

# Clinical Decision Making in CLL: When to Stop and Start Treatment

The principal goal of initiating and discontinuing therapy is to maximize efficacy and minimize adverse events for each individual patient<sup>1</sup>

## When to initiate therapy



≈2/3 of patients diagnosed with CLL are initially under **active surveillance** and do not need immediate treatment<sup>2,3</sup>



iwCLL guidelines recommend **initiating** first-line therapy in patients with **symptomatic/active disease** (see criteria below under “When to initiate a new line of therapy”)<sup>4</sup>

## Whether to continue or discontinue treatment based on response or AEs<sup>4-7</sup>

### RESPONSE



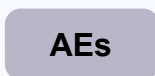
### FIXED-DURATION THERAPIES



### CONTINUOUS THERAPIES

<b>CR</b>	<b>STOP THERAPY</b> following completion of the prespecified number of cycles	<b>CONTINUE THERAPY</b> until progression
<b>PR</b>	Treatment will <b>STOP THERAPY</b> after all cycles have been completed or at disease relapse	<b>CONTINUE THERAPY</b> until progression
<b>PD</b>	<b>DISCUSS TREATMENT OPTIONS</b> Therapy may be repeated if relapse occurs 1 to 3 years after treatment-free period	<b>DISCUSS TREATMENT OPTIONS</b> To reduce risk of tumor flare, treatment may overlap a new treatment until disease control is achieved

### SAFETY



**Grade 1/2:** **CONTINUE THERAPY** unless patient is unable to tolerate  
**Grade 3/4:** **INTERRUPT THERAPY OR LOWER DOSE** unless the AE persists and/or unable to tolerate, then **STOP THERAPY** (either can be stopped for an extended period of time or permanently discontinued)



## When to initiate a new line of therapy<sup>4-6, 8</sup>

Consider initiating a new line of therapy if a patient exhibits symptomatic/active disease defined by the iwCLL 2018 criteria

- ▶ Lymph nodes, liver, and/or spleen size (massive, progressive, or symptomatic)
- ▶ Circulating lymphocyte count\*
- ▶ Constitutional disease-related symptoms
- ▶ Worsening anemia and/or thrombocytopenia
- ▶ Progressive marrow failure
- ▶ Extranodal symptoms (eg, skin, kidney, lung)



### Key questions to consider when starting the next line of therapy:

Why was the prior therapy discontinued?

What is the patient's preference?

Did the patient respond? If so, for how long?

\*Progressive ≥50% over a 2-month period, or lymphocyte doubling time <6 months.

AE, adverse event; CLL, chronic lymphocytic leukemia; CR, complete response; iwCLL, International Workshop on Chronic Lymphocytic Leukemia; PD, progressive disease; PR, partial response.

1. Molica S. *Expert Rev Hematol*. 2023;16(11):803-806. 2. Leukemia & Lymphoma Society. Accessed April 8, 2025. <https://www.lls.org/leukemia/chronic-lymphocytic-leukemia/treatment/watch-and-wait>. 3. Shadman M. *JAMA*. 2023;329(11):918-932. 4. Hallek M, et al. *Blood*. 2018;131(25):2745-2760. 5. Hallek M, et al. *Am J Hematol*. 2021;96(12):1679-1705. 6. Sourmerai JD, et al. *Blood Adv*. 2025;9(5):1213-1229. 7. Jain N, et al. *Lancet*. 2024;404(10453):694-706. 8. Odetola O, Ma S. *Curr Hematol Malig Rep*. 2023;18(5):130-143.

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