

CLL DIAGNOSIS & TREATMENT PATHWAY IN NZ

Presentation to GP

If CLL suspected, referral to specialist

Initial testing

Full Blood Count (FBC) and blood cell examination
Immunophenotyping
Cytogenic testing – FISH for del17p, TP53 & IgVH (not available in NZ)

Binet (commonly used in NZ, UK and Europe)

Stage	Status of anaemia	Number of enlarged lymph node groups
A	None and normal platelet count	Less than 3
B	None and normal platelet count	3 or more
C	Anaemia and/or low platelet count	Any number

Staging to describe extent of CLL

RAI (used more widely in US)

Stage	CLL risk level	Extent of effect
0	Low	Lymphocytosis
1	Intermediate	Lymphocytosis and enlarged lymph nodes
2	Intermediate	Lymphocytosis, enlarged liver or spleen, and/or enlarged lymph nodes
3	High	Lymphocytosis and other features of Stage II, and anaemia
4	High	Lymphocytosis and other features of Stage III, and reduced platelets

Symptomatic?

Fatigue
Frequent/severe infections
Swollen lymph nodes
Breathlessness & headaches
Bruising & bleeding easily
Swelling/discomfort in abdomen
High temperature
Severe sweating at night
Changes in appetite
Weight loss

Progressive Stage B disease, and Stage C disease, particularly with symptoms

Stage A disease, and stable Stage B disease

First-line treatment

Chemo-immunotherapy:

- fludarabine, cyclophosphamide and rituximab (FCR) – for fit patients under 70
- bendamustine and rituximab – for fit, older patients, who are unlikely to tolerate FCR

Alternatives for elderly/less fit patients:

- chlorambucil with obinutuzumab or ofatumumab
- ibrutinib – B-cell receptor inhibitor (BCR-i)
- idelalisib (BCR-i) in combination with rituximab

For patients with del17p or TP53:

- venetoclax – BCL-2 inhibitor (BCL-2)
- ibrutinib (BCR-i) if intolerant of venetoclax
- idelalisib (BCR) in combination with rituximab

Watch & wait

Periods during which you are watching to see if CLL progresses or not. Monitoring/support programmes (not necessarily available in NZ) should include:

- Regular blood tests
- Regular skin cancer tests
- Regular physical examinations
- Psychosocial support
- Dietary and exercise advice
- Fatigue management support

Progressing?

YES

NO

Second line treatment/first relapse

Second-line treatments must differ from previous treatments used, and may include:

- FCR
- chlorambucil with rituximab
- venetoclax (BCL-2) with rituximab (if at least one previous line of treatment)
- venetoclax (BCL-2)
- ibrutinib (BCR-i) if intolerant of venetoclax
- idelalisib (BCR-i) in combination with rituximab
- zanubrutinib (BCR-i)
- acalabrutinib (BCR-i)
- corticosteroids
- stem cell transplant – for suitable patients
- radiotherapy
- splenectomy

Clinical trials

Clinical trials – Trials with some of the newly developed unfunded treatments that may be available include:

- chimeric antigen receptor (CAR) T-cell therapy
- cyclin-dependent kinase inhibitors
- histone deacetylase inhibitors
- second generation BCR and BCL-2 inhibitors

USUAL PRACTICE IN NZ/FUNDED | UNFUNDED IN NZ