CLL Therapy: Overview and Clinical Considerations

Indications for initiating treatment in CLL are based on signs and symptoms of disease progression

Physical examination[1,2]

Lymphadenopathy

Splenomegaly

Constitutional symptoms[1,2]

Unexplained fevers (>100.5°)

Unintentional weight loss

Drenching night sweats

Lab results[1]

Platelets <100,000/µL of blood

Hemoglobin <10 g/dL

Current CLL therapies

CELLULAR THERAPY
Includes CAR T-cell therapy and ASCT[3,4]

CHEMOIMMUNOTHERAPY
Includes systemic chemotherapy with combination immunotherapy[5]

Chemoimmunotherapy is not recommended for patients with del(17p)/*TP53* mutation due to low response rates[2,5]

TARGETED THERAPY
Includes orally administered small-molecule inhibitors of BCL-2, BTK, and PI3K[1]

ASCT, allogeneic stem cell transplantation; BCL-2, B-cell lymphoma 2; BTK, Bruton tyrosine kinase; CAR, chimeric antigen receptor; CLL, chronic lymphocytic leukemia; del(17p), deletions of the short arm of chromosome 17; PI3K, phosphoinositide 3-kinase; *TP53*, tumor protein 53.

1. Shadman M. *JAMA*. 2023;329(11):918-932. 2. Mukkamalla SKR, et al. *StatPearls Publishing*; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470433/. 3. Breyanzi [package insert]. Bothell, WA: Juno Therapeutics, Inc.;2024. 4. Helbig G, et al. *Ann Hematol*. 2019;98(6):1477-1483.5. Smolej L, et al. *Cancers (Basel)*. 2021;13(13):3134.