

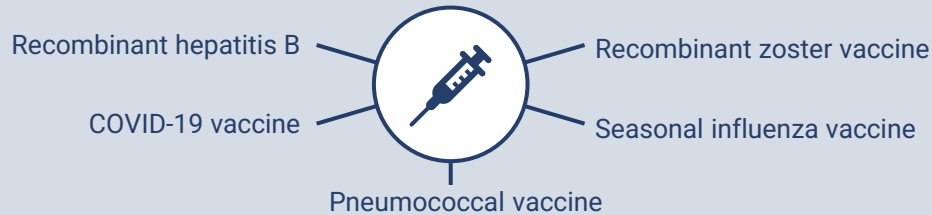
Supportive Care: Manage Risk of Infections and Secondary Cancers in CLL

Patients with CLL have a compromised immune system, leading to increased susceptibility to infection and secondary cancer that necessitates timely prevention, recognition, and treatment^{1,2}

Strategies for infection prevention in patients with CLL

The 5-year risk of severe infections in CLL is 26%³

Recommended vaccinations for patients with CLL^{1,a}



Bacterial infections¹

- No routine antibiotic prophylaxis
- Ig replacement therapy for severe hypogammaglobulinemia and/or recurrent or severe infection
- Monitor ANC



Fungal infections¹

- Consider prophylaxis in
 - Frail older patients with R/R CLL and/or prolonged neutropenia
 - Those with previous fungal infections
 - Patients receiving chronic, concomitant steroids

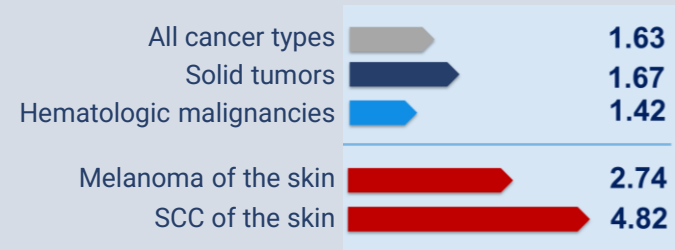


Viral infections¹

- Monitor for infection/pretreatment of HBV, HCV, HIV, HSV 1/2, VZV, and CMV prior to starting CLL therapy
- If HBV reactivation detected, administer preemptive therapy with antivirals

Strategies to reduce the incidence of secondary primary malignancies in patients with CLL

Standardized incidence ratios^b for second primary cancers after CLL²



An increased risk of secondary primary malignancies in patients with CLL necessitates timely cancer screening^{2,4}

Cancer screening



Annual dermatologic skin screening is recommended for skin cancer prevention^{4,5}



Cancer screening guidelines should be followed closely for breast, cervical, colon, prostate cancers, and lung cancer (for smokers)^{5,6}

^aAs indicated by clinical practice guidelines. ^bStandard incidence ratio is a ratio of the number of cancers observed in a given population compared with the number expected.

ANC, absolute neutrophil count; CLL, chronic lymphocytic leukemia; CMV, cytomegalovirus; HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; HSV, herpes simplex virus; Ig, immunoglobulin; R/R, relapsed/refractory; SCC, squamous cell carcinoma; VZV, varicella zoster virus.

1. Rivera D, Ferrajoli A. *Curr Oncol Rep*. 2022;24(8):1003-1014. 2. van der Straten L, et al. *Blood Cancer J*. 2023;13(1):15. 3. Grywalska E, et al. *Cells*. 2020;9(11):2398. 4. Mansfield AS, et al. *J Oncol Pract*. 2014;10(1):e1-e4. 5. Welch A. Accessed October 25, 2023. <https://www.onclive.com/view/recognizing-secondary-malignancies-in-ctl>. 6. Schneider MA. Accessed February 1, 2024. <https://ashpublications.org/ashclinicalnews/news/7672/When-a-Cure-Isn-t-an-Option>.