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CLL: The Basics

A companion to
Chronic Lymphocytic
Leukemia: In Detail



Revised **2025**

*Formerly titled The CLL Guide:
Information for Patients and Caregivers*



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INTRODUCTION

Chronic lymphocytic leukemia (CLL) is a type of blood cancer. It is the most common type of leukemia in adults in the United States.

Advances in the treatment of CLL have resulted in improved remission rates and quality of life for patients. The number of CLL patients who are in remission increases each year.

While this booklet focuses on CLL, it also explains a type of non-Hodgkin lymphoma (NHL) called “small lymphocytic lymphoma (SLL). Most doctors consider SLL to be the same disease as CLL. While SLL starts in the same kind of cells that cause CLL, it is found in lymph nodes at diagnosis. Patients with SLL benefit from treatment with CLL regimens, rather than lymphoma therapy. So, if you have been diagnosed with SLL, this booklet may also have helpful information for you.

This is a hopeful time for people with CLL. In recent years, new therapies have resulted in improved remission rates, quality of life and survival for people with CLL. But more work needs to be done. Researchers continue to study and develop new therapies for CLL in clinical trials.

New treatments may have been approved since this booklet was printed. Check www.LLS.org/DrugUpdates or call (800) 955-4572.

Visit www.LLS.org/booklets to view, download or order all LLS free publications mentioned in this booklet.

WANT MORE INFORMATION?



You can view, print or order the more detailed, free LLS booklet *Chronic Lymphocytic Leukemia: In Detail* at www.LLS.org/booklets or contact our Information Specialists for a copy.

Feedback. Visit www.LLS.org/PublicationFeedback to make suggestions about this booklet.

PART 1 CHRONIC LYMPHOCYTIC LEUKEMIA

Overview

- Chronic lymphocytic leukemia (CLL) is a type of cancer of the blood and bone marrow. "Chronic" means that the leukemia is typically slower growing.
- Blood cells begin as stem cells, which are made in the bone marrow, inside bones. Stem cells normally develop into healthy red blood cells, white blood cells or platelets. They then leave the bone marrow and enter the bloodstream.
- The lymphatic system is part of the immune system, which helps protect the body from infection and disease.
- A lymphocyte is a type of white blood cell.
- CLL starts with a mutation (change) to a single B cell, a type of lymphocyte, in the bone marrow.
- CLL is typically diagnosed with blood tests.

About Bone Marrow, Blood and Blood Cells

The general descriptions below may help you understand the information in the rest of this booklet.

Bone marrow is the spongy center located inside the bones where blood cells are made.

Blood cells begin as stem cells in the bone marrow. Stem cells grow and mature into different types of blood cells: red blood cells, white blood cells and platelets. After they have matured, the red blood cells, white blood cells and platelets enter the bloodstream.

Red blood cells carry oxygen around the body. When the number of red blood cells is below normal, a condition called anemia usually develops. Anemia may make you tired or short of breath. It may also make your skin look pale.

White blood cells fight infection in the body. There are two major types of white blood cells: lymphocytes and germ-eating cells.

- Lymphocytes are infection-fighting cells. The three types are:
 - B cells
 - T cells
 - NK cells
- Germ-eating cells kill and ingest bacteria and viruses. The two types are:
 - Neutrophils
 - Monocytes

Platelets help stop bleeding by clumping together (called clotting) at the site of an injury. Thrombocytopenia is a condition in which there is a lower-than-normal number of platelets in the blood. It may cause easy bruising and excessive bleeding from cuts and wounds.

Plasma is the liquid part of the blood, not including the blood cells. Although mostly water, plasma also has some vitamins, minerals, proteins, hormones and other natural chemicals in it.

Normal Blood Cell Count Fast Facts

The ranges of blood cell counts below are for adults. They may be a little different from lab to lab and for children and teens.

Red blood cell (RBC) count

- Men: 4.5 to 6 million red cells per microliter of blood
- Women: 4 to 5 million red cells per microliter of blood

Hematocrit (the part of the blood made up of red cells)

- Men: 42% to 50%
- Women: 36% to 45%

Hemoglobin (amount of the red cell pigment that carries oxygen)

- Men: 14 to 17 grams per 100 milliliters of blood
- Women: 12 to 15 grams per 100 milliliters of blood

Platelet count (PLAT C)

- 150,000 to 450,000 platelets per microliter of blood

White blood cell (WBC) count

- 4,500 to 11,000 white cells per microliter of blood

Differential (also called diff)

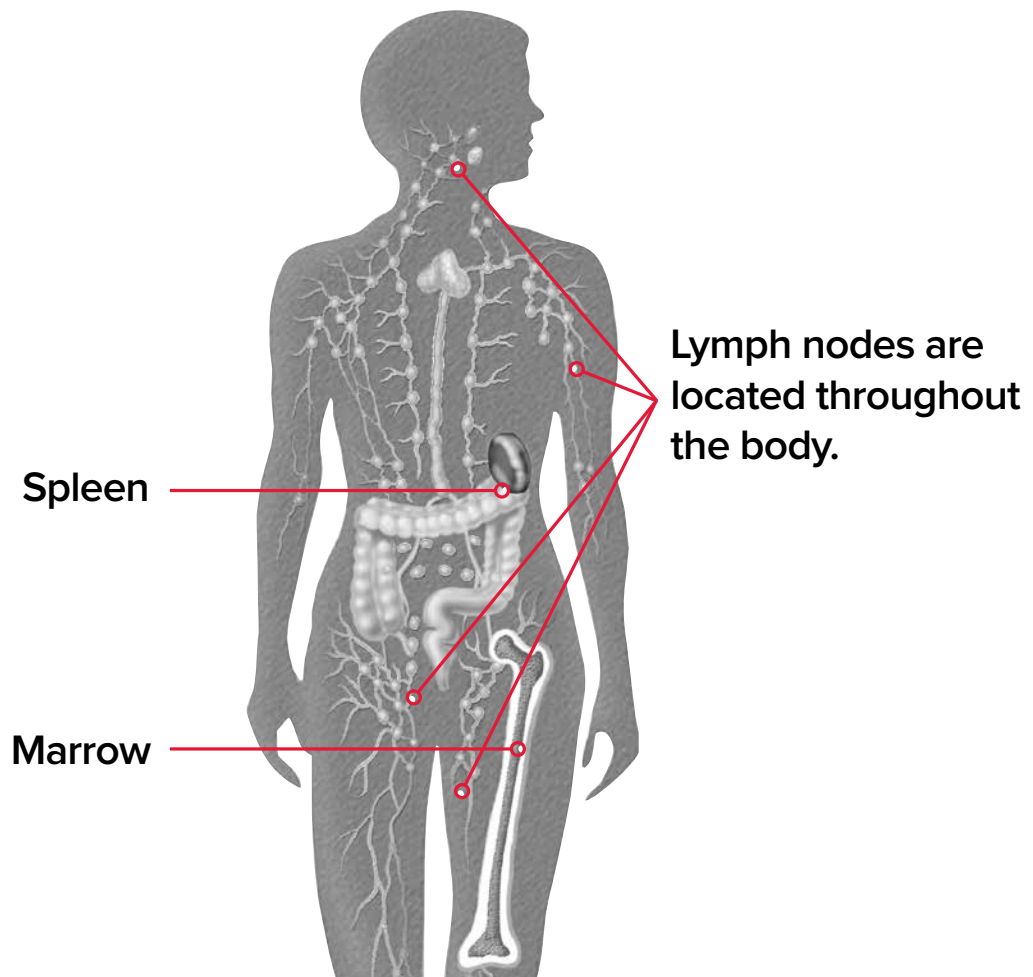
- Shows the part of the blood made up of different types of white cells
- Counts the types of white cells (neutrophils, lymphocytes, monocytes, eosinophils and basophils)
 - Normal adult white blood cell count: 60% neutrophils, 30% lymphocytes, 5% monocytes, 4% eosinophils and less than 1% basophils in the blood

About the Lymphatic System

The lymphatic system is the part of the immune system that helps protect the body from infection and disease. The lymphatic system includes:

- **Bone marrow and lymphocytes.** Bone marrow is located inside the bones and produces white blood cells called lymphocytes that fight infection.
- **Lymph nodes.** Lymph nodes are small, bean-sized collections of lymphocytes. There are about 600 lymph nodes. They are found in the neck, armpits, chest, abdomen, groin and other body parts. Lymphatic vessels connect the lymph nodes and contain lymph, a fluid that carries lymphocytes.
- **Spleen.** The spleen is an organ on the left side of the body near the stomach. It contains lymphocytes and removes old or damaged blood cells.

Some Parts of the Immune System



About CLL/SLL

How CLL Develops. Leukemia is the general term for a number of different types of blood cancer. CLL is one of the four main types of leukemia.

CLL is a type of cancer that begins in the bone marrow. It starts with a mutation (change) to a B cell, also called B lymphocytes, a type of white blood cell. This abnormal cell is a leukemia cell (also called a CLL cell). It multiplies uncontrollably into many CLL cells. Over time, the CLL cells can build up in the blood, bone marrow, spleen and lymph nodes.

The CLL cells do not work like normal B cells. As a result, people with CLL usually have weakened immune systems and may get more infections.

How SLL Develops. The abnormal lymphocytes in people with SLL are identical to those in people with CLL. According to the World Health Organization (WHO), CLL and SLL are considered the same cancer. The only difference is the location of the cancer cells. With CLL, the abnormal cells are found in the blood and bone marrow. They may also be in the lymph nodes and spleen. With SLL, there are few, if any, abnormal cells in the blood. Instead, they are found in the lymph nodes and spleen.

Causes and Risk Factors of CLL. Doctors do not know what causes most cases of CLL. There is no way to prevent CLL, and you cannot catch CLL from someone else.

A risk factor is something that increases your chance of getting a disease. There are few known risk factors for CLL.

- Some studies have associated exposure to Agent Orange, an herbicide used during the Vietnam War, with an increased risk of CLL (see *Information for Veterans* on page 36).
- Some studies suggest that exposure to a chemical called benzene at work increases the risk of CLL.
- Genetic factors likely play a role in the development of CLL, as some families have more than one family member with the disease.
- The disease generally affects older people and more males than females.

Signs and Symptoms. Healthy people often have a sign or a symptom when

they get an illness or a disease. A sign is a change in the body that the doctor sees in an exam or a test result. A symptom is a change in the body that the patient can see or feel.

Many signs and symptoms of CLL are the same signs and symptoms that are caused by other illnesses. Most people with signs and symptoms of CLL do not have CLL, but may have another disease or condition.

Some people with CLL have no symptoms. They may find out they have CLL after a routine blood test. A high number of lymphocytes in the blood is often the first sign of CLL.

Generally, CLL symptoms develop slowly over time. For patients who have symptoms, they may include:

- Infections
- Extreme tiredness, lack of energy
- Shortness of breath
- Enlarged lymph nodes (particularly in the neck)
- Low-grade fever
- Unexplained weight loss
- Night sweats
- Feelings of fullness below the ribs (due to an enlarged spleen or liver)

Diagnosis

It is important for patients to receive the correct diagnosis. A diagnosis of CLL is usually based on blood tests.

Here are some questions you may want to ask your healthcare team. See pages 45-50 for a full list of questions.

1. What kind of testing will be done to diagnose my disease and to monitor my treatment?
2. How long does it take to get the results?
3. How will I get the test results?
4. How often will testing be needed?
5. Where will the testing be done?

Complete Blood Cell Count and Examination. A test called a complete blood count (CBC) is used to count the number of red blood cells, white blood cells and platelets in a blood sample. A diagnosis of CLL is usually based on the results of blood cell counts and an examination of blood cells. People with CLL will have high numbers of lymphocytes in the blood. They may also have low red blood cell counts and low platelet counts.

Lymph Node Biopsy. Patients with enlarged lymph nodes may need a lymph node biopsy to diagnose CLL. A lymph node biopsy is a procedure in which either all or part of a lymph node is removed and examined for signs of infection or disease such as cancer.

Bone Marrow Aspiration and Biopsy. Bone marrow aspiration and biopsy are procedures in which two small samples of bone marrow (liquid and bone) are removed from the hip bone using special needles and sent to the laboratory for examination. These bone marrow tests are not usually needed to make a CLL diagnosis, but they may be helpful before treatment begins to help rule out other diseases, if the diagnosis is uncertain. These tests may also be done during treatment to see whether treatment is working.

Visit www.LLS.org/3D and click on "Bone Marrow Biopsy and Aspiration" to view an interactive 3D image that will help you visualize and better understand the bone marrow aspiration and biopsy procedures.

How Are the Blood and Bone Marrow Tests Done?

Blood Test—A small amount of blood is taken from the patient's arm with a needle. The blood is collected in tubes and sent to a lab.

Bone Marrow Aspiration—The removal of a sample of fluid with cells from the bone marrow.

Bone Marrow Biopsy—A very small amount of bone filled with marrow cells is taken from the body.

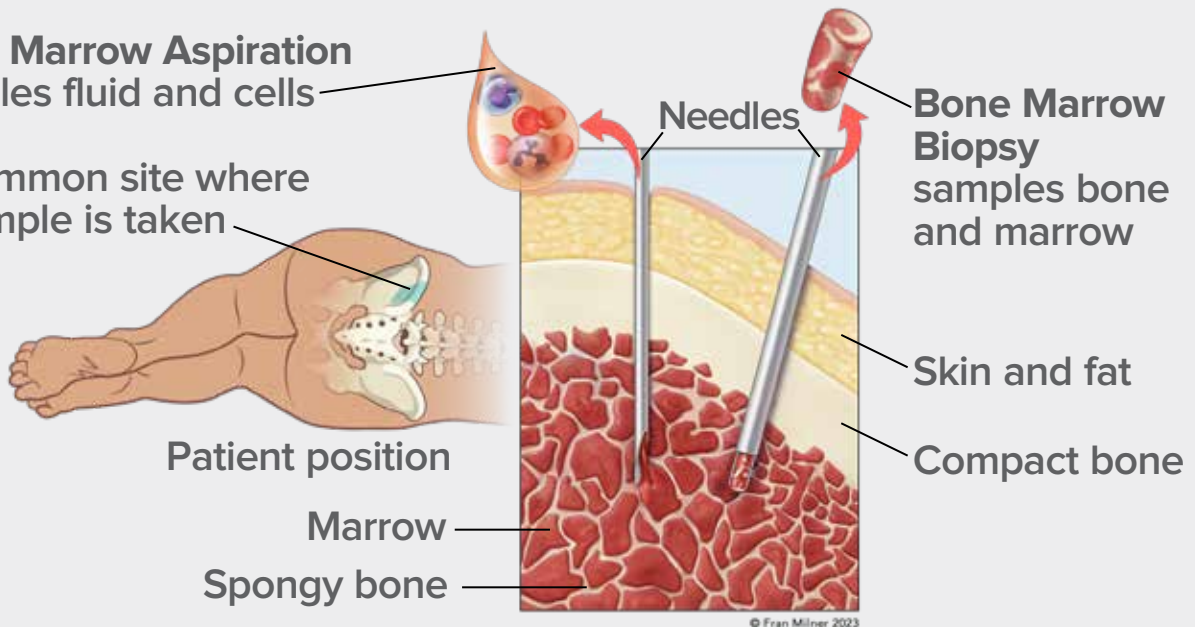
Both bone marrow tests are done with special needles. Some patients are awake for the procedure. Others are given drugs that help them relax or sleep. Patients then get medication to numb the part of the body from which the samples are taken. The sample of cells is usually taken from the patient's hip bone.

Blood and marrow tests may be done in the doctor's office or in a hospital. Bone marrow aspiration and biopsy are almost always done during the same visit.

Bone Marrow Aspiration and Biopsy

Bone Marrow Aspiration
samples fluid and cells

Common site where
sample is taken



Left: The place on the back of the patient's hip bone where a bone marrow aspiration or biopsy is typically done. **Right:** One needle goes into the bone marrow to get a liquid sample for aspiration (the needle on the left) and the other needle goes inside the bone for a bone marrow biopsy (the needle on the right). The needle for the aspiration is thinner than the one for the biopsy.

Immunophenotyping. This test can diagnose specific types of leukemia and lymphoma by detecting certain proteins on a cell's surface. The test can be used to see if the lymphocytes in a blood sample contain CLL cells.

Fluorescence In Situ Hybridization (FISH). This test is used to see if there are changes to the chromosomes of the CLL cells. Every cell in the body has chromosomes that contain genes. Genes give the instructions that tell the cell what to do. About 80% of CLL patients who are tested using the FISH test have chromosome abnormalities. Some patients may have leukemia cells with an extra copy of chromosome 12, or they may have 11q, 13q or 17p deletions. The FISH test may give doctors information that will help them plan treatment. See *Chromosome Changes* on pages 18-19.

Karyotyping. This test uses a microscope to examine the chromosomes of CLL cells. It can provide more complete information about chromosomes than the FISH test.

DNA Sequencing. This test is used to find mutations (changes) in the DNA of CLL cells. Certain mutations are markers that can help doctors identify patients who have higher-risk disease.

Tracking Your CLL Tests

These tips may help you save time and learn more about your health:

- Ask your doctor why certain tests are being done and what to expect.
- Discuss test results with your doctor.
- Ask how to get copies of your lab reports. You can ask for copies of your test results at your doctor's office. Many hospitals and treatment centers now offer digital patient portals where you can view your medical record online.
 - Keep test reports in a file folder or binder and organize by date.
- Find out if and when follow-up tests are needed.
- Mark upcoming appointments on your calendar.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklets *Understanding Lab and Imaging Tests* and *Understanding Genetics*. Go to www.LLS.org/booklets or contact our Information Specialists for copies.

PART 2 TREATING CLL

Overview

- People with CLL should be treated by a CLL specialist. These doctors are called hematologist-oncologists.
- Ask questions about your treatment choices and do not be afraid to be involved in making decisions about your own care. See the *Treatment and Follow-Up Care Question Guide* on pages 47-50.
- Once a diagnosis of CLL is confirmed, your doctor will use information about your cancer to assign a stage. Staging helps the doctor to predict the outcome of your cancer, and it is also used to determine when to start treatment.
- Not all CLL patients need to start treatment right away. Starting treatment is based on symptoms of CLL, test results and the cancer stage.
- Most current treatments do not cure CLL, but there are treatments that have the potential to give patients a longer life and a better quality of life.

Finding the Right Doctor

Choose a doctor who specializes in treating leukemia and knows about the most up-to-date treatments. This type of specialist is called a hematologist-oncologist. A hematologist is a doctor who has special training in disorders of the blood. An oncologist is a doctor who has special training in cancer. A hematologist-oncologist has special training in both diagnosing and treating blood cancers.

If your local medical center does not have a hematologist-oncologist, ask your local cancer specialist to consult with a hematologist-oncologist at another medical center. Always check to see if your health insurance covers the services of the doctors (and the hospital associated with them), or the hospital you choose for your treatment.

How to Find a Leukemia Specialist

- Ask your primary care doctor for a recommendation.
- Contact your community cancer center.
- Reach out to doctor and/or health insurance plan referral services.
- Call an LLS Information Specialist at (800) 955-4572.
- Use online doctor-finder resources, such as
 - The American Medical Association's (AMA) "DoctorFinder" online at <https://doctorfinder.ama-assn.org/doctorfinder/>
 - The American Society of Hematology's (ASH) "Find a Hematologist" online at <https://www.hematology.org/Patients/FAH.aspx>

When you meet with the specialist, ask questions to get a better idea of the doctor's experience and to understand how the office works. Some sample questions are below. See pages 45-50 for a full list of questions.

1. How many patients have you treated with this disease?
2. What problems or symptoms should be reported to the nurse or doctor right away?
3. Is there a release form available so my family/caregiver can be given medical information?

Make sure you feel comfortable interacting with the doctor and the rest of the staff. You will be spending a lot of time speaking with the staff at the treatment center.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Choosing a Specialist or Treatment Center* at www.LLS.org/booklets or contact our Information Specialists for a copy.

Ask Your Doctor

Talk with the doctor and ask questions about how they plan to treat your leukemia. This will help you to become actively involved in making decisions about your care.

When you meet with the doctor:

- Ask questions. Below are a few questions to ask. See pages 45-50 at the end of this booklet for a full list of questions. Visit www.LLS.org/WhatToAsk to find other “What to Ask” healthcare question guides.
 - What are my treatment choices?
 - Are there any clinical trials that I can join?
 - When do you think I should begin treatment?
 - How long will treatment last?
- Take notes. It may be helpful to write down the answers to your questions and review them later.
- Audio record information from the doctor and then listen to the recording later on. Ask the doctor and staff if recording is allowed (cell phones have a “record” function; ask someone how to use it).
- Bring a caregiver, friend or family member who can listen to the doctor along with you, take notes and offer support.
- Make sure you understand what the doctor is saying. If you do not understand, ask the doctor to explain it again.

If you need more information or are not sure about your treatment choices, consider getting another opinion (a “second opinion”) from a different qualified hematologist-oncologist. If you are unsure or feel uncomfortable about how to tell your doctor you are getting a second opinion, call our Information Specialists at (800) 955-4572 to discuss a way that makes you comfortable. You may also want to check with your health insurance to ensure that a second opinion will be covered.

Treatment Planning

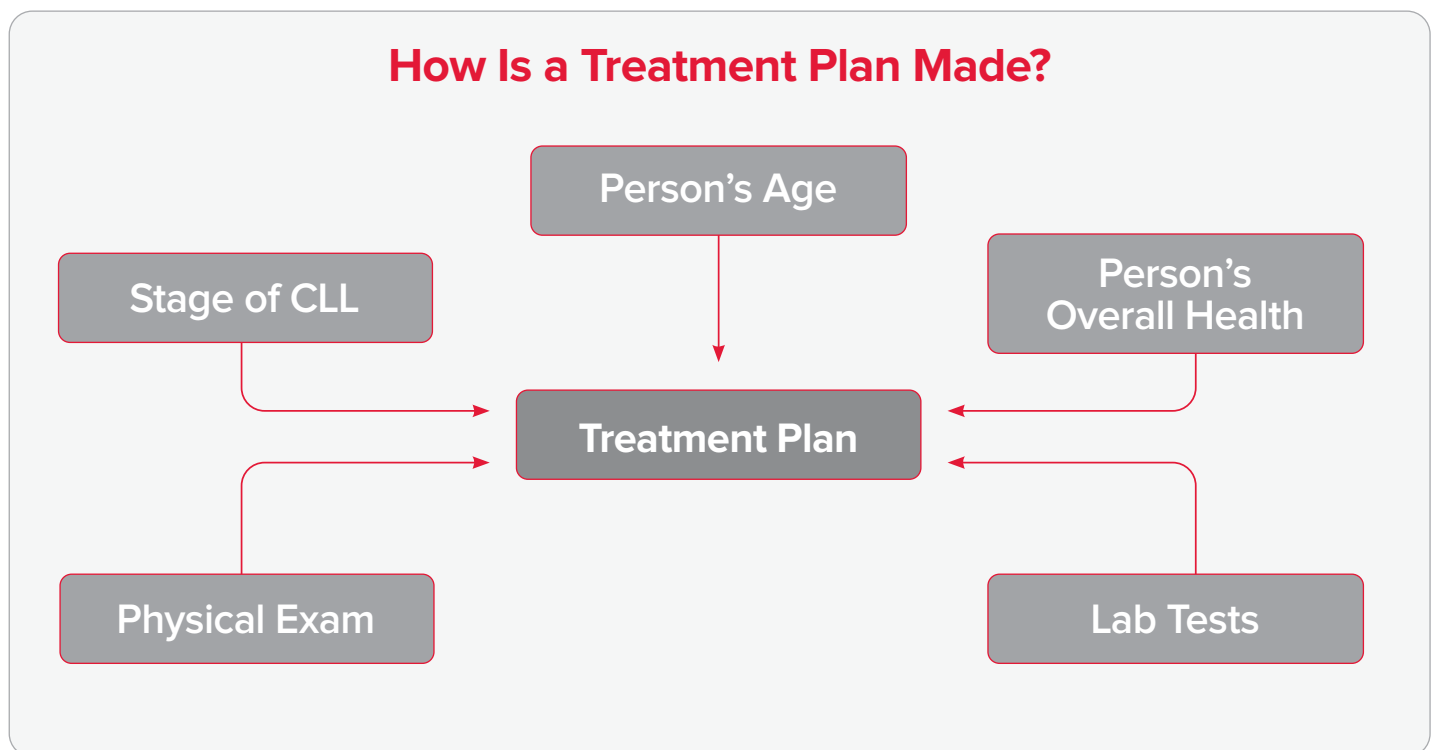
The goals of CLL treatment are to:

- Slow the growth of the CLL cells
- Provide long periods of remission (when there are no signs or symptoms of CLL)
- Improve survival
- Help manage symptoms and complications of CLL such as infections, tiredness, fevers and night sweats

The treatment plan for a person with CLL depends on the:

- Physical exam and lab test results
- Person's overall health
- Person's age
- Genetic mutations in the CLL cells
- Stage of CLL (see *CLL Staging* on page 18)

How Is a Treatment Plan Made?



Fertility. Cancer treatments, including some chemotherapy drugs, radiation and surgery, may affect fertility (the ability to have children in the future). Changes to fertility, which can happen to both males and females, may be short-term or permanent. Before you begin your CLL treatment, it is important to talk with your doctor about whether your treatment could affect your fertility.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Fertility and Cancer* at www.LLS.org/booklets for more information about fertility preservation.

CLL Staging. Many doctors use a system called staging to help predict the likely outcome of the disease and to plan treatment for people with CLL. There are three staging systems that doctors use: the Rai staging system, the Binet staging system and the CLL International Prognostic Index (CLL-IPI). Although the Rai and Binet staging systems are still widely used, they have certain limitations in predicting which patients will have a more aggressive disease. Gene mutations and chromosomal abnormalities of CLL have been integrated into the CLL-IPI to help better predict a patient's risk factors and response to therapy. Talk to your doctor about what staging system they are using and how it can affect your treatment.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Chronic Lymphocytic Leukemia: In Detail* at www.LLS.org/booklets for more detailed information about CLL staging systems. Or you can contact our Information Specialists for a copy.

Prognostic Factors. For CLL patients, there are several factors that may affect the likely outcome of their disease, called the prognosis. These factors may also help doctors determine the best treatment options.

Chromosome Changes. The doctor will use FISH and other tests to identify chromosome changes. Knowing that a patient has chromosome changes can

also help the doctor figure out the best treatment option. Below are some factors that may affect your prognosis:

- **Del(13q).** Some CLL patients are missing parts of chromosome 13 called “del(13q).” This is associated with a favorable outcome (if not associated with any other abnormality).
- **Del(17p)/*TP53*.** Some CLL patients are missing parts of chromosome 17 called “del(17p)” which is linked to the mutation of the *TP53* gene. Patients with the del(17p)/*TP53* mutation have high-risk CLL.
- **Del(11q).** Some CLL patients are missing parts of chromosome 11 called “del(11q).” This is associated with higher-risk disease.
- **+12.** Some CLL patients have an extra copy of chromosome 12. This is often associated with an intermediate risk category.
- ***IGHV*.** A mutation in the *IGHV* gene of CLL cells is often associated with a favorable outcome.
- **Complex karyotype.** A complex karyotype is 3 or more chromosome abnormalities in the CLL cells. A complex karyotype is often associated with high-risk CLL.

About CLL Treatments

New treatments may have been approved since this booklet was printed. Check www.LLS.org/DrugUpdates or call (800) 955-4572.

Before you begin treatment, you and your doctor will discuss your treatment options. One option may be a clinical trial. Like all treatment options, clinical trials have risks and benefits. Be sure to think about all of your treatment options, including clinical trials.

Most current treatments do not cure CLL, but there are treatments that have the potential to give patients a longer life and a better quality of life. Treatments for CLL include:

- Watch and wait or active surveillance
- Targeted therapy

- Monoclonal antibody therapy
- Chemotherapy
- Chemoimmunotherapy
- Splenectomy
- Radiation therapy
- Treatment in a clinical trial (see page 30)
- Stem cell transplantation
- CAR T-cell therapy

A patient may receive different drugs from those described in this booklet. This may still be considered proper treatment. Speak to your doctor to find out what treatment is best for you.

Our Information Specialists can help you plan questions to ask your doctor about treatment.

Here are some questions you may want to ask your healthcare team. See pages 45-50 for a full list of questions.

1. What is the stage of my CLL?
2. What are my treatment options, including clinical trials?
3. What is the goal of treatment?
4. What are the benefits and risks of these treatments?
5. Is there one treatment recommended over others?

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Chronic Lymphocytic Leukemia: In Detail* to learn more detailed information about CLL treatment. Go to www.LLS.org/booklets or contact our Information Specialists for a copy.

Watch and Wait. Not all CLL patients need to start treatment immediately. Watch and wait is a valid treatment approach that means your doctor will watch your condition but not give you treatment unless you have signs or symptoms that appear or change. This approach includes:

- Regular medical examinations that include checking the size of your lymph nodes and spleen
- Regular blood testing to see whether the disease is stable or beginning to progress

You may think you should start treatment right away. But for people with low-risk (slow-growing) disease and no symptoms, it is often best not to start treatment immediately. With a watch-and-wait approach, you avoid the side effects of therapy until it is needed.

Between appointments, if you notice that you are having a number of infections, increased fatigue, night sweats, or you are generally not feeling well, contact your doctor. Do not wait for your next appointment to report these symptoms.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Watch and Wait* at www.LLS.org/booklets or contact our Information Specialists for a copy.

When to Start Treatment. Some CLL patients can be managed with the watch-and-wait approach for years before their disease progresses. The decision to begin treatment is based on a patient's symptoms, test results and the stage of CLL. Treatment will begin if your symptoms or test results show that the disease is growing.

Your doctor may advise you to begin treatment if you have one or more of the following factors:

- An increase in the number of CLL cells
- A decrease in the number of red blood cells
- A decrease in the number of platelets
- An increase in the size of the lymph nodes

- An increase in the size of the spleen and/or the liver
- The presence of CLL symptoms including
 - Fatigue
 - Night sweats
 - Unexplained weight loss
 - Fever without other evidence of infection

Beginning Treatment for CLL. Treatment of CLL is started when symptoms develop that are associated with active disease. Before starting treatment, it is important to have another FISH test to see if there are any changes to the genes and/or chromosomes of the CLL cells.

Because CLL is typically a disease of older people, the doctor will also evaluate a patient's fitness and identify other medical conditions or problems that may affect CLL treatment.

After these tests are done, CLL patients are most often placed into one of two categories based on mutation status. See page 25 for treatment options based on these categories.

Targeted Therapies. These treatments are designed to target (attack) specific substances on cancer cells with less harm to normal, healthy cells. Most targeted therapies for CLL are given as pills and, in general, have milder side effects than chemotherapy. Acalabrutinib (Calquence®), duvelisib (Copiktra®), ibrutinib (Imbruvica®), idelalisib (Zydelig®), pirtobrutinib (Jaypirca®), venetoclax (Venclexta®) and zanubrutinib (Brukinsa®) are all targeted therapies approved for CLL and are all given by mouth.

Monoclonal Antibody Therapies. These treatments use immune-system proteins (antibodies) that are made in the lab. Monoclonal antibody therapies aim for a specific target on the surface of the CLL cells. The antibodies attach to the CLL cells so that the immune system can find and kill the CLL cells. In general, the side effects are milder than the side effects of chemotherapy. Obinutuzumab (Gazyva®), rituximab (Rituxan®) and rituximab plus hyaluronidase human (Rituxan Hycela®) are monoclonal antibody therapies used to treat people with CLL. With the exception of Rituxan Hycela, which is given by injection subcutaneously (beneath the skin), the rest of these therapies are given intravenously (through an IV line).

Chemotherapy. This is a type of treatment designed to kill cancer cells. Some drugs are given by mouth (oral medication, like a pill). Other drugs are given through an IV line. Two or more drugs are often used together. The drugs bendamustine hydrochloride (Bendeka®), chlorambucil (Leukeran®), cyclophosphamide (Cytoxan®) and fludarabine (Fludara®) are used to treat some people with CLL.

Corticosteroid. Corticosteroids are hormones made in the body. They can also be made in the laboratory and are used to treat certain leukemias and lymphomas. Methylprednisolone, a corticosteroid, may be given to treat some people with CLL.

Chemoimmunotherapy. This type of therapy combines chemotherapy with immunotherapy. Immunotherapy is a type of treatment that uses a person's immune system to help fight cancer. Examples of these are:

- FCR: fludarabine, cyclophosphamide and rituximab
- BR: bendamustine and rituximab

Splenectomy. The spleen is an organ on the left side of the body, near the stomach. CLL cells can collect in the spleen, causing it to become enlarged. Sometimes, the spleen becomes so large that it presses on nearby organs causing pain. Also, an enlarged spleen may lower a person's blood cell counts to dangerous levels. An operation to remove the spleen is called a splenectomy. Splenectomy is helpful for select patients. The operation may reduce pain and help improve blood counts.

Radiation Therapy. This treatment uses x-rays or other high-energy rays to kill cancer cells. Radiation therapy is sometimes used to treat a person with CLL who has an enlarged (swollen) lymph node, spleen or other organ that is blocking the function of a neighboring body part, such as the kidney or the throat.

Some Drugs Approved or in Clinical Trials for the Treatment of CLL

Targeted Therapy

- Acalabrutinib (Calquence®)
- Duvelisib (Copiktra®)
- Ibrutinib (Imbruvica®)
- Idelalisib (Zydelig®)
- Pirtobrutinib (Jaypirca®)
- Venetoclax (Venclexta®)
- Zanubrutinib (Brukinsa®)

Monoclonal Antibodies

- Obinutuzumab (Gazyva®)
- Rituximab (Rituxan®)
- Rituximab and hyaluronidase human (Rituxan Hycela®)

Chemotherapy

- Bendamustine hydrochloride (Bendeka®)
- Chlorambucil (Leukeran®)
- Cyclophosphamide (Cytosan®)
- Fludarabine (Fludara®)

Corticosteroid

- Methylprednisolone

New treatments may have been approved since this booklet was printed. Check www.LLS.org/DrugUpdates or call (800) 955-4572.

Patients Without del(17p) or TP53 Mutations. The first, or preferred, treatments prescribed to many patients in this category include acalabrutinib, zanubrutinib or venetoclax in combination with obinutuzumab. Another recommended treatment is ibrutinib. For patients with *IGHV*-mutated CLL under age 65 years without significant comorbidities, FCR (fludarabine, cyclophosphamide, rituximab) is an option.

Patients who are prescribed a type of treatment like acalabrutinib, zanubrutinib, or ibrutinib will take the drug until it no longer works or until side effects occur that require them to stop taking it. If one of these drugs causes severe side effects, a patient may be able to try a different one.

Patients With del(17p) or TP53 Mutations. Patients with del(17p) or *TP53* mutations, whether young or older, typically do not respond well to treatment or are likely to have early relapses if the first treatment is any type of chemo-immunotherapy. Treatment with targeted therapies or monoclonal antibodies generally has better results. The treatments below are for patients with del(17p) and should be considered as a first option.

Suggested Treatment Options for CLL with del(17p)/TP53 Mutation

○ Preferred treatments:

- Acalabrutinib
- Obinutuzumab
- Venetoclax
- Zanubrutinib

○ Other recommended treatment:

- Ibrutinib
- For certain patients who can't take acalabrutinib, zanubrutinib, or ibrutinib and venetoclax or who need fast disease control, using obinutuzumab or high-dose methylprednisolone with either rituximab or obinutuzumab are options

If these treatments are not appropriate or effective, a clinical trial should be considered (see page 30). Allogeneic stem cell transplantation may also be a treatment option (see page 27).

Treatment Outcomes. Patients will be tested to see whether they have achieved a complete remission. These tests may include a physical examination, blood tests and sometimes bone marrow aspiration and biopsy and imaging tests. A complete remission is achieved when:

- Blood cell counts return to normal
- Enlarged lymph nodes and organs return to normal size
- Patients no longer have symptoms of leukemia
- The bone marrow shows no evidence of CLL

Relapsed or Refractory CLL

Some CLL patients relapse. A relapse is the return of cancer after it has been in remission for more than 6 months. Other patients have refractory CLL. Refractory CLL is cancer that is not in remission after initial therapy.

Many patients with refractory disease can achieve a remission with different treatments, and many patients with relapsed disease can obtain another period of remission with additional treatment. This approach can control CLL for many years. Often people with CLL will require several lines of treatment in their lifetime, and they often have a good quality of life for years after receiving additional treatment.

Before starting treatment, it is important to have another FISH test to see if there are any changes to the genes and/or chromosomes of the CLL cells. This can help your doctor determine the next therapy. New mutations can develop over time or as a result of past treatments.

The following drugs and treatments can be used to treat relapsed or refractory CLL:

Preferred treatments:

- Acalabrutinib
- Chimeric antigen receptor (CAR) T-cell therapy (see page 28)
- Pirtobrutinib
- Venetoclax with obinutuzumab
- Zanubrutinib

Other recommended treatments:

- Allogeneic stem cell transplantation (see below)
- Bendamustine with rituximab
- Duvelisib
- FCR (fludarabine, cyclophosphamide and rituximab)
- High-dose methylprednisolone with rituximab or obinutuzumab
- Ibrutinib
- Idelalisib, alone or in combination with rituximab
- Lenalidomide alone or in combination with rituximab
- Obinutuzumab
- Venetoclax, alone or with ibrutinib or rituximab

Allogeneic Stem Cell Transplantation. Allogeneic stem cell transplantation is a treatment option for people who have relapsed or refractory high-risk CLL. Some patients who receive a stem cell transplantation can experience serious and life-threatening complications. Stem cell transplantation is not for most patients with CLL, but it can be helpful for some.

An allogeneic transplant is a treatment that uses stem cells from a donor. The stem cells in the donor's blood must be a "match" to the patient. The donor may be a brother or sister (siblings are most often the best match). The donor may also be an unrelated person with stem cells that match the patient's. Stem cells may also come from donated cord blood (the blood in the umbilical cord after a baby's birth).

Allogeneic transplants are done in the hospital. After the patient achieves a remission, the process of allogeneic transplant is as follows:

- Stem cells are collected from a donor.
- The patient is given high-dose chemotherapy and/or radiation therapy.
- The donor stem cells are given to the patient through an intravenous (IV) line or central line.
- The donor stem cells go from the patient's blood to the bone marrow and begin to start a new supply of red blood cells, white blood cells and platelets.

For patients who may not be able to withstand the high doses of chemotherapy that are given to patients during stem cell transplant, there is another type of allogeneic stem cell transplant. Reduced-intensity allogeneic stem cell transplant is less harsh and uses lower doses of chemotherapy than a standard allogeneic transplant. Some older or sicker patients may be helped by this treatment.

An allogeneic stem cell transplantation has a high risk of serious complications. Your doctor will explain the benefits and the risks if transplantation is suggested for you.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Blood and Marrow Stem Cell Transplantation Guide* at www.LLS.org/booklets or contact our Information Specialists for a copy.

CAR T-Cell Therapy. This is a type of immunotherapy that uses a person's own immune cells (T cells) to kill cancer cells. T cells are taken from a patient's blood and sent to a laboratory. There, the T cells are genetically modified to allow them to identify and attack cancer cells. The T cells are then re-infused into the patient's blood.

This type of treatment is often recommended for high-risk patients: for example, those who relapse after stem cell transplantation or when stem cell transplantation is not a treatment option. While this treatment can be very effective, it is also associated with a relatively high rate of serious complications. Talk to your doctor for more information.

Lisocabtagene maraleucel (Breyanzi®) is FDA-approved CAR T-cell treatment for CLL.

Please call **(800) 955-4572** or visit the Clinical Trial Support Center at **www.LLS.org/CTSC** for more information about clinical trials.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *CAR T-Cell Therapy Process* and *Chimeric Antigen Receptor (CAR) T-Cell Therapy* at www.LLS.org/booklets or contact our Information Specialists for a copy.

Financial Challenges for CLL Patients

There have been significant advances in CLL therapy. However, some new treatments, used alone or in combination, require continuous use. This can lead to financial and emotional stress for both patients and families. The costs of these drugs can be a burden for patients.

Speak to your doctor if you have concerns about being able to afford your CLL medication. A member of your treatment team may be able to provide information and resources that can help. Health insurance plans may not cover all the costs of cancer care, but there are resources you can find to assist in paying for prescription drugs.

In addition, several major drug manufacturers currently provide patient assistance or prescription assistance programs. These companies may be able to help by providing both insured and uninsured patients with free or reduced-cost medications.

Call our LLS Information Specialists at **(800) 955-4572** for information about financial assistance and medical debt programs.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklet *Cancer and Your Finances* at www.LLS.org/booklets or contact our Information Specialists for a copy.

PART 3 CLINICAL TRIALS

About Clinical Trials

There are new treatments under study for patients with CLL. New treatments are studied in clinical trials. Clinical trials are also used to study new uses for approved drugs or treatments, such as changing the dose of a drug or giving a drug along with another type of treatment. Some clinical trials combine drugs for CLL in new sequences or dosages.

There are clinical trials for:

- Patients newly diagnosed with CLL
- Patients who did not have a good response to treatment (refractory disease)
- Patients who relapsed after treatment

A carefully conducted clinical trial may provide the best available therapy for you.

Here are some questions you may want to ask your healthcare team. See pages 47-50 for a full list of questions.

1. Is a clinical trial a treatment option?
2. How can I find out if insurance covers the cost of the clinical-trial treatment and treatment-related costs, such as testing?
3. Who pays for the travel costs to get to the clinical trial?

Ask your doctor if treatment in a clinical trial may be right for you. For more information, please call (800) 955-4572 to speak with an LLS Information Specialist who can provide more information about clinical trials. Patients and caregivers can work with **LLS Clinical Trial Nurse Navigators** who will help search for clinical trials and personally assist through the entire clinical trial process. Visit **www.LLS.org/CTSC** for more information.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklets *Understanding Clinical Trials for Blood Cancers* and *Knowing All your Treatment Options* at www.LLS.org/booklets or contact our Information Specialists for copies.

PART 4 SIDE EFFECTS AND FOLLOW-UP CARE

Overview

- Treatment side effects vary depending on the type of treatment. For example, the side effects of targeted therapies are different from the side effects of chemotherapy.
- Some of the common side effects of CLL treatment may include tiredness, fever, rash, nausea, diarrhea and pain.
- People with CLL should see their primary care doctor and a cancer specialist regularly for follow-up care.

Side Effects of CLL Treatment

The term side effect is used to describe the way treatment affects healthy cells and often defines the negative or undesirable effects from a treatment.

Treatment side effects vary depending on the type of treatment. For example, the side effects of targeted therapies are different from the side effects of chemotherapy. Patients react to treatments in different ways. Sometimes there are very mild side effects. Other side effects may be uncomfortable and difficult. Some side effects are serious and last a long time. Usually side effects go away once treatment ends. You should talk with your doctors about potential side effects before you begin any type of treatment.

Here are some questions you may want to ask your healthcare team. See pages 47-50 for a full list of questions.

1. What are the common side effects of this treatment?
2. What side effects should be reported to the healthcare team right away?
3. How can potential side effects be prevented or managed?
4. How long will the side effects last?

Infections. People with CLL are more likely to get infections.

- Patients may receive antibiotics to treat bacterial infections. Antiviral medications may also be given to treat or prevent viral infections. People with repeated lung and/or sinus infections may also get injections (shots) of immunoglobulins on a regular basis to help prevent new infections.
- For some patients who experience long periods of low white blood cell counts, doctors may prescribe a type of drug called a growth factor that helps the bone marrow make more white blood cells. Examples of white blood cell growth factors are filgrastim (Neupogen®), pegfilgrastim (Neulasta®) and sargramostim (Leukine®).
- Talk to your doctor about pneumonia, flu, shingles, COVID 19 and any other vaccines. Patients who have CLL should never receive live vaccines, such as Zostavax (a live shingles vaccine), but they can receive an inactivated vaccine, such as Shingrix® (an inactivated shingles vaccine). Patients with CLL have a lower immune response to vaccination compared to the general population and should consider protective measures, such as wearing masks as needed.

Other Treatment Side Effects. Some possible side effects of CLL treatment include:

- Rash
- Heartburn
- Infections
- Achy feeling
- Diarrhea

- Constipation
- Extreme tiredness
- Hair loss
- Low blood pressure
- Mouth sores
- Upset stomach and vomiting

Talk to your doctor about the possible side effects and long-term effects of your treatment. You can also call our Information Specialists.

WANT MORE INFORMATION?



You can view, print or order the free LLS booklets about managing side effects (filter by Side Effect Management) at www.LLS.org/booklets or contact our Information Specialists for copies.

Follow-Up Care

Medical follow-up is important for every CLL patient. Follow-up care helps the doctor see if the disease has relapsed. CLL patients should see their primary care doctors and their hematologist-oncologists (cancer specialists) regularly for follow-up care. At these visits, the doctor will check your health and blood cell counts, and if needed, perform or order other tests to evaluate your treatment progress as well as to see if there are any signs of relapse. You should also tell the doctor of any changes that you notice (for example, infections, enlarged lymph nodes, night sweats, etc).

You should talk with the doctor about how often to have follow-up visits. You can ask your doctor what tests will be needed and find out how often you need to have these tests. It is important to keep a record of your cancer treatments, including the drugs and procedures you received and the time period you received them, so that your doctor can follow up on specific long-term effects that may be associated with your treatment. See page TK for a place to list treatments.

Here are some questions you may want to ask your healthcare team. See pages 47-50 for a full list of questions.

1. Who should I work with to ensure lifelong follow up?
2. Will I continue to see this healthcare team?
3. What information can be provided to my primary doctor about past treatment and what may be needed in the future?

To find a survivorship clinic (a place that helps cancer patients live well after cancer treatment) and other resources for CLL survivors, contact our Information Specialists.

WANT MORE INFORMATION?



For additional survivorship information, visit www.LLS.org/SurvivorshipWorkbook to view the free LLS booklet *Navigating Life During and After a Blood Cancer Diagnosis*.

Take Care of Yourself

- Keep all appointments with your doctor.
- Talk about how you feel with the doctor at each visit.
- Ask any questions you may have about side effects.
- People with CLL may have more infections than other people. Follow your doctor's advice for preventing infection.
- Eat healthy foods each day. It may help to eat 4 or 5 smaller meals instead of 3 big ones.
- Keep a record of your cancer diagnosis, treatment, and follow-up care needs. This is often called a “survivorship care plan.” Ask your doctor for a written survivorship care plan. Share this information with any new healthcare providers you see. The plan should include the following information:
 - List of all healthcare providers
 - Diagnosis summary with specifics such as subtype and/or genetic markers

- Treatment summary with specifics such as the names, dates, and dosages of drugs, site of radiation treatment, surgery and/or transplantation information, response to treatment, and side effects
- Maintenance treatment information, if applicable
- List of possible late effects
- Schedule for ongoing monitoring with recommended tests, frequency and coordinating provider
- Health and wellness recommendations such as nutrition, exercise or other disease screenings
- Contact the doctor about tiredness, fever or other symptoms.
- Do not smoke. Patients who smoke should get help to quit.
- Get enough rest and exercise. Talk with your doctor before starting an exercise program.
- Have regular cancer screenings. See your primary care doctor to keep up with other healthcare needs.
- Talk with family and friends about how you feel. When family and friends know about CLL and its treatment, they may worry less.
- Seek medical advice if you feel sad or depressed and your mood does not improve over time. For example, if you feel sad or depressed every day for a 2-week period, seek help. Depression is an illness. It can and should be treated even when a person is being treated for CLL. Treatment for depression has benefits for people living with cancer.

ADDITIONAL RESOURCES

Information for Firefighters. Firefighters are at an increased risk of developing cancer. There are steps firefighters can take to reduce the risk. Please visit www.LLS.org/FireFighters for resources and information.

Information for Veterans. Veterans who were exposed to Agent Orange while serving in Vietnam; to airborne hazards and burn pits while serving in Iraq, Afghanistan and other areas of Southwest Asia; to contaminated water at Camp Lejeune between 1953-1987; or to ionizing radiation during service may be able to get help from the United States Department of Veterans Affairs (VA). For more information, please

- Call: the VA (800) 749-8387
- Visit: <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/>

Language Services. Let members of your healthcare team know if you need translation or interpreting services because English is not your native language, or if you need other assistance, such as a sign language interpreter. Often these services are free.

Mental Health. Caring for your mental health has benefits for cancer patients. Seek medical advice if you are struggling. For more information, please:

- Call: The National Institute of Mental Health (NIMH) at (866) 615-6464
- Visit: NIMH at www.nimh.nih.gov

If you or your loved one is experiencing a mental health crisis, call 988 to talk to a trained mental health professional. The 988 Suicide and Crisis Lifeline is free, confidential and always available. For the Crisis Text Line, text HOME to 741741.

Other Helpful Organizations. The Leukemia & Lymphoma Society (LLS) offers an extensive list of resources for patients and families. There are resources that provide help with financial assistance, counseling, transportation, patient care and other needs. For more information, visit www.LLS.org/ResourceDirectory to view the directory.

World Trade Center Health Program. People involved in the aftermath of the 9/11 attacks and subsequently diagnosed with a blood cancer may be able to get help from the World Trade Center (WTC) Health Program. People eligible for help include:

- Responders
- Workers and volunteers who helped with rescue, recovery and cleanup at the WTC-related sites in New York City (NYC)
- Survivors who were in the NYC disaster area and those who lived, worked or were in school in that area
- Responders to the Pentagon and the Shanksville, PA, crashes

For more information, please

- Call: WTC Health Program at (888) 982-4748
- Visit: www.cdc.gov/wtc/faq.html

Health Terms

Antibiotic. A drug that is used to treat infections caused by bacteria and fungi.

Antibody. A protein made by blood cells when they are invaded by bacteria, viruses or other harmful foreign substances called “antigens.” Antibodies help the body fight invaders that cause illness. Antibodies can also be made in the lab and are used to help detect and treat certain types of cancer.

Bone marrow. The spongy material in the center of the bones where blood cells are made.

Bone marrow aspiration. A procedure to remove and examine bone marrow cells to see if they are normal. A liquid sample containing cells is taken from the bone marrow and then the cells are looked at under a microscope.

Bone marrow biopsy. A procedure to remove and examine bone marrow cells to see if they are normal. A very small amount of bone filled with bone marrow cells is taken from the body, and the cells are looked at under a microscope.

Chemotherapy. Treatment that stops the growth of cancer cells, either by killing the cancer cells or by stopping them from dividing.

Chromosome. The part of the cell that contains genetic information. Chromosomes are made up of genes. Genes give the instructions that tell each cell what to do. Human cells have 23 pairs of chromosomes. The number or shape of chromosomes may not be normal in cancer cells.

Clinical trial. A careful study done by doctors to test new drugs or treatments, or to test new uses for already approved drugs or treatments. The goals of clinical trials for blood cancers are to find cures, increase survival and improve quality of life for patients.

Comorbidity. The condition of having two or more diseases at the same time.

DNA. The molecules inside cells that carry genetic information and pass from one generation to another. DNA stands for "deoxyribonucleic acid."

FDA. The short name for the US Food and Drug Administration. Part of the FDA's job is to assure the safety and security of drugs, medical devices and the US food supply.

Fluorescence in situ hybridization (FISH). A test for studying abnormal genes and chromosomes in cells and tissues.

Hematologist-oncologist. A doctor who specializes in treating blood cancers.

Imaging test. A type of test that makes detailed pictures of areas inside the body. Imaging tests use different forms of energy such as x-rays, ultrasound waves and radio waves.

Immune system. A network of cells, tissues and organs in the body that defend the body against infection.

Immunoglobulin. A protein made by B cells and plasma cells that helps the body fight infection.

Immunophenotyping. A lab test that can measure the number of cells in a sample and determine certain characteristics of cells, such as their size and shape. It can also detect tumor markers on the surface of cells and identify specific types of cells, including CLL cells.

Immunotherapy. A type of treatment that uses substances to stimulate or suppress the immune system to help the body fight cancer and other diseases.

Intravenous (IV) injection. An injection into a vein, IV usually refers to the method of giving a drug through a needle or tube inserted into a patient's vein.

Lymph node. A small bean-shaped organ that is part of the body's immune system. Lymph nodes contain lymphocytes (white blood cells) that help the body fight infection and disease.

Lymph vessel. A thin tube that carries lymphatic fluid and white blood cells through the lymphatic system.

Lymphocyte. A type of white blood cell that is part of the immune system and fights infection.

Monoclonal antibody therapy. A treatment that targets and kills certain cancer cells. In general, it does not cause as many side effects as chemotherapy.

Oncologist. A doctor who specializes in treating patients who have cancer. See hematologist-oncologist.

Plasma. The clear, liquid part of the blood that carries blood cells.

Platelet. A type of blood cell that helps prevent or stop bleeding. Platelets help form blood clots to slow or stop bleeding and to help heal wounds.

Red blood cell. A type of blood cell that carries oxygen to all parts of the body. In healthy people, red blood cells make up almost half of the cells in the blood.

Refractory CLL. CLL that has not responded to initial treatment.

Relapsed CLL. CLL that responds to treatment at first but then returns.

Remission. When signs or symptoms of a disease decrease or disappear, usually following treatment.

Spleen. An organ that is part of the lymphatic system. The spleen is located on the left side of the body near the stomach. It contains white blood cells that fight infections.

Stem cell. A type of cell found in the bone marrow that eventually matures into different types of cells: red blood cells, white blood cells and platelets.

White blood cell. A type of cell in blood that helps the body fight infection.

MY HEALTHCARE TEAM CONTACT LIST

Use this list to remember names and contact information for members of your healthcare team.

CAREGIVER NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

PRIMARY CARE DOCTOR NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

PHARMACY NAME:

Address: _____

Phone number/Fax number _____

Additional information: _____

Information Specialists:

Phone: (800) 955-4572

Email and live chat: www.LLS.org/InformationSpecialists

HEMATOLOGIST-ONCOLOGIST NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Website/Portal: _____

Additional information: _____

NURSE/NURSE PRACTITIONER NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

SOCIAL WORKER NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

INSURANCE CASE MANAGER/CARE COORDINATOR NAME:

Address: _____

Phone number/Fax number: _____

Website or email address: _____

Additional information: _____

PHYSICIAN ASSISTANT NAME:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

NURSE NAVIGATOR NAME::

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

OTHER

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

OTHER:

Address: _____

Phone number/Fax number: _____

Email address: _____

Additional information: _____

MY LIST OF TREATMENTS

Use this space to list your treatments and when you took them.

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

DATE: _____

Treatment: _____

QUESTION GUIDE: MY FIRST DOCTOR'S VISIT

Asking questions will help you take an active role in managing your (or your loved one's) care. If you do not understand any part of the information your healthcare provider gives you, ask them to explain it in another way. The following are questions you may want to ask your healthcare team.

When you meet with the doctor, nurse and healthcare team, ask a few questions to get a better idea of the doctor's experience and to understand how the office works.

(Note: The use of "I (we)" and "me (us)" in lists of questions is used for situations in which patients may not be old enough or able to make their own decisions. A parent, relative or caregiver may be assisting or making the decisions.)

Questions for the Doctor

DOCTOR'S NAME: _____

Date of appointment or phone call: _____

1. How many patients have you treated who have this disease?
2. What problems or symptoms should be reported to the nurse or doctor right away?
3. How long does it normally take to receive a return phone call?
4. How can you be contacted when there are questions?
5. How can you be contacted at night? On weekends? On holidays?
6. Who are the other members of the team that I should be aware of?
7. Is there a release form available so my family/caregiver can be given medical information?

Questions for the Nurse

NURSE OR OTHER HEALTHCARE TEAM MEMBER'S NAME:

1. How long would I (we) have to wait for appointments?
2. What problems or symptoms should be reported to the nurse or doctor right away?
3. How long does it usually take to receive a return phone call?
4. Will there be nurses, social workers and case managers available to help with support needs and quality-of-life concerns?
5. Does your office accept my (our) insurance? Is it considered in-network?

To print copies of other question guides, go to **www.LLS.org/WhatToAsk** or call **(800) 955-4572**.

QUESTION GUIDE: Treatment and Follow-Up Care

Talk with the doctor and ask questions about how they plan to treat your (your loved one's) leukemia. This will help you and your loved one to be actively involved in making decisions about medical care. The following are questions you may want to ask your healthcare team.

(Note: The use of “I (we)” and “me (us)” in lists of questions is used for situations in which patients may not be old enough or able to make their own decisions. A parent, relative or caregiver may be assisting or making the decision.)

DOCTOR'S NAME: _____

Date of appointment or phone call: _____

Write down your diagnosis:

Write down your stage of CLL:

Before Treatment Begins

1. Will this treatment affect the ability to have a child in the future?
2. If yes, are there other treatment options available?
3. What are the options for preserving fertility?
4. How much time do I (we) have to make decisions?
5. What is the stage of my cancer?
6. What is the goal of treatment?
7. What are the treatment options?
8. Are there any clinical trials I could join?
9. When do you think treatment should begin?
10. How long will treatment last?
11. What are the benefits and risks of these treatments?
12. Is there one treatment recommended over the others?
13. How can potential side effects be prevented or managed?

Testing

1. What kind of testing will be done to monitor the disease and treatment?
2. How long does it take to get the results back?
3. How are the results communicated to me (us)?
4. How often will testing be needed?
5. Where will the testing be done?

Treatment

1. Will this be an in-patient or an outpatient treatment?
If the treatment is outpatient:
 - Can I attend work or school during treatment?
 - Will someone be needed to drive me home after treatment?
2. What kind of testing will be done to monitor this disease and treatment?
How often will testing be needed? Where is the testing done?
3. How will we know if the treatment is effective? What options are available if the treatment is not effective?
4. What is the likely outcome of the disease (prognosis)?

Side Effects

1. What are the common side effects for this treatment?
2. What side effects should be reported to the healthcare team right away?
3. How long will the side effects last?
4. How can potential side effects be prevented or managed?
5. How should I report side effects (phone call, at the office visit, etc)?

Social/Financial Concerns

1. Are there any side effects that will affect appearance or ability to do a job/go to school?
2. What kind of financial and social support services are available to me and my family?
3. How can I (we) find out if insurance will cover the costs of the treatment or the study (clinical trial) treatment?
4. Who is the best person to speak to about bills and insurance coverage?
5. If I (we) do not have insurance coverage, how can the healthcare team help get the treatment needed? Is there someone I can speak to for assistance?
6. If I (we) get in a study treatment (clinical trial), will I (we) be responsible for paying treatment-related costs, such as tests, travel or for clinical-trial drugs?
7. How can I (we) find out if the insurance covers the cost of the clinical trial treatment and treatment-related costs such as testing?

Follow-Up Care and Long-Term and Late Effects

1. Who should I (we) work with to ensure lifelong follow up?
2. Will I (we) continue to see this healthcare team?
3. How can I (we) be monitored for long-term and late effects of treatment?
4. What types of long-term and late effects should be brought to the healthcare team's attention?
5. If I (we) have side effects later, how can the healthcare team be reached?
6. What information can be provided to a primary doctor about this treatment?

To print copies of other question guides, go to **www.LLS.org/WhatToAsk** or call **(800) 955-4572**.

NOTES

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NOTES

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A six-word narrative about living with blood cancer from patients in our LLS Community

Stay strong and keep moving forward. Find the positive in every day. Be your own best patient advocate. Changed my life for the better. Accept, learn and focus on present. Learning to live a different life. Sudden and life changing—be positive. Waiting, worrying, anxiousness/happy I'm alive! Embrace a new normal each day. 5 years, 41 infusions, constant fatigue. Patience, positive attitude, hope and faith. Test to test, I will survive! Treatment, fatigue, treatment, fatigue and survival. Love life, live better every day. I don't look back only forward. So far, so good, live life. Meditation, mindfulness, wellness, faith, and optimism. Finding joy while living with uncertainty. Watch, wait, treat, regroup, rest, re-energize. Blessed to be doing so well! Eye opening needed learning and healing. Feel great: uncertain travel plans annoying. Renewed faith, meditation, diet, mindfulness, gratitude. Watchful waiting can be watchful worrying. Scary, expensive, grateful, blessings, hope, faith. Thank god for stem cell transplants! Do not know what to expect. Extraordinarily grateful, I love my life. Diagnosed; frightened; tested; treating; waiting; hoping. I'm more generous, impatient less often. Embrace your treatment day after day. Live today, accept tomorrow, forget yesterday. Strength you never realized you had. Challenging to our hearts and minds. Life is what we make it. Live life in a beautiful way.



Discover what thousands already have at
www.LLS.org/Community

Join our online social network for people who are living with or supporting someone who has a blood cancer. Members will find:

- Thousands of patients and caregivers sharing experiences and information, with support from knowledgeable staff
- Accurate and cutting-edge disease updates
- The opportunity to participate in surveys that will help improve care



For more information, please
contact our Information Specialists
800.955.4572 (Language interpreters
available upon request).

The Leukemia & Lymphoma Society Mail Center

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The mission of The Leukemia & Lymphoma Society (LLS) is to cure
blood cancer and improve the quality of life of all patients and their families.
Find out more at **www.LLS.org**.