

Types of Treatment for CLL and SLL

Targeted Therapy

Drugs that slow cancer growth by blocking the process that is needed for CLL and SLL cells to grow and survive.

BTK inhibitors

ibrutinib (Imbruvica)
acalabrutinib (Calquence)
zanabrutinib (Brukinsa)

PI3K inhibitors

idelalisib (Zydelig)
duvelisib (Copiktra)

BCL-2 inhibitors

venetoclax (Venclexta)

Chemo-immunotherapy (CIT)

Chemotherapy interacts with DNA in fast growing cells which prevents them from growing. It attacks all fast-growing cells in the body (skin, hair, gut, and normal blood cells), not just cancerous ones.

Chemotherapy is more effective when combined with immunotherapy.

Immunotherapy drugs are designed to attach to a protein on the surface of cancer cells (called CD20) which flag the cells so they can be better seen by the immune system, and destroyed.

CIT is **not effective** for patients with certain biomarker findings

(Deletion 17p,
TP53 mutation,
& IgVH unmutated)

Chemotherapy

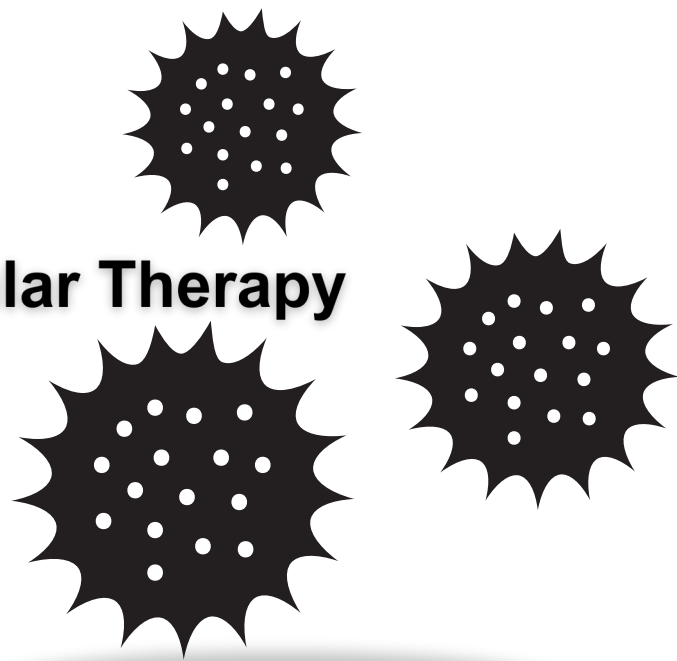
fludrabine
cyclophosphamide
bendamustine
chlorambucil

Immunotherapy

rituximab
obinutuzumab



Cellular Therapy



A special type of immunotherapy that uses cells, not drugs, to treat CLL and SLL.

HSCT

Hematopoietic Stem Cell Transplant

CLL and SLL weaken immunity since the bone marrow makes too many abnormal white blood cells. HSCT (or bone marrow transplant) can provide a healthy new immune system to attack and even cure CLL and SLL.

CAR-T

Chimeric Antigen Receptor T-cell

Trains the immune system to recognize and attack cancerous CLL and SLL cells.

Combination Therapy

Combining two or more different drug types is a strategy commonly used to treat cancer because it can result in higher rates of remission and delay disease resistance. There are several FDA-approved drug combinations used to treat CLL and SLL, and many combinations are currently being studied in clinical trials.

