

Clinical Decision Making in CLL: When to Stop and Start Treatment



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SCENE 01 – FRAME 01



VISUAL:
Title slide.

VO:
NA

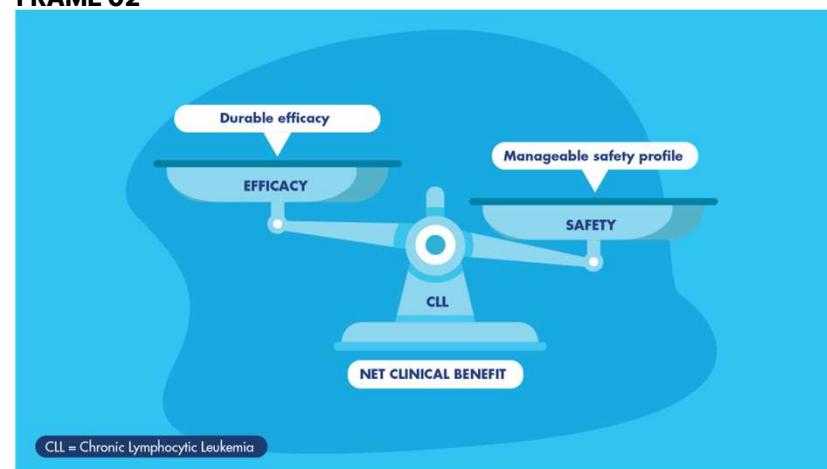
FRAME 03



VISUAL:
A person with CLL is shown sitting at home. Definitions of active CLL from the International workshop are shown as on-screen text.

VO:
Only patients with active CLL should initiate treatment. The International Workshop on CLL defines active disease as one of the following criteria.

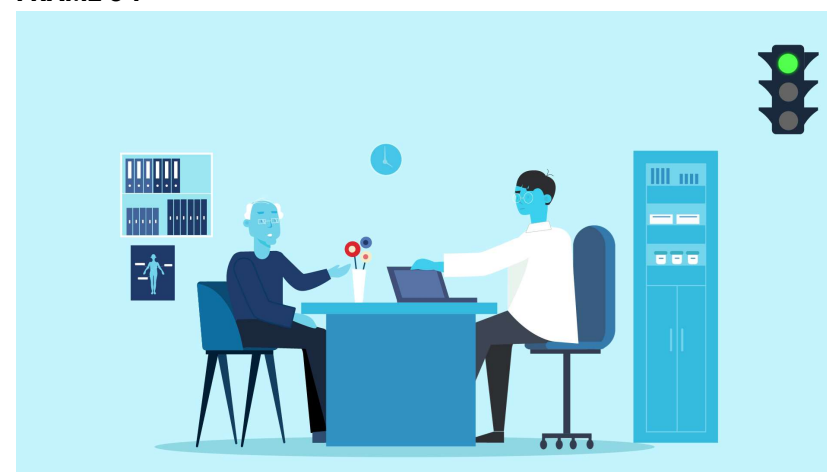
FRAME 02



VISUAL:
We see a set of scales for 'net clinical benefit in CLL', showing 'efficacy' on the left side and 'safety' on the right. The scale tips both ways before ending with efficacy higher and safety lower.

VO:
The principal goal of initiating and discontinuing therapy is to maximize efficacy and minimize adverse events for each individual patient.

FRAME 04




VISUAL:
We transition to see a person with CLL talking to a doctor in their office. The traffic light colour changes with the VO to green ("continue"), yellow ("hold") and red ("discontinue").

VO:
The type of therapy, response, and adverse event severity determine whether to continue, hold, or discontinue treatment.



SCENE 02 – FRAME 01




Whether to continue or discontinue treatment based on response

Complete or partial response	FIXED-DURATION THERAPIES STOP following completion of the prespecified number of cycles
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VISUAL: The doctor and patient continue to have a discussion. The guideline for a complete or partial response on a fixed-duration therapy is shown in a table. The traffic light is red.
VO:

For instance, if a patient achieves a complete or partial response with manageable adverse events while on a fixed-duration therapy, they are recommended to stop after the prespecified number of treatment cycles.

FRAME 03




Whether to continue or discontinue treatment based on response

Complete or partial response	FIXED-DURATION THERAPIES STOP following completion of the prespecified number of cycles	CONTINUOUS THERAPIES CONTINUE THERAPY until progression
Progressive disease	DISCUSS TREATMENT OPTIONS	

VISUAL: Sections for disease progression appear as part of the on-screen table. The traffic light changes to yellow.

VO: If disease progression occurs, next treatment options can be discussed.

FRAME 02




Whether to continue or discontinue treatment based on response

Complete or partial response	FIXED-DURATION THERAPIES STOP following completion of the prespecified number of cycles	CONTINUOUS THERAPIES CONTINUE THERAPY until progression
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VISUAL: As the VO progresses, we see the guideline for a complete or partial response on a continuous therapy. The traffic light changes to green when the VO says "complete or partial response".

VO: However, if the patient was on a continuous therapy and achieved a complete or partial response with manageable adverse events, they would continue until disease progression.

FRAME 04



Whether to continue or discontinue treatment based on AE severity

Grade 1/2	CONTINUE unless patient unable to cope
Grade 3/4	INTERRUPT OR LOWER DOSE unless the AE persists and/or unable to cope, then STOP THERAPY (therapy can be stopped for an extended period of time or permanently discontinued)

VISUAL: A graphic appears outlining the therapy guidance if a patient experiences adverse events of differing severity. The traffic light colour changes with the VO to yellow ("interrupted") and red ("discontinued based").

VO: If a patient experiences an adverse event, therapy can be continued, interrupted, or discontinued based on the severity and impact on patient's quality of life. If an adverse event persists and/or the patient is unable to tolerate it, then therapy is discontinued.



SCENE 03 – FRAME 01



VISUAL:

Key questions will surround oncologist when transitioning from stopping therapy to starting the next line and will appear in the order of which they are narrated.

VO:

When discussing the next line of therapy, consider the following questions: Did the patient respond to the previous line of therapy? And if so, for how long? Why was the previous line of therapy discontinued? And lastly, what is the patient's preference?

FRAME 03

References:

1. Molica S. *Expert Rev Hematol*. 2023;16(11):803-806.
2. Hallek M, et al. *Blood*. 2018;131(25):2745-2760.
3. Hallek M, et al. *Am J Hematol*. 2021;96(12):1679-1705.
4. Soumerai JD, et al. *Blood Adv*. 2025;9(5):1213-1229.
5. Jain N, et al. *Lancet*. 2024;404(10453):694-706.

VISUAL:

References.

VO:

NA

FRAME 02



VISUAL:

Happier CLL patient (in contrast to the first frame) since they are receiving optimal care.

VO:

Managing when to start, modify, or stop treatment involves multiple factors, but maximizing efficacy and minimizing adverse events are key in providing optimal care.

FRAME 04



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VISUAL:

Lilly logo/call to action.

VO:

NA

