What is Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma?

Chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) are cancers that affect the same lymphocytes, a type of white blood cell. CLL and SLL are essentially the same disease, with the only difference being the location where the cancer primarily occurs:

- When most of the cancer cells are located in the bloodstream and the bone marrow, the disease is referred to as CLL, although the lymph nodes and spleen are often involved.
- When the cancer cells are located mostly in the lymph nodes, the disease is called SLL.

How is CLL/SLL Diagnosed?

Many patients with CLL/SLL do not have any obvious symptoms of the disease. Their doctors might detect the disease during a routine blood test and/or a physical examination. For others, the disease is detected when symptoms occur and the patient goes to the doctor because he or she is worried, uncomfortable, or does not feel well. If symptoms occur, they may be different for each patient due to the location of the tumor in the body. The symptoms of CLL/SLL can include a tender, swollen abdomen and feeling full even after eating only a small amount. Other symptoms of CLL/SLL can include fatigue, shortness of breath, anemia, bruising easily, night sweats, weight loss, and frequent infections. However, many patients with CLL/SLL will live for years without symptoms.

Treatment Options

Treatment is based on the severity of associated symptoms as well as the rate of cancer growth. If patients show no or very few symptoms, doctors may decide not to treat the disease right away, an approach referred to as “watch and wait” or “watchful waiting.” Studies have shown that if symptoms occur, they may be different for each patient due to the location of the tumor in the body. The symptoms of CLL/SLL can include a tender, swollen abdomen and feeling full even after eating only a small amount. Other symptoms of CLL/SLL can include fatigue, shortness of breath, anemia, bruising easily, night sweats, weight loss, and frequent infections. However, many patients with CLL/SLL will live for years without symptoms.

For patients who become refractory or relapse, secondary therapies may be successful in providing another remission. Some common single-agent and combination therapies used in the relapsed/refractory setting include:

- Alectuzumab
- Bendamustine
- Idelalisib
- Chlorambucil
- Ofatumumab
- Fludarabine
- Rituximab
- Ibrutinib
- Lenalidomide with or without rituximab
- R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone)

Treatments Under Investigation

Many treatments are currently being tested in clinical trials for both newly diagnosed and relapsed/refractory CLL/SLL patients.

- Chemoimmunotherapy agents are being explored as induction therapy in newly diagnosed patients.
- Researchers are also investigating ways to improve stem cell transplantation in patients with CLL/SLL.
- Genetically engineered immune cells, or T cells, designed to recognize and kill CLL cells are another area of research for treating CLL. It is critical to remember that today’s scientific research is continuously evolving.

Treatment options may change as new therapies are discovered and current therapies are improved. Therefore, it is important that patients check with their physician for any treatment updates that may have recently emerged. Clinical trials are crucial in identifying effective drugs and determining optimal doses for patients with lymphoma. Patients interested in participating in a clinical trial should talk with their physician.

Follow-Up

Because CLL/SLL is generally characterized by multiple disease relapses after responses to a variety of treatments, patients in remission should have regular visits with a physician who is familiar with their medical history and the treatments they have received. Medical tests (such as blood tests and CAT scans) may be required at various times during remission to evaluate the need for additional treatment.

Some treatments can cause long-term effects or late effects, which can vary based on duration and frequency of treatments, age, gender, and the overall health of each patient at the time of treatment. A physician will check for these effects during follow-up care. Patients and their caregivers are encouraged to keep copies of all medical records and test results as well as information on the types, amounts, and duration of all treatments received. This documentation will be important for keeping track of any effects resulting from treatment or potential disease recurrences.