UCCH Pathway

UCCH Guideline
Chronic Lymphocytic Leukemia

2.03.01 Anlage 30

Version Jan/2019

Hubertus Wald Tumorzentrum
Universitäres Cancer Center Hamburg
Ein Kompetenznetzwerk des UKE

Guideline Chronic Lymphocytic Leukemia

Version 03; Jan/2019

According to BINET staging system

Chronic Lymphocytic Leukemia board members

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Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

= Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

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Pathway: Chronic Lymphocytic Leukemia

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Work up

Baseline:

- History
- Physical examination (including palpation of all lymph node areas, spleen and liver)
- Lab exam (including CBC with differential, LDH and serum immunoglobulins, GFR, Haptoglobin and Coombs test in case of suspected hemolysis or planned fudarabine, Hepatitis B in case of planned Rituximab
- Abdominal ultrasound
- Flow cytometry
- Cytogenetics (FISH) for del 17 p, molecular genetics for TP 53 mutation (pretreatment evaluation)
- IgHV mutation analysis

Facultative:

- Bone marrow aspirate and biopsy (differentiation of cytopenia)

Supportive:

- Offer contact to self help group
- Offer psychooncological support

- Leukocytosis/lymphocytosis with characteristically small mature appearing lymphocytes (> 5000 monoclonal B-lymphocytes /ml, otherwise MBL)
- Typical profile in flow cytometry (CD5, CD19, CD 20, CD 23)
- Lymphadenopathy and/or hepato-splenomegalie (facultative)

TB

- **BINET stage A & B**
  - Without active disease

→ Watch and wait[1]

- **Active disease or**
- **BINET stage C**
- **Lymphocyte doubling time of <6 months** (only in patients with more than 30G lymphocytes/l)

→ Pathway page 2

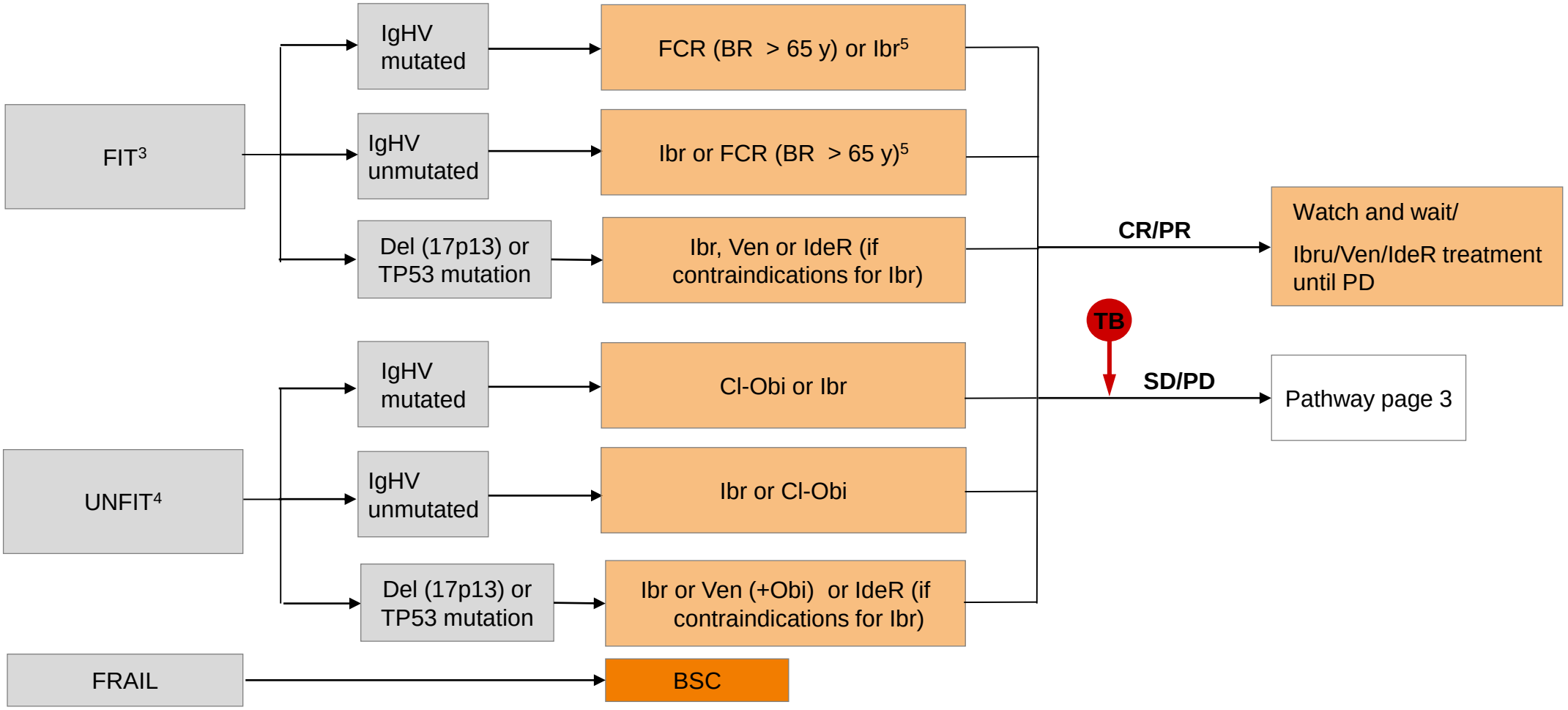
Treatment of CLL complications if refractory to standard treatment [2]

MBL Monoclonal B-lymphocytosis

1 Clinical examination and blood cell counts every 3-12 months

2 E.g. thrombocytopenia, anemia, autoimmune disorders, susceptibility to infections

Pathway page 2: First-line treatment of symptomatic and advanced disease stage



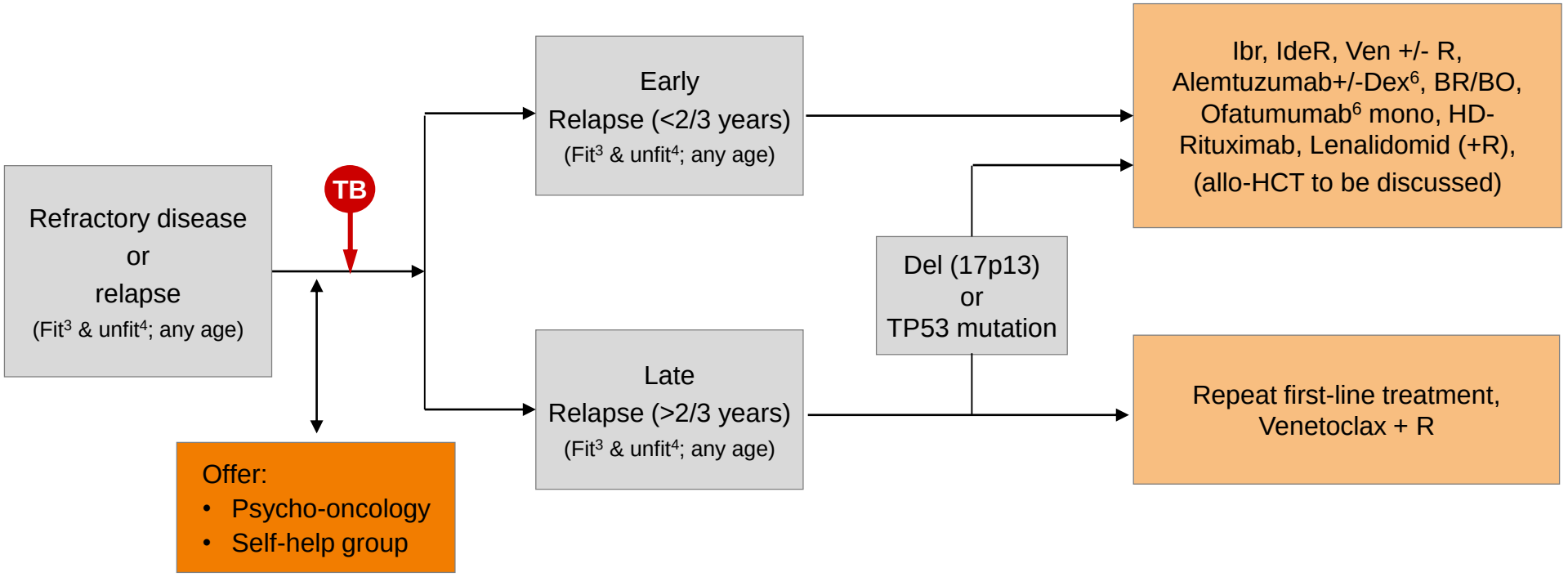
BSC Best supportive care, FCR Fludarabine/cyclophosphamide/rituximab; BR Bendamustin/rituximab; Ibr Ibrutinib; IdeR Idelalisib/rituximab; Ven Venetoclax Obi Obinutuzumab; CR Complete remission; PR Partial remission; SD Stable disease; PD Progressive disease

3 Patient in good physical condition, no major comorbidities

4 Patient in reduced physical condition or relevant comorbidities

5 Consider and discuss with patient: long-term vs fixed (6 m) duration therapy, lack of convincing evidence of overall survival differences, specific side effects of each therapeutic option (myelosuppression, infections, secondary malignancies (?) for CIT; cardiac toxicity, bleeding and autoimmune disease for Ibru)

Pathway page 3: Treatment of refractory disease or relapse



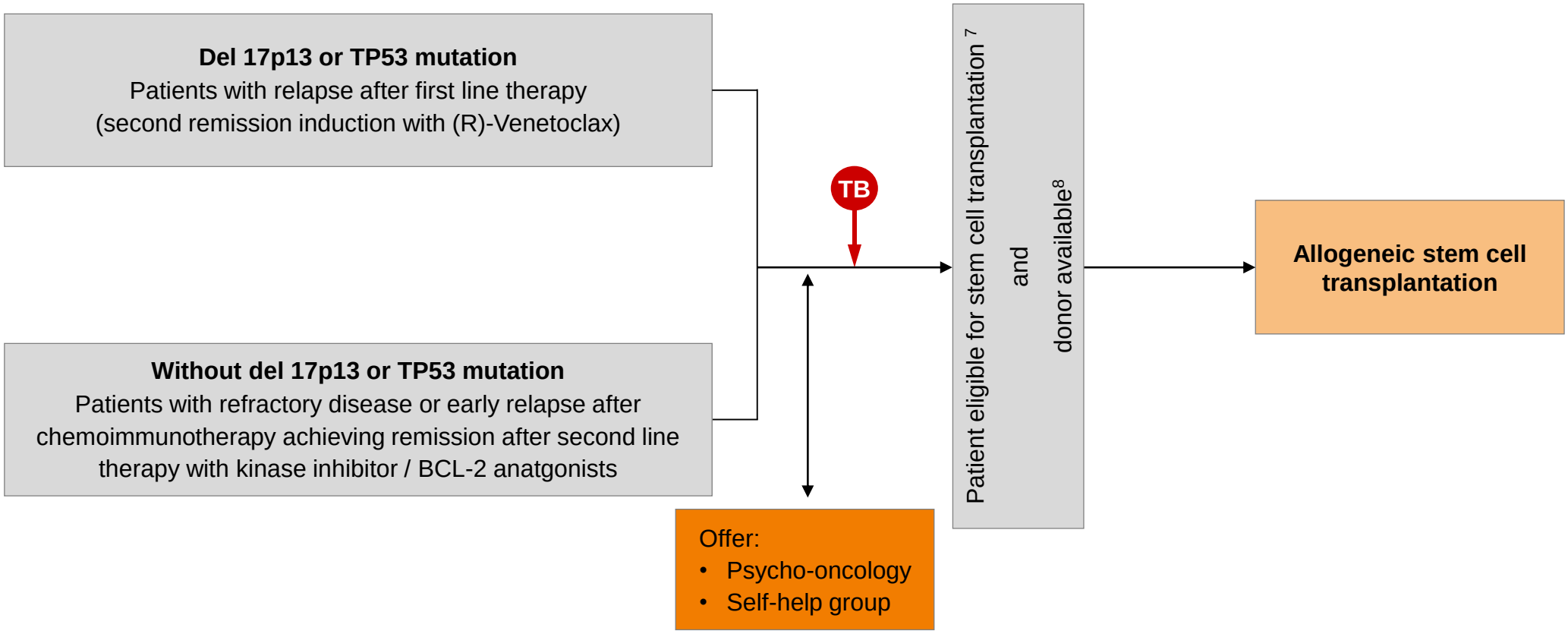
Ibr Ibrutinib; IdeR Idelalisib/rituximab, Ven Venetoclax; BO Bendamustin Obinutuzumab;

[3] Patient in good physical condition, no major comorbidities

[4] Patient in reduced physical condition or relevant comorbidities

[6] Alemtuzumab and Ofatumumab are not longer market listed

Pathway page 4: Allogeneic stem cell transplantation



[7] Consider allogeneic stem cell transplantation in young and fit patients

[8] HLA type patient and siblings, search for an unrelated stem cell donor