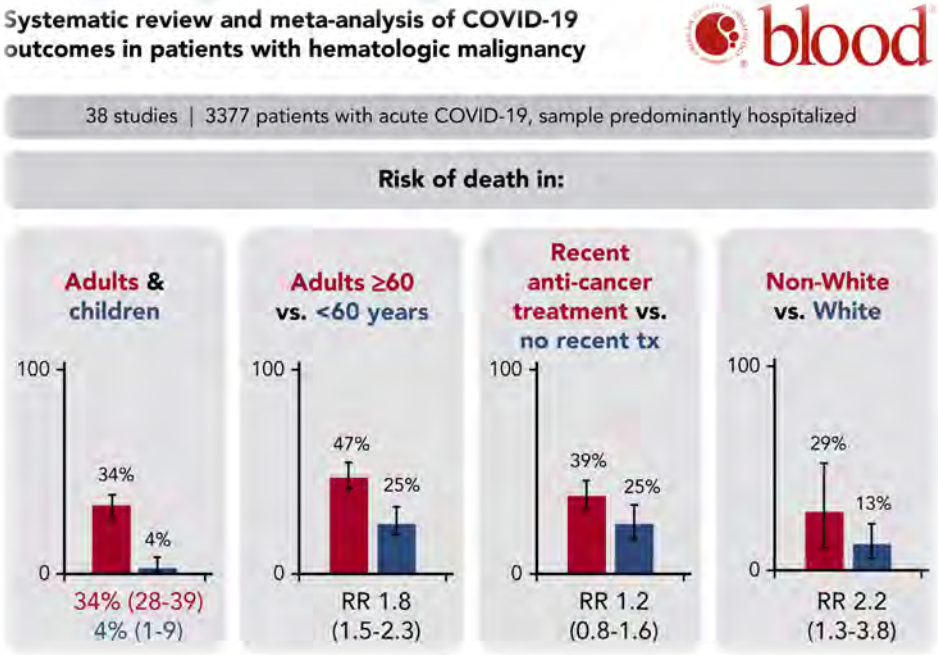
Outcomes

Why Does CLL Predispose People to Severe COVID?

- Disease of older people (median age: 70)
- *Inherent immune dysregulation*
- CLL treatments also affect immune response
  - Anti-CD20 antibodies deplete B-cells (which make antibodies)

Increased Risk of Death*

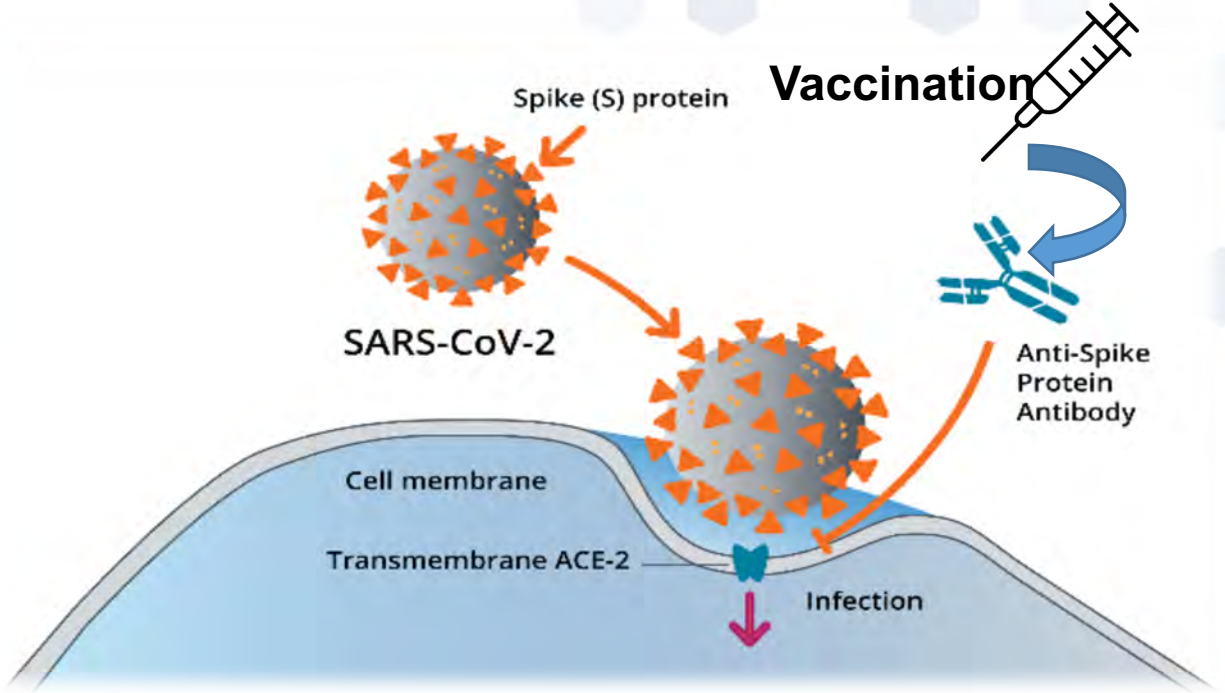
- All patients with heme malignancy: mortality ~34%
  - **Estimate may **be biased by** number of **hospitalized** patients included*
- Risk of death for CLL specifically: 31%



Vijenthira et al. *Blood* 2020

COVID Vaccination

How Vaccination Works



https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html

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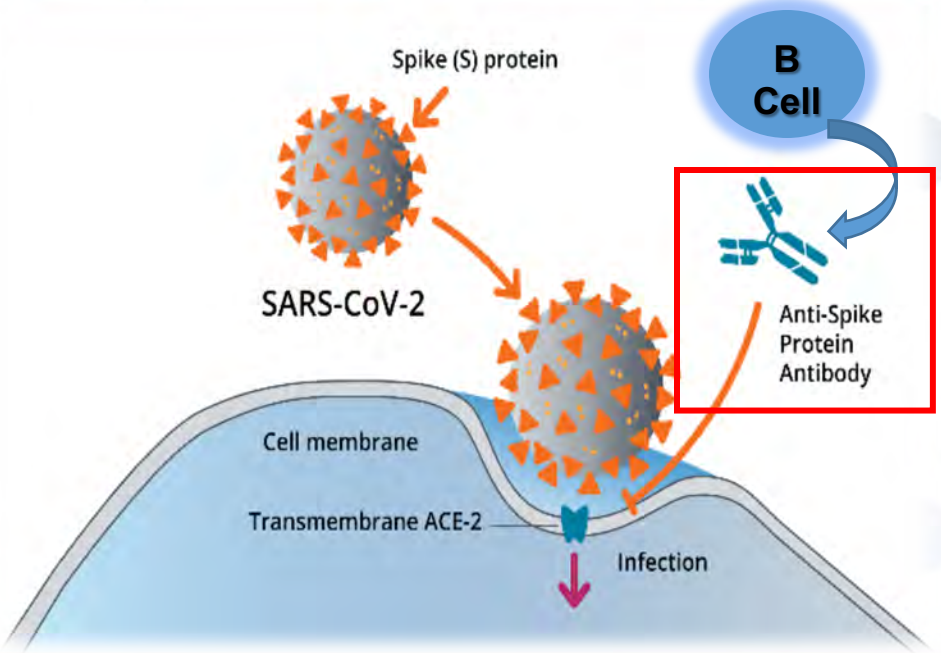
How We Measure Vaccine Response

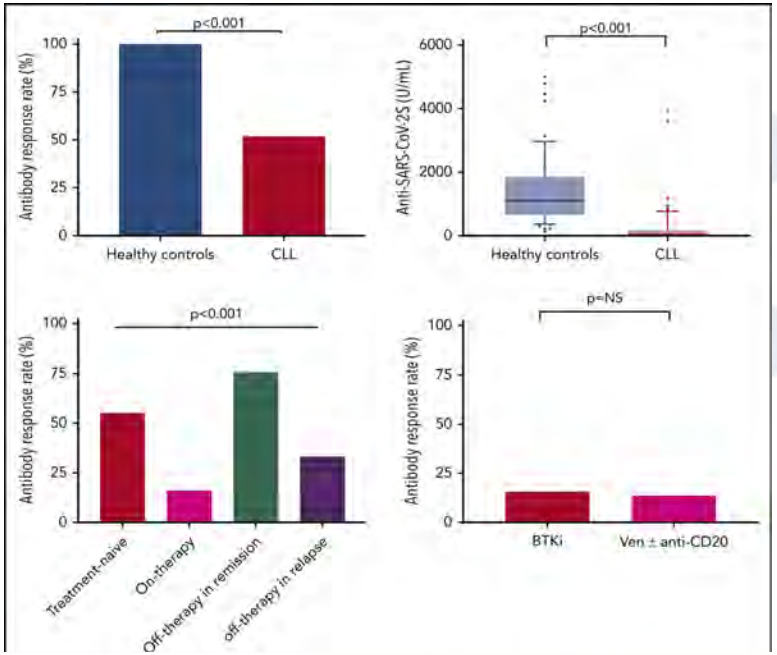
- Anti-Spike (S) antibody titers in blood
  - IgG
- Measurement of *one type of* immunity (does not assess T-cell mediated immunity)



Impaired Vaccine Response in CLL

- Overall response (detected by antibodies):

  40% in CLL patients
- Patients in remission: 79%
- Patients on “watch and wait”: 55%
- Patients on any kind of treatment: 16%



Herishanu et al. *Blood* 2021

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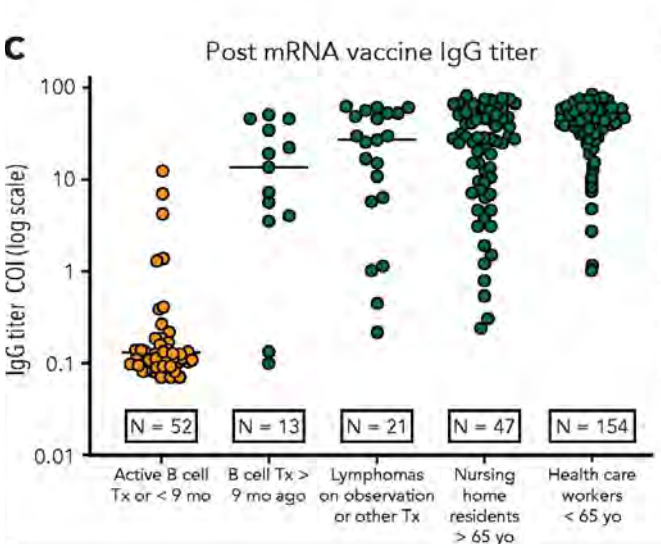
B-Cell Directed Therapies Associated with Impaired Vaccine Response

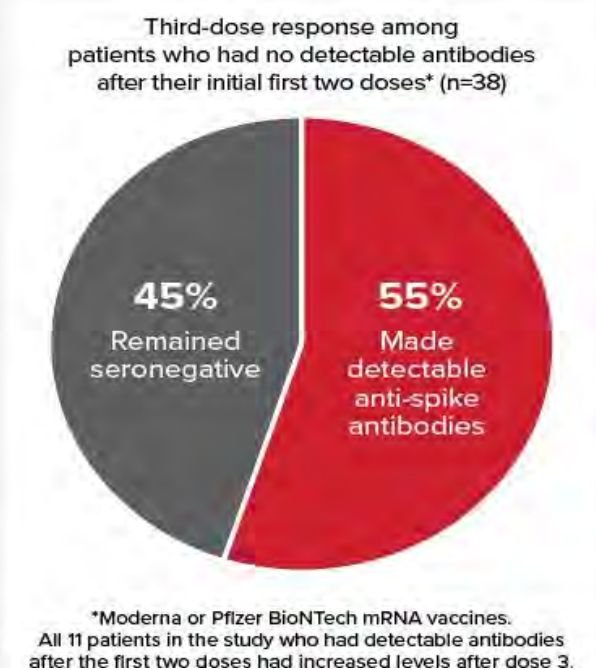
- Anti-CD20 antibody (Rituximab), BTK inhibitor (Ibrutinib)
- COVID vaccination **at least 9 months** from the last B-cell–directed treatment may result in improved antibody titers.



Ghione et al. *Blood* 2021

What About Boosters for Those Who Did Not Respond to Initial Vaccinations?

- On August 12, 2021, the FDA amended EUA to allow booster dose for immunocompromised people
- Rituximab 6-12 months prior to vaccination is associated with failure to produce antibodies
  - Variable response with BTKi's



Greenberger, Lee M. et al. *Cancer Cell* 2021

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Treatment

Monoclonal Antibody Therapy

- Goal: To prevent severe symptoms and hospitalization
  - *The earlier treatment is given, the better*
- Both for treatment and post-exposure prophylaxis* in high risk groups
- 3 have received FDA EUA:
  - Casirivimab-imdevimab*
  - Bamlanivimab-etesevimab*
  - Sotrovimab
- *AZD7442*: 1st long-acting antibody combination in trial that may provide immunity up to 12 months
- Supply is limited; distributed by each state's dept of health
  - *Plan ahead of time where you can receive therapy*

Monoclonal Antibody Therapy

Criteria for Use for **Treatment** (Utah):

- ✓Test positive for SARS-CoV-2
- ✓Currently have symptoms of COVID-19
- ✓Be **within first 10 days** of symptom onset
- ✓Be at high risk for severe illness from COVID-19

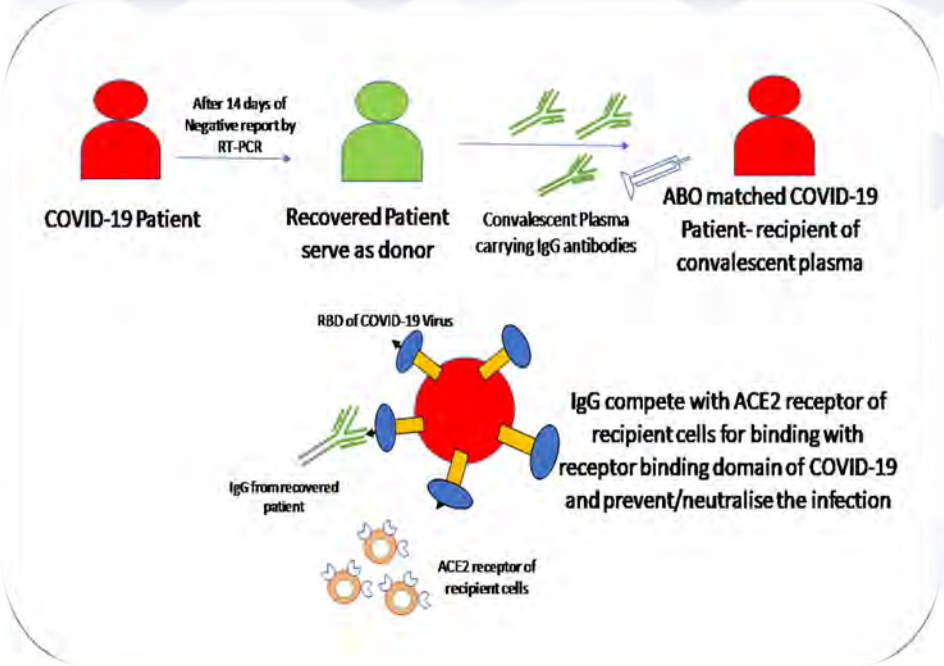
Monoclonal Antibody Therapy

Post-Exposure Prophylaxis

- ✓Close contact with COVID+ person (4 days)
- ✓High risk for progression to severe disease
- ✓Not fully vaccinated OR inadequate response to vaccine

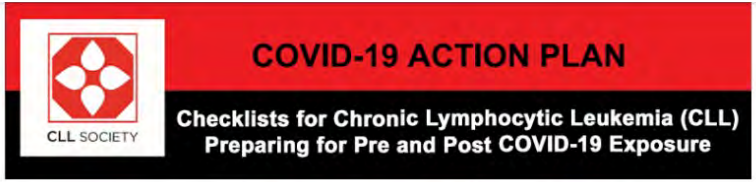
Convalescent Plasma

- Plasma with antibodies from donors who have recovered from COVID-19
- Typically used for **hospitalized** patients with COVID-19 who have **impaired immunity**



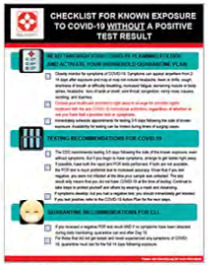
Summary/Recommendations

- Patients with CLL are at high-risk for severe COVID-19 illness, especially if on treatment
- There are likely vaccine responses outside of antibodies that are not easily measurable
- **Recommend all CLL patients receive a COVID-19 vaccine**
- Monoclonal antibody therapy may decrease risk of hospitalization, but supply is limited
- **Must continue to be vigilant with masking, washing hands, social distancing (without social isolation)**



Directions for Completing the COVID-19 Planning Checklist

Complete Prior To Exposure



COVID-19 Known Exposure Checklist

Household Quarantine Plan

Do These Things After Testing Positive for COVID-19

The worst of the pandemic may be behind us, but COVID-19 remains a serious risk for chronic lymphocytic patients and likely will be for some time to come.

https://cllsociety.org/2021/07/covid-19-plan-checklists-for-chronic-lymphocytic-leukemia-cll-preparing-for-pre-and-post-covid-19-exposure/

CLL SOCIETY

Smart Patients Get Smart Care™

Doreen Zetterlund

CLL Patient and Advocate
Actor and Project Manager
CLL Society Volunteer

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The Patient Experience: Becoming Your Own CLL Project Manager

CLL SOCIETY

Biography

- Living solo in SoCal since 1991
- Wayne State University, MFA Communication, Walsh College BBA
- Worked as: an actor, voice over artist, film & television Production Coordinator
- Presently working in entertainment based non-profit organization as a Project Manager
- New calling emerging as a CLL Patient Advocate

CLL SOCIETY

Diagnosis

CLL SOCIETY

- 2015 SLL diagnosis
- 11q del, Trisomy 12, Notch1, Unmutated IgVH, ATM gene del
- 2016 CLL diagnosis
- 22 Months on Watch & Wait
- 2017 Acalabrutinib monotherapy Phase 3 clinical trial
- 5+ years in treatment
- August 2021 achieved 95.4% lymph node reduction, partial remission

Becoming Your Own CLL Project Manager

CLL SOCIETY

A Project Manager needs to understand the following:

- Scope
- Terminology
- Stages of Process
- End Goal

The CLL Society Experience

- Community of people who understand diagnosis shock
- Information shared at support group meetings can be overwhelming at first
- Hard gear shift from my previous life and interests in the arts, to a new medically and scientifically oriented world

Important Takeaways from CLL Society

- Watch & Wait is your friend
- Wisdom and advice from those who traveled the path
- Clinical trials
- CLL Society's "Prime Directive":
  - **Have a CLL specialist on your team, accept no substitutions!**
- CLL Society's Expert Access™ Program can help with 2nd opinions
- Timing is everything
- Smart Patients Get Smart Care™

Helpful Resources From CLL Society

- CLL Society Patient & Caregiver Support Groups
- Putting together your CLL team
- CLL glossary & acronyms
- Normal lab values and keeping track of lab results
- List of CLL expert physicians by location
- Expert Access™ Program
- Weekly Alert emails

Self Advocacy

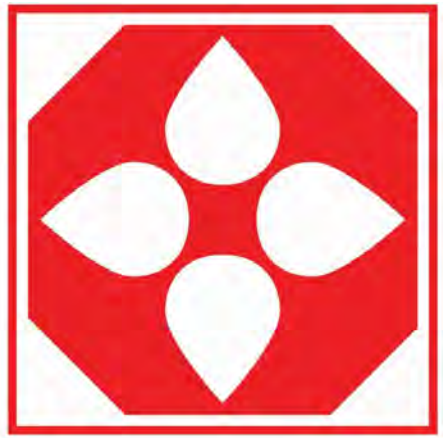
CLL SOCIETY

- You have to do the heavy lifting
- No one cares more
- No one knows better than you what is most important about your own quality of life
- The self-advocacy journey begins with:
  - Educating yourself
  - Care team/CLL specialist
  - Finding support to weather what comes

Last Thoughts

CLL SOCIETY

- CLL/SLL diagnosis makes us a member of a club no one wants to join
- Good news! More and better treatment options than ever before, and normal life spans are possible
- Be your own best advocate, take charge of your treatment and care and let’s get on with living!



CLL SOCIETY

Smart Patients Get Smart Care™

Thank you!

http://cllsociety.org

Audience Questions & Answers

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Thank You for Attending!

Please take a moment to complete our **post-event survey**, your feedback is important to us

Join us on December 2nd for a COVID-19 Event focused on Monoclonal Antibodies

If you're question was not answered, please feel free to email asktheexpert@cllsociety.org

CLL Society is invested in your long life. Please invest in the long life of the CLL Society by supporting our work

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