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HIGHLIGHTS IN THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA

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WELCOMING REMARKS

HIGHLIGHTS IN THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA

Lizette Figueroa-Rivera, MA
Sr. Director, Education & Support
The Leukemia & Lymphoma Society

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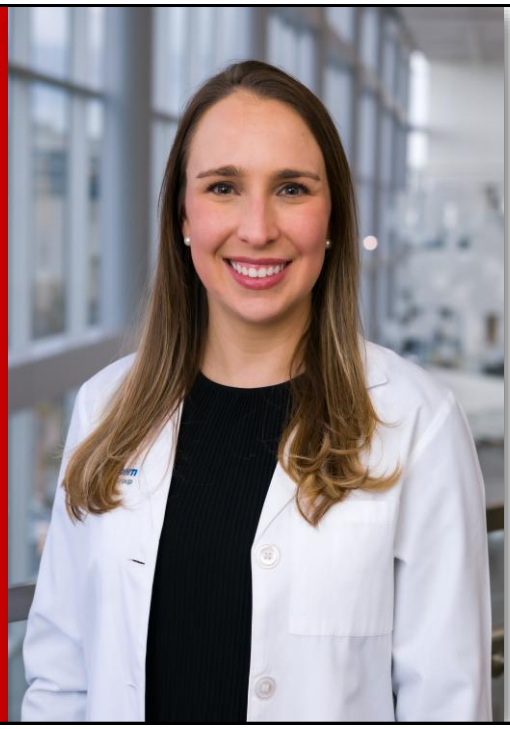

DISCLOSURES

HIGHLIGHTS IN THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA

Dr. Heather Wolfe

Consultant: None
Grant/Research Support: Schrödinger
Speaker: Curio Science

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Presentation Overview

1. Background
2. Active Surveillance
3. Frontline Treatment Options
4. Relapsed Treatment Options
5. Future Treatment
6. Survivorship Care

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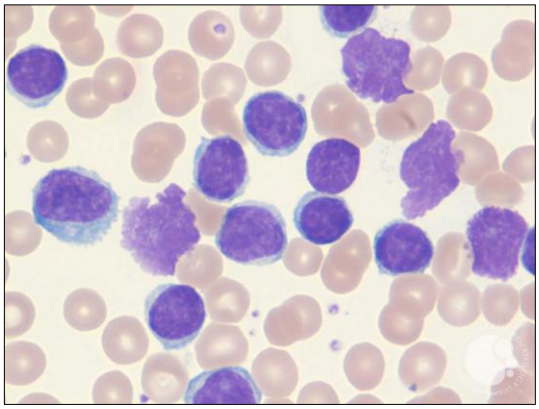
Chronic Lymphocytic Leukemia (CLL)

- The most common form of leukemia in adults.
- Average age at diagnosis = 72 years
- Clinical Features:
  - High white blood cell count (lymphocytosis)
  - Bone marrow suppression (anemia or low platelets)
  - Enlarged lymph nodes
  - Enlarged spleen
- CLL = SLL (for purpose of this talk)



ASH Image Bank

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Advances in Management of CLL

1950s-1960s	1970s-1980s	1990s	2000s	2010 – Current
Single Agent Chemotherapy	**Single Agent Chemotherapy**	**Combination Chemotherapy**	**Chemo-immunotherapy (Rituximab)**	**Targeted Therapy**
Chlorambucil *Cyclophosphamide*	*Fludarabine* *Pentostatin*	*FC* *PC*	*FCR* *BR*	*BTK Inhibitors* *BCL2 Inhibitors* *PI3K Inhibitors*
Response Rate 30-50% Complete Response 5%	Response Rate 50-80% Complete Response 20-30%	Response Rate 75-90% Complete Response 35%	Response Rate 90-95% Complete Response 40-70%	Response Rate 85-95% Overcome Adverse Prognostic Markers

Adapted from. Rai et al. Am. J. Hematol.2016;91:330.

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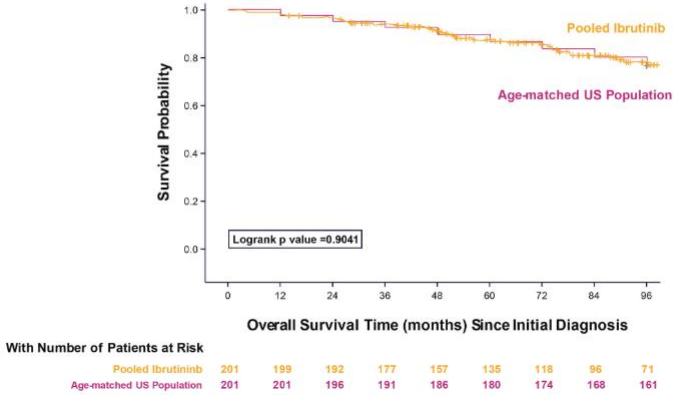
Chronic Lymphocytic Leukemia (CLL)

Figure 1. Similar OS for pooled 1L Ibr for ≥ 65 y subgroup (201 pts) vs age-matched general population (201 pts)



With Number of Patients at Risk

Pooled Ibrutininb	201	199	192	177	157	135	118	96	71
Age-matched US Population	201	201	196	191	186	180	174	168	161

In the age of novel therapies, survival in 2025 approaches age matched controls (similar patients without CLL).

Burger JA. Et al. Blood (2022) 140: 4159-4161.

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Active Surveillance = “Watch and Wait”

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Active Surveillance

- **Active Surveillance** = time between diagnosis and treatment.
- Approximately 1/3rd of patients with CLL never require treatment.
- Currently, CLL cannot be cured by current treatment options (outside of allogenic stem cell transplantation).
- Randomized trials – immediate versus delayed treatment do not show improvement in long-term survival with early treatment.

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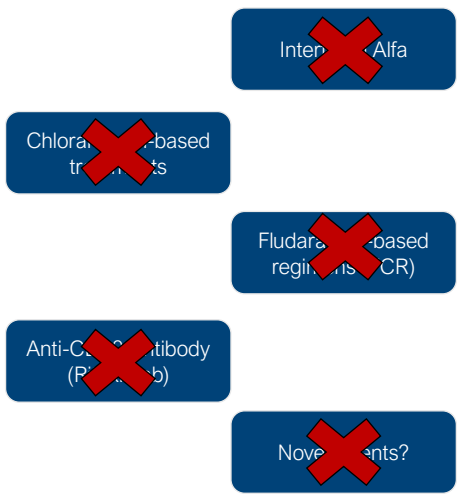
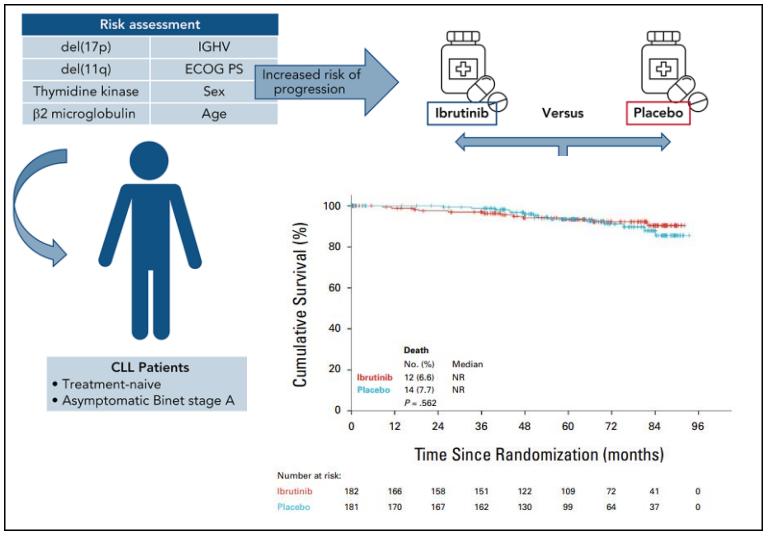
Early Intervention Trials in CLL





Langerbeins P et al. Blood 2022. Langerbeins P et al. J Clin Oncology 2024 (43):392-402.

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Active Surveillance

- Routine visits – history, physical exam, and laboratory monitoring.
- Some patients may have imaging.
- Important time for Survivorship-Based Care! (Stay Tuned…)

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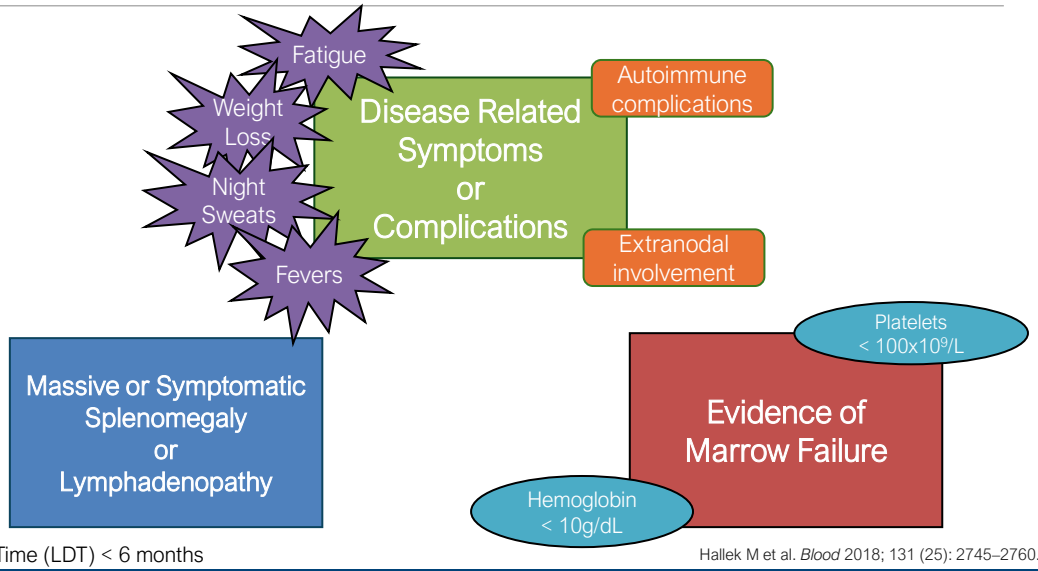
When do I need treatment?



*Lymphocyte Doubling Time (LDT) < 6 months

Hallek M et al. *Blood* 2018; 131 (25): 2745–2760.

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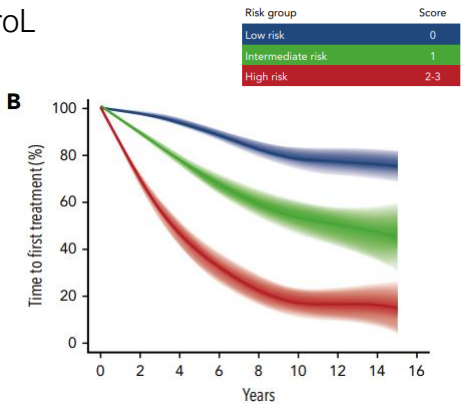
Risk Stratification

International Prognostic Score for Early-Stage CLL (IPS-E):

- Unmutated IGHV
- Absolute Lymphocyte Count > 15,000/microL
- Palpable lymph nodes

	# of Risk Factors	1 Year Treatment	5 Year Treatment
Low-Risk	0	< 1%	8%
Intermediate-Risk	1	3%	28%
High-Risk	2 or 3	14%	65%



Condoluci A et al. Blood 2020; 135(21):1859.

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Frontline Treatment

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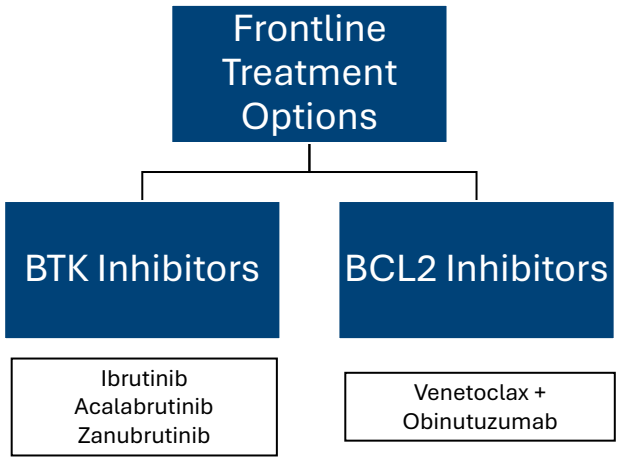
Frontline Treatment (Treatment-Naïve)



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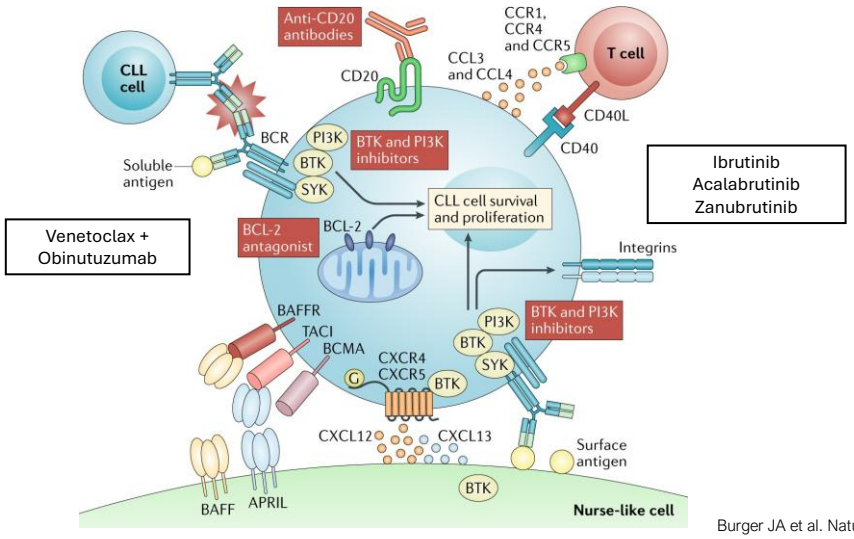
Frontline Treatment (Treatment-Naïve)



Burger JA et al. Nature Reviews (2018).

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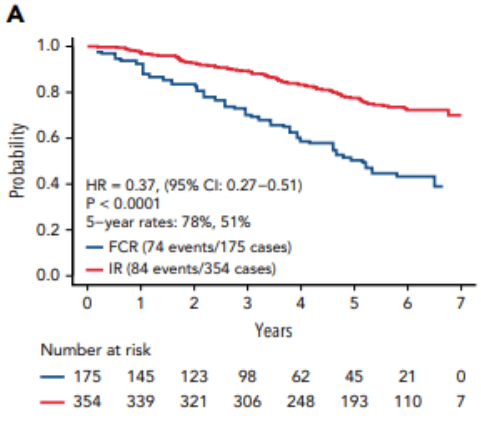
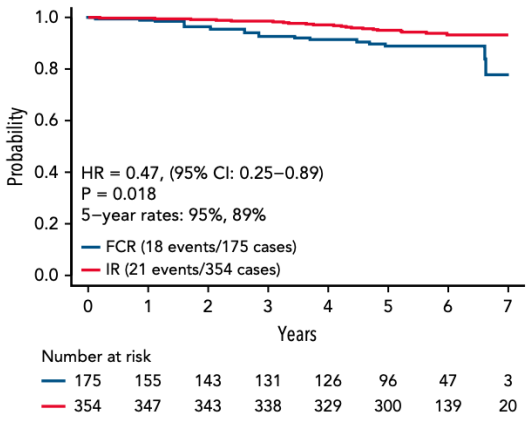
Frontline Treatment: What about chemotherapy?



Progression Free Survival



Overall Survival

Shanafelt. NEJM. 2019;381:432, Blood 2022

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BTK Inhibitors

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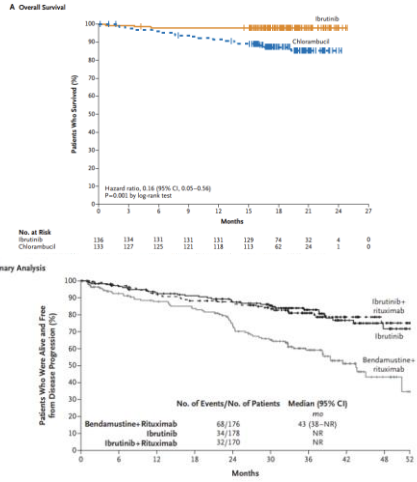
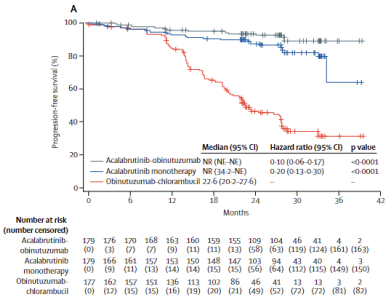
BTK Inhibitors

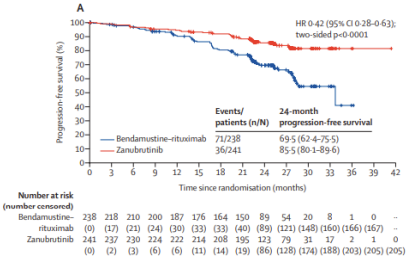
Ibrutinib - 2016
(RESONATE 2/ALLIANCE A041202)



Acalabrutinib - 2019
(ELEVATE-TN)



Zanubrutinib - 2023
(SEQUOIA)



Burger JA, et al. N Engl J Med 2015; 373:2425-2437.
Woyach JA et al. N Engl J Med 2018; 379:2517-2528.
Sharman JP et al. Lancet 2020;395:1278-1291.
Tam, CS et al. Lancet Oncology 2022; 23:1031-1043.

BTKi Related Adverse Effects

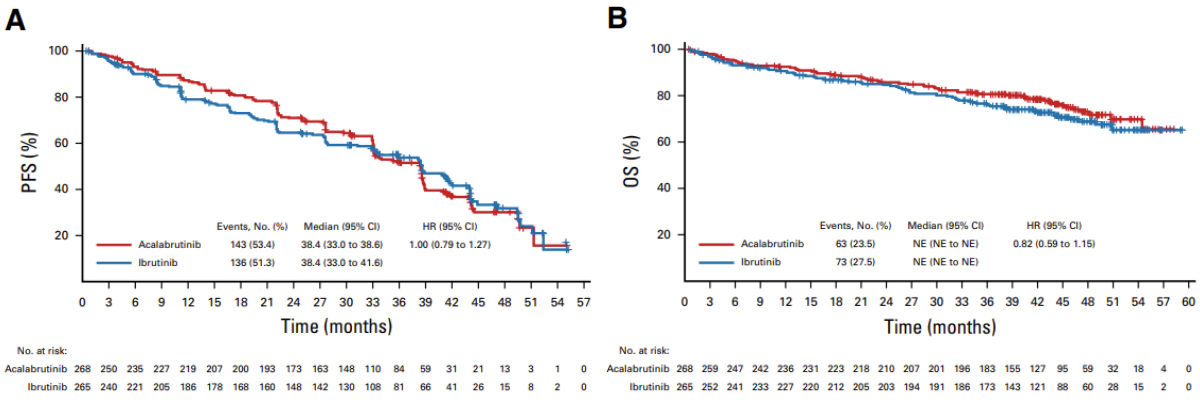
- Atrial Fibrillation
- Hypertension
- Bone and Joint Pain
- Bleeding
- Infection
- Diarrhea
- Fatigue
- Skin Changes
- Low Blood Counts

Table 1. Frequency of highlighted adverse events on selected landmark ibrutinib studies

Adverse event	Phase 2, follow-up 21 mo[6] (n = 85)	Phase 3 RESONATE		Phase 3 RESONATE2	
		Follow-up 9 mo[4] (n = 195)	Follow-up 19 mo[16,17] (n = 195)	Follow-up 18 mo[5] (n = 135)	Follow-up 21 mo[18] (n = 135)
Atrial fibrillation					
All grades	3 (4)	10 (5)	13 (7)	8 (6)	14 (10)
Grade ≥3	0	6 (3)	7 (4)	2 (1)	6 (4)
Bleeding					
All grades	14 (16)	86 (44)	NR	NR	9 (7)
Grade ≥3	4 (5)	2 (1)	4 (2)	6 (4)	8 (6)
Infection					
All grades	NR	137 (70)	NR	NR	NR
Grade ≥3	NR	47 (24)	59 (30)	NR	31 (23)
Arthralgia					
All grades	23 (27)	34 (17)	44 (23)	22(16)	27 (20)
Grade ≥3	0	2 (1)	NR	2 (1)	3 (2)
Myalgia					
All grades	16 (19)	19 (10)	NR	NR	NR
Grade ≥3	1 (1)	1 (1)	NR	NR	NR

Stephens DM, et al. Blood (2019) 133(12):1298-1307.

Which BTKi reins supreme?



Byrd JC et al. JCO 2021; 39(31):3441-3452.

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Which BTK Reins Supreme?

TABLE 2. Most Common AEs Occurring in ≥ 10% (any grade) or ≥ 5% (grade 3 or higher) of Patients in Either Treatment Arm

	Acalabrutinib (n = 266)		Ibrutinib (n = 263)	
Event	**Any Grade**	**Grade ≥ 3**	**Any Grade**	**Grade ≥ 3**
Diarrhea[a,b]	92 (34.6)	3 (1.1)	**121 (46.0)**	**13 (4.9)**
Headache[a,b]	**92 (34.6)**	**4 (1.5)**	53 (20.2)	0
Cough[a]	**77 (28.9)**	2 (0.8)	56 (21.3)	1 (0.4)
Upper respiratory tract infection	71 (26.7)	5 (1.9)	65 (24.7)	1 (0.4)
Pyrexia	62 (23.3)	8 (3.0)	50 (19.0)	2 (0.8)
Anemia	58 (21.8)	31 (11.7)	49 (18.6)	34 (12.9)
Neutropenia	56 (21.1)	52 (19.5)	65 (24.7)	60 (22.8)
Fatigue[b]	54 (20.3)	**9 (3.4)**	44 (16.7)	0
Arthralgia[a]	42 (15.8)	0	**60 (22.8)**	2 (0.8)
Hypertension[a,b]	23 (8.6)	11 (4.1)	**60 (22.8)**	**23 (8.7)**
Nausea	47 (17.7)	0	49 (18.6)	1 (0.4)
Pneumonia	47 (17.7)	28 (10.5)	43 (16.3)	23 (8.7)
Thrombocytopenia	40 (15.0)	26 (9.8)	35 (13.3)	18 (6.8)
Dyspnea	37 (13.9)	6 (2.3)	23 (8.7)	1 (0.4)
Bronchitis	34 (12.8)	3 (1.1)	23 (8.7)	2 (0.8)
Constipation	31 (11.7)	0	37 (14.1)	2 (0.8)
Contusion[a]	31 (11.7)	0	**48 (18.3)**	1 (0.4)
Nasopharyngitis	29 (10.9)	0	27 (10.3)	0
Dizziness	28 (10.5)	0	26 (9.9)	0
Vomiting	28 (10.5)	1 (0.4)	36 (13.7)	3 (1.1)
Peripheral edema	26 (9.8)	0	38 (14.4)	1 (0.4)
Rash	26 (9.8)	2 (0.8)	33 (12.5)	0
Myalgia	25 (9.4)	2 (0.8)	27 (10.3)	1 (0.4)
Atrial fibrillation[a]	24 (9.0)	12 (4.5)	**41 (15.6)**	9 (3.4)
Urinary tract infection[a]	22 (8.3)	3 (1.1)	**36 (13.7)**	6 (2.3)
Back pain[a]	20 (7.5)	0	**34 (12.9)**	2 (0.8)
Epistaxis	19 (7.1)	1 (0.4)	28 (10.6)	1 (0.4)
Muscle spasms[a]	16 (6.0)	0	**35 (13.3)**	2 (0.8)
Dyspepsia[a]	10 (3.8)	0	**32 (12.2)**	0

Byrd JC et al. JCO 2021; 39(31):3441-3452.

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Which BTK Reins Supreme? (ALPINE)

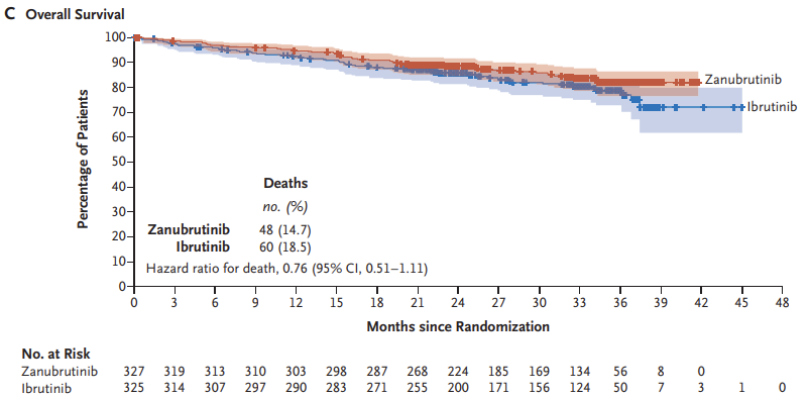

Table 2. Adverse Events that Occurred during Treatment (Safety Population).*

Event	Zanubrutinib (N=324)	Ibrutinib (N=324)
	number of patients (percent)	
≥1 adverse event	318 (98.1)	321 (99.1)
Grade ≥3 adverse events	218 (67.3)	228 (70.4)
Grade ≥3 adverse events reported in >2% of the patients in either trial group		
Neutropenia	52 (16.0)	45 (13.9)
Hypertension	48 (14.8)	36 (11.1)
Covid-19–related pneumonia	23 (7.1)	13 (4.0)
Covid-19	22 (6.8)	16 (4.9)
Pneumonia	19 (5.9)	26 (8.0)
Decreased neutrophil count	17 (5.2)	14 (4.3)
Syncope	9 (2.8)	4 (1.2)
Thrombocytopenia	9 (2.8)	12 (3.7)
Anemia	7 (2.2)	8 (2.5)
Atrial fibrillation	6 (1.9)	12 (3.7)
Increased blood pressure	4 (1.2)	10 (3.1)
Serious adverse events		
All serious adverse events	136 (42.0)	162 (50.0)
Events leading to dose reduction	40 (12.3)	55 (17.0)
Events leading to dose interruption	162 (50.0)	184 (56.8)
Events leading to treatment discontinuation	50 (15.4)	72 (22.2)
Events leading to death	33 (10.2)	36 (11.1)

Brown JR et al. NEJM 2023; 388:319-32.

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BCL2 Inhibitors

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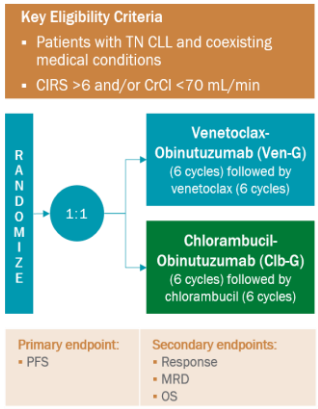
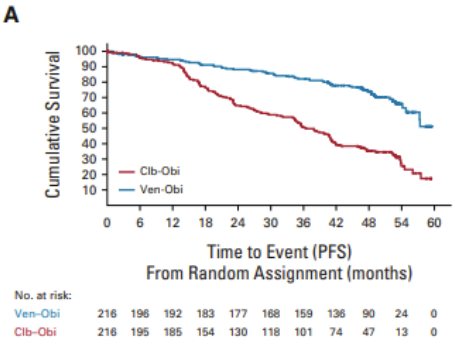
BCL2 Inhibitors (Ventoclax + Obinutuzumab) – CLL14 Study

Fixed Duration Option

- 12 months of treatment for **frontline treatment**
- Requires 6 months of anti-CD20 antibody (IV therapy) + 12 cycles of venetoclax (pills)
- Time off treatment





Al-Sawaf O, et al. EHA 2021. Abstract S146.
Al-Sawaf O, et al. Journal of Clinical Oncology 2021 39:36, 4049-4060.

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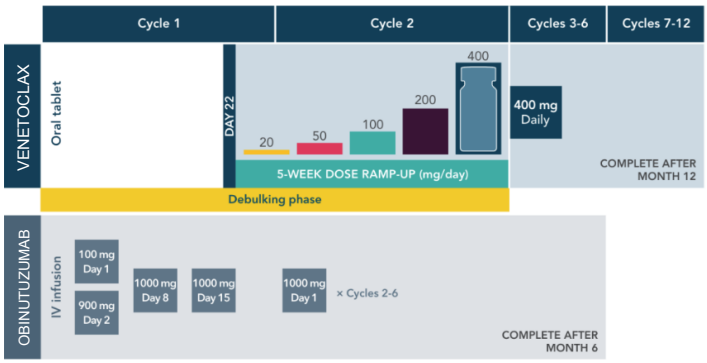
BCL2 Inhibitor Adverse Effects

- Tumor Lysis Syndrome
- Infusion Reaction
- Low Blood Counts
- Diarrhea
- Nausea
- Fatigue
- Infections
- TIME!



VENETOCLAX Prescribing Information.
OBINUTUZUMAB Prescribing Information.

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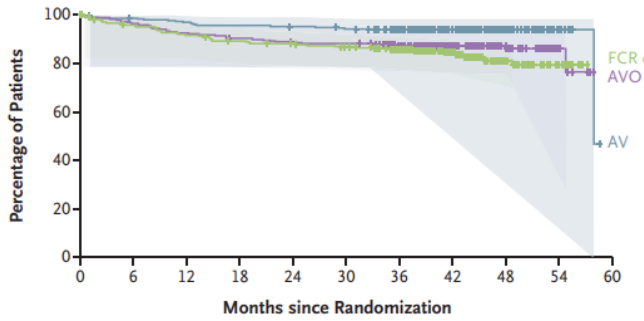
Frontline Treatment – Patient Factors/Preference

	BTK Inhibitor	Venetoclax + Anti-CD20 Ab
TP53 Mutation Status	Data supports continuous therapy for TP53 mutated disease	Less data for fixed duration
Duration of Therapy	Until progression or toxicity	Fixed Duration, 12 months
Comorbidities	Caution with atrial fibrillation, uncontrolled hypertension, or cardiac risk factors	High risk for tumor lysis syndrome with CKD
Medications	Risk of bleeding with antiplatelet agents or anticoagulants Dose adjustments with CYP3A4 Inhibitors	Dose adjustments with CYP3A4 Inhibitors (avoid with strong CYP3A4 inh)
Treatment Initiation	Start at full dose	Ramp-up due to TLS Risk
Follow-Up	Routine follow-up	Frequent lab/visits during ramp up

Combination Therapy
Is more, more?

Combination Therapy: Is more, more?

C Overall Survival



	No. of Events/ Total No. of Patients	Median Overall Suvival	Overall Survival at 36 Months
		mo	%
AV	18/291	57.8	94.1
AVO	37/286	NC	87.7
FCR or BR	42/290	NC	85.9

	Hazard Ratio for Death (95% CI)	P Value
AV vs. FCR or BR	0.33 (0.18–0.56)	<0.001
AVO vs. FCR or BR	0.76 (0.49–1.18)	–

No. at Risk											
AV	291	286	281	277	275	270	233	142	58	10	0
AVO	286	276	265	257	252	250	223	143	64	10	0
FCR or BR	290	247	236	228	223	217	182	98	45	13	0

AVO = Acalabrutinib + Venetoclax + Obinutuzumab

AV = Acalabrutinib + Venetoclax

Brown JR et al. NEJM 2025; 392:748-62.

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Combination Therapy: Is more, more?

Table 2. Adverse Events and Selected Events of Clinical Interest (Safety Population).*

Adverse Events	Acalabrutinib–Venetoclax (N=291)		Acalabrutinib–Venetoclax–Obinutuzumab (N=284)		Chemoimmunotherapy (N=259)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3
	number of patients (percent)					
Events						
Hypertension	12 (4.1)	8 (2.7)	11 (3.9)	6 (2.1)	7 (2.7)	2 (0.8)
Hemorrhage						
Any	94 (32.3)	3 (1.0)	86 (30.3)	6 (2.1)	11 (4.2)	1 (0.4)
Major	3 (1.0)	3 (1.0)	8 (2.8)	6 (2.1)	2 (0.8)	1 (0.4)
Neutropenia‡	108 (37.1)	94 (32.3)	143 (50.4)	131 (46.1)	132 (51.0)	112 (43.2)
Infection	148 (50.9)	36 (12.4)	153 (53.9)	67 (23.6)	82 (31.7)	26 (10.0)
Second primary cancer						
Any	15 (5.2)	5 (1.7)	12 (4.2)	5 (1.8)	2 (0.8)	0
Excluding nonmelanoma skin cancer	8 (2.7)	5 (1.7)	7 (2.5)	4 (1.4)	1 (0.4)	0
Tumor lysis syndrome	1 (0.3)	1 (0.3)	1 (0.4)	1 (0.4)	8 (3.1)	8 (3.1)
Atrial fibrillation or flutter	2 (0.7)	1 (0.3)	6 (2.1)	2 (0.7)	2 (0.8)	2 (0.8)
Ventricular tachyarrhythmia†	2 (0.7)	0	3 (1.1)	0	0	0

Brown JR et al. NEJM 2025; 392:748-62.

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Relapsed Disease
When CLL comes back…

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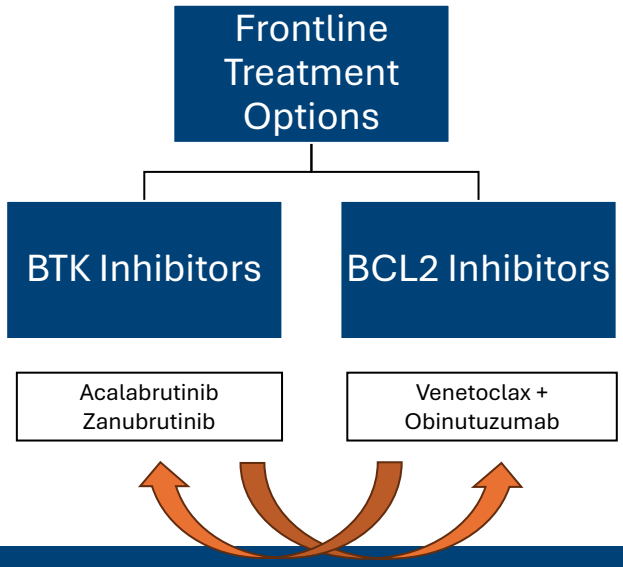
Relapsed Disease



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Relapsed Disease

Clinical Trials!

Relapsed Treatment Options

Non-Covalent BTK Inhibitors	CAR T-Cell Therapy	PI3K Inhibitors
Pirtobrutinib	Lisocabtagene maraleucel	Duvelisib Idelalisib

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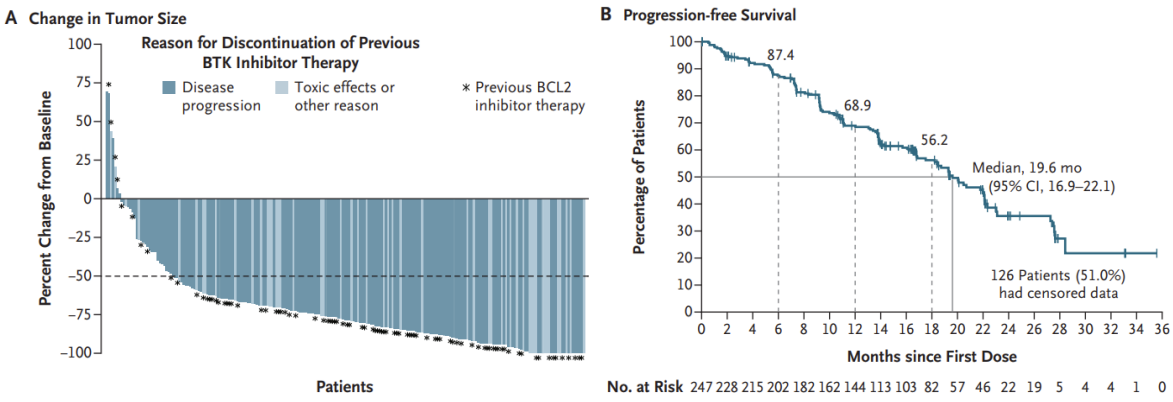
Non-Covalent BTKi (Pirtobrutinib)



Mato AR, et al. N Engl J Med 2023; 389:33-44.

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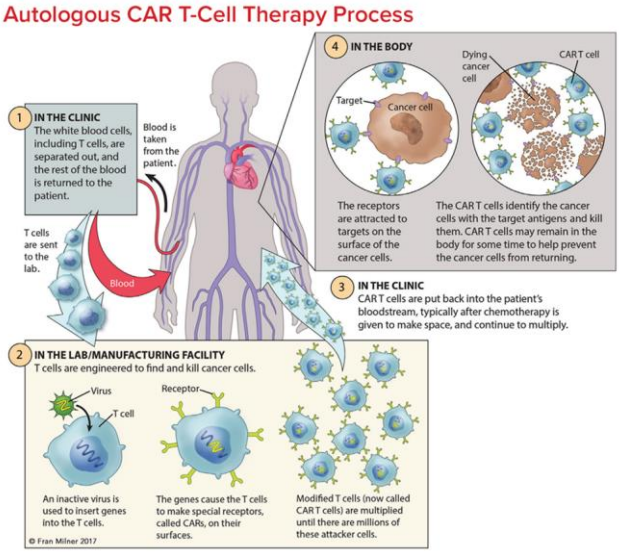
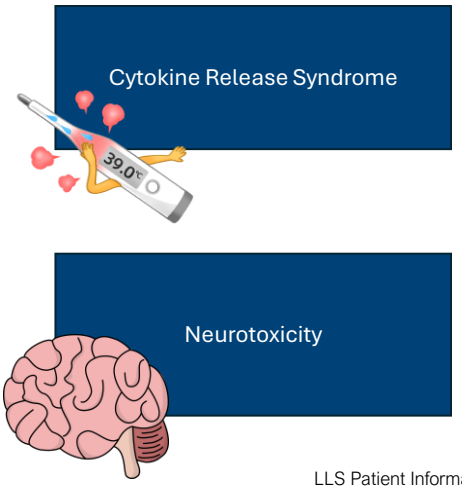
CAR-T Cell Therapy





LLS Patient Information

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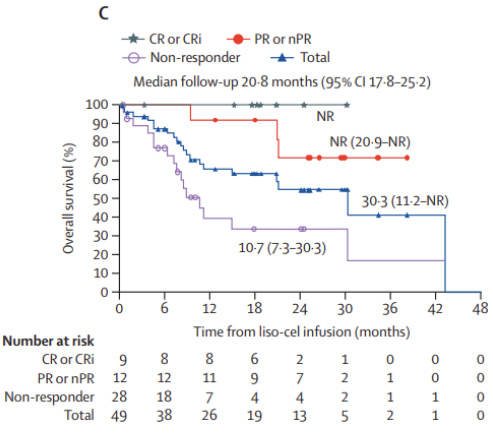
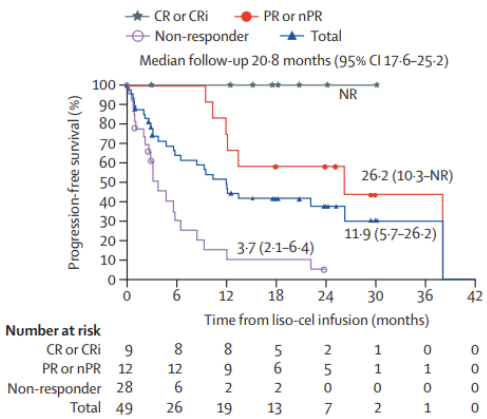
CAR-T Cell Therapy (TRANSCEND CLL 004)





Overall Response Rate 43% (18% CR, 30% PR)
Median Progression Free Survival 11.9 months
18-month Overall Survival 70.3%

Siddiqi T, et al. Lancet 2023.

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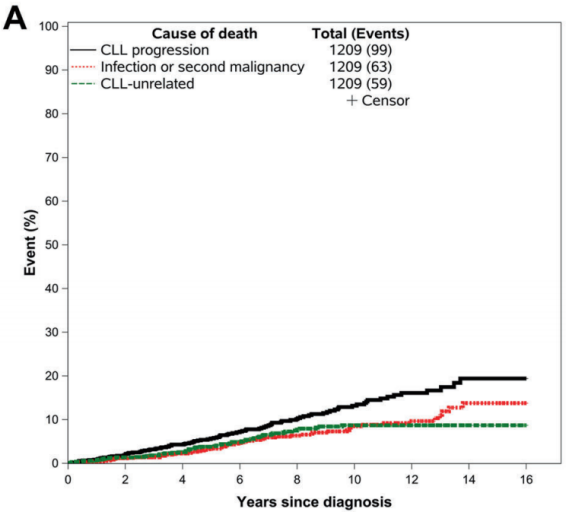
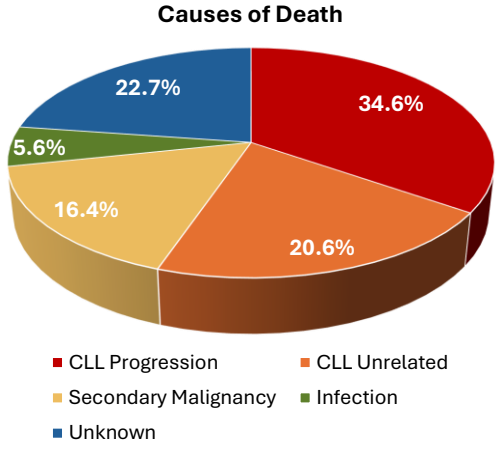
Future Treatments

1. Combinations (BTKi + BCL2 +/- anti-CD20 antibody)
2. Non-Covalent BTKi (Nemtabrutinib)
3. New BCL2i (Sonrotoclax)
4. Bispecific Antibodies
5. Novel Compounds (BTK Degraders)

Survivorship Care

Outcomes for CLL in age of Targeted Therapies





Wang Y, et al. *Blood Cancer J.* **11**, 140 (2021).

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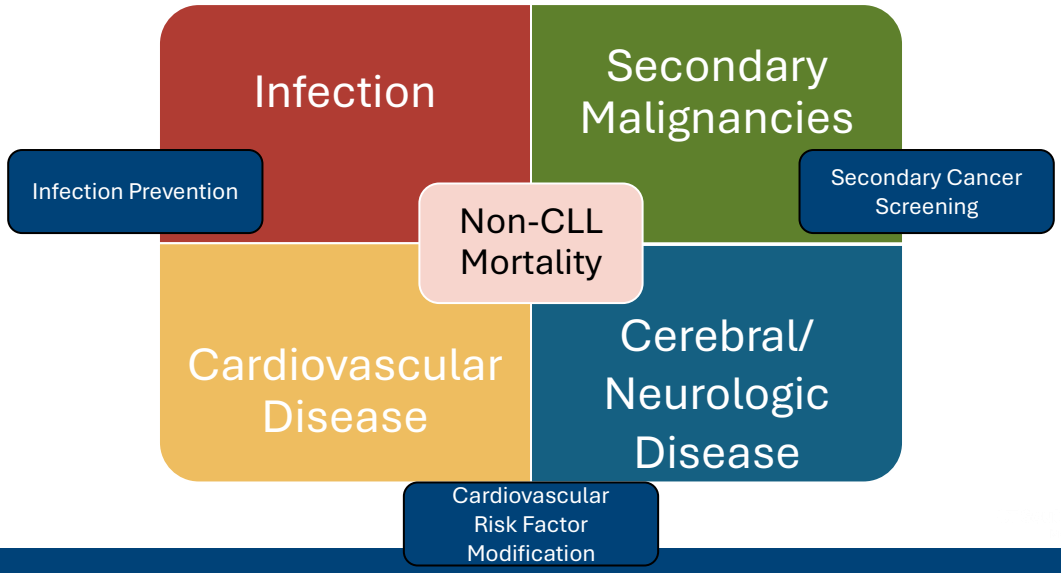
Survivorship-Focused Care



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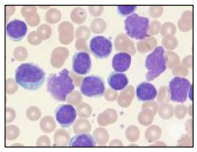
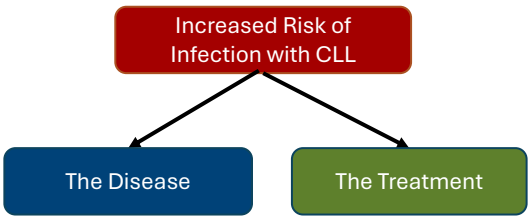
Infection Prevention

1. Immunoglobulin Replacement
   - Prophylactic immunoglobulin replacement (IVIG) is not recommended
   - IF IgG < 500 mg/dL + recurrent infections requiring IV antibiotics or hospitalization, IVIG is recommended

2. Routine Vaccination for Immunocompromised





Infection Prevention

1. Yearly recombinant influenza vaccine (Avoid live vaccines)
2. Pneumococcal vaccine series
   1. PCV21 or PCV20
   2. PCV15 => PPSV23
3. COVID-19 vaccine series
4. Recombinant Zoster vaccine series
5. Tetanus, diphtheria, pertussis (Tdap or Td) booster every 10 years
6. HPV Vaccine (consider $\leq$ 45 years of age)
7. RSV Vaccine (in patients $\geq$ 60 years of age)

Advisory Committee on Immunization Practices. Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2023. Centers for Disease Control and Prevention.

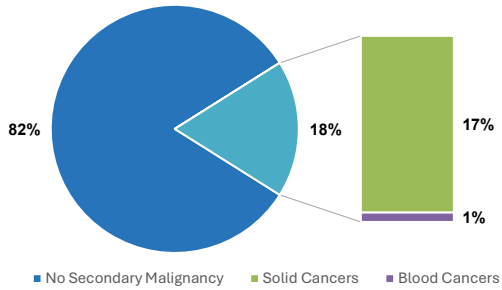
Secondary Cancer Screening

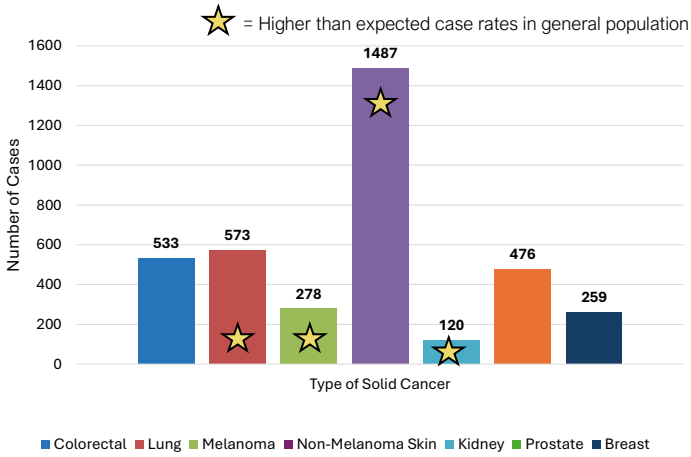
Blood Cancer Journal www.nature.com/bcj

ARTICLE OPEN

Risk of second primary malignancies in patients with chronic lymphocytic leukemia: a population-based study in the Netherlands, 1989-2019

Lina van der Straten[1,2,3✉], Mark-David Levin[2], Manette A. W. Dinnessen[1,4], Otto Visser[5], Eduardus F. M. Posthuma[6,7], Jeanette K. Doorduijn[8], Anton W. Langerak[3], Arnon P. Kater[4] and Avinash G. Dinmohamed[1,4,9,10]





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Secondary Cancer Screening

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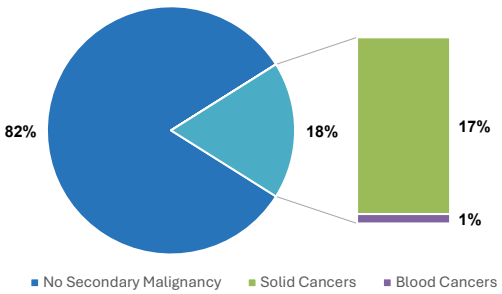

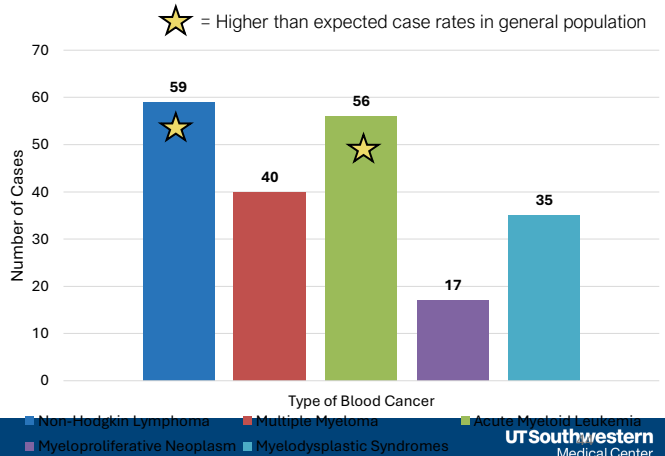

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Secondary Cancer Screening

1. **Skin Cancer:** Yearly dermatology visits
2. **Colorectal Cancer:** Screening at age 45
3. **Breast Cancer:** Mammograms every 1-2 years at age 50-74, shared decision making at age 40-49 and after 75
4. **Lung Cancer**: Annual Low-dose CT scan in patients ≥ 50 years of age with ≥ 20 pack-year smoking history
5. **Prostate Cancer:** Shared decision making, if screening is performed - PSA at age 50-75 (every 1-2 years)
6. **Cervical Cancer:** Start at age 21 with pap smears, at age 30-65 can do pap smears with HPV testing every 5 years

US Preventative Service Task Force Published Recommendations (2016 – 2023)
American College of Physicians Clinical Guidelines & Recommendations (2017 – 2023)
American Cancer Society
National Comprehensive Cancer Network Detection, Prevention, and Risk Reduction Guidelines (2023-2024)

* Ask your doctor about your individual risk

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Cardiovascular Health/Risk Factor Modification

1. Screen for pre-existing cardiac disease or emerging risk factors
   - Coronary Heart Disease
   - Heart Failure
   - Atrial Fibrillation
   - High blood pressure (blood pressure monitoring in clinic)
   - Hyperlipidemia (routine cholesterol levels)
   - Diabetes (check HgbA1c)
   - Obesity
   - Cigarette/Tobacco Use
2. Discuss your family history
3. Review prior cancer treatment history and risk for toxicity
4. Assess current diet and exercise habits

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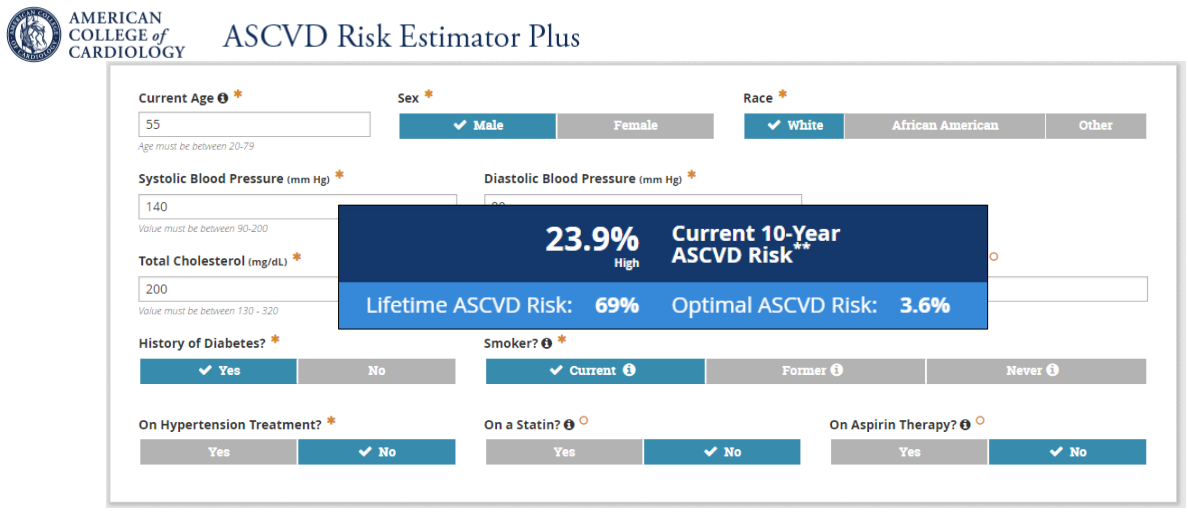
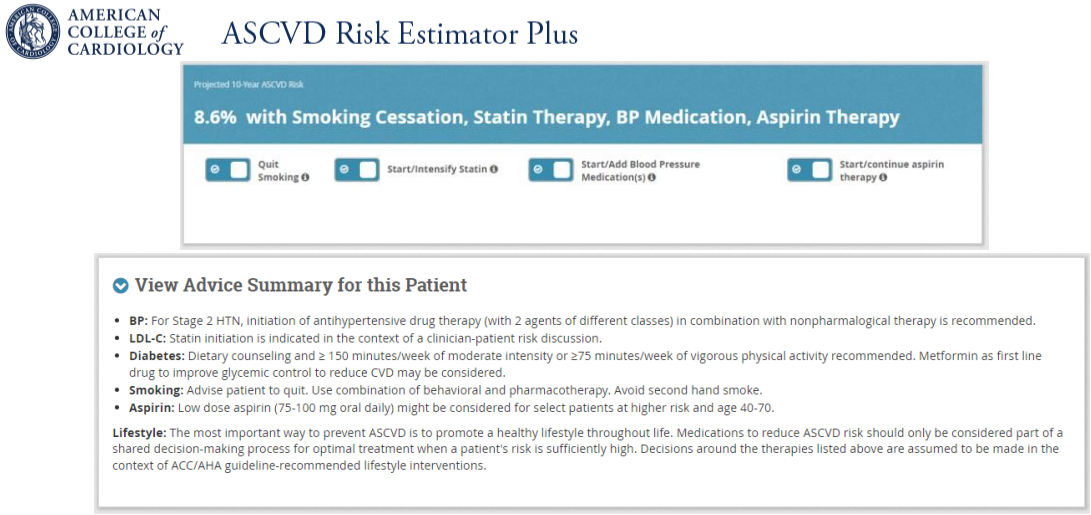
Cardiovascular Health/Risk Factor Modification



https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate

Cardiovascular Health/Risk Factor Modification



https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate

Cardiovascular Health/Risk Factor Modification

1. Management of chronic medical conditions
   - If you have high blood pressure → adequate blood pressure control
   - If you have high cholesterol levels → dietary changes or start statin
   - If you have pre-diabetes/diabetes → dietary changes, management of diabetes
2. Addition of protective medications
   - Start aspirin?
   - Start statin?
3. Avoid cigarette/tobacco use
4. Encourage regular exercise/dietary modifications

Additional Recommendations

1. Ask your doctor about vitamin D supplementation.
2. Engage in physical activity.
3. Maintain a healthy diet high in vegetables, fruits, and whole grains.
4. Drink alcohol sparingly.
5. Discontinue use of cigarettes, tobacco products, and e-cigarettes.
6. Practice sun safety (use SPF at least 30, avoid tanning beds, avoid sunburns, wear hats/coverage when outside).
7. Strive for 7-9 hours of sleep regularly.

Conclusions

1. Patients with CLL are living longer than ever before – approaching average life expectancy!
2. Active surveillance is the recommended plan of treatment for most patients without indications for treatment.
3. When patients require treatment, frontline treatment should be tailored to the patient.
4. During active surveillance, it is a good time for survivorship care!
   - Remain up-to-date on vaccinations to prevent disease.
   - Establish care/follow-up with primary care team regularly for age-appropriate cancer screening, management of risk factors, and comorbid conditions.

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Thank you!

Questions?

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HIGHLIGHTS IN THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA

Ask a question by phone:

Press star (*) then the number 1 on your keypad.

Ask a question by web:

Click "Ask a question"

Type your question

Click "Submit"

Due to time constraints, we can only take one question per person. Once you've asked your question, the operator will transfer you back into the audience line.

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LLS EDUCATION & SUPPORT RESOURCES

HOW TO CONTACT US:

To contact an **Information Specialist** about disease, treatment and support information, resources and clinical trials:

Call: (800) 955-4572
Monday to Friday, 9 a.m. to 9 p.m. ET

Chat live online:
www.LLS.org/InformationSpecialists
Monday to Friday, 10 a.m. to 7 p.m. ET

Email: www.LLS.org/ContactUs
All email messages are answered within one business day.

CLINICAL TRIAL SUPPORT CENTER
Work one-on-one with an LLS Clinical Trial Nurse Navigator who will help you find clinical trials and personally assist you throughout the entire clinical-trial process.
www.LLS.org/Navigation

NUTRITION CONSULTATIONS
Our registered dietitian has expertise in oncology nutrition and provides free one-on-one consultations by phone or email.
www.LLSNutrition.org

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LLS EDUCATION & SUPPORT RESOURCES

Online Chats

Online Chats are free, live sessions, moderated by oncology social workers. To register or for more information, please visit **www.LLS.org/Chat**

Education Videos

View our free education videos on disease, treatment, and survivorship. To view all patient videos, please visit **www.LLS.org/EducationVideos**

Patient Podcast

The Bloodline with LLS is here to remind you that after a diagnosis comes hope. To listen to an episode, please visit **www.TheBloodline.org**

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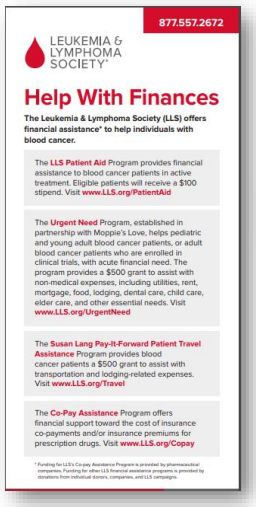
LLS EDUCATION & SUPPORT RESOURCES



The Leukemia & Lymphoma Society (LLS) offers the following financial assistance programs to help individuals with blood cancers: www.LLS.org/Finances

To order free materials:
www.LLS.org/Booklets

Have medical debt?
LLS may be able to help.

How to Apply

- By Phone: **1-833-507-8036**
  Monday to Friday: 8:30 a.m. to 5:00 p.m. EST
- Visit **www.LLS.org/MedicalDebt**
- **Scan the QR code** to go directly to the enrollment form ▶

Our case managers work individually with patients and their caregivers, which means there is a limited number of cases they can take each day. If you do not get into the program today, please continue to **check back daily!**

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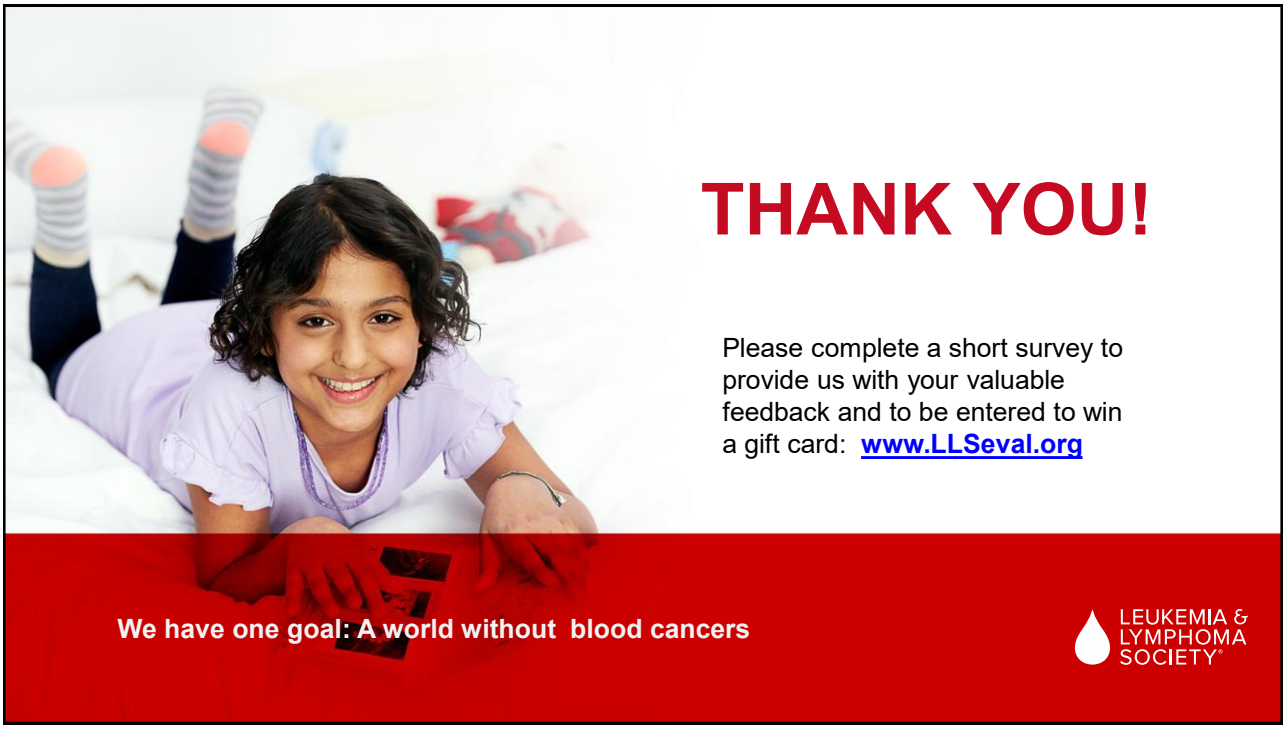
THANK YOU!
Please complete a short survey to provide us with your valuable feedback and to be entered to win a gift card: www.LLSeval.org
We have one goal: A world without blood cancers
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