

Chronic Lymphocytic Leukemia

Epidemiology



CLL represents ≈1.1% of all new cancer cases in the US¹

Each year, 4.8 new cases develop among every 100,000 people¹



In 2023, there were an estimated 235,781 people living with CLL in the US¹

5-year relative survival for patients with CLL has steadily increased over time^{1,2}



1975
65.1%



2016-2022
90.2%

Initial Diagnosis

CLL is often asymptomatic at initial presentation³

B symptoms: ≈5-10% of cases³



Unexplained fevers (>100.5°F) (38°C)



Unintentional weight loss



Drenching night sweats

Additional signs and symptoms³:



Early satiety



Extreme fatigue



Lymphadenopathy



Splenomegaly



Hepatomegaly



Cutaneous manifestations

Disease Staging and Prognostic Biomarkers

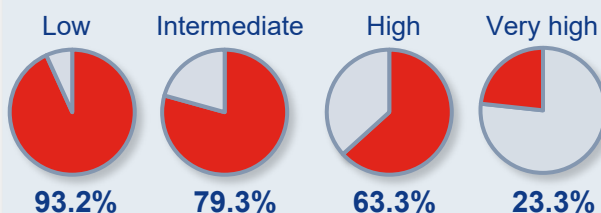
Rai and Binet staging systems

Although widely used in clinical practice, the Rai and Binet classifications are not sufficient to determine if the patient will present with rapidly progressive or indolent disease. Currently, genetic, epigenetic, and molecular markers are the focus of attention in prognostication of CLL⁴



The CLL-IPI combines genetic, biochemical, and clinical parameters into a prognostic model with 4 subgroups^{2,5}

5-year survival by CLL-IPI risk group



Genetic marker ^{6,7}	Frequency in CLL patients ⁶⁻⁸	Importance ^{6,7}
Altered <i>TP53</i>	80% with del(17p)	Associated with aggressive disease and poor response to CIT
Del(13q)	55%	Favorable prognosis ^a
Unmutated <i>IGHV</i>	Nearly 40%	Aggressive disease
Trisomy 12	16%	Intermediate risk
Del(17p)	1 in 10	Associated with aggressive disease and poor response to CIT
Del(11q)	1 in 5	Progressive disease

Treatment Considerations

Diagnosis⁹

- Many patients are asymptomatic at diagnosis when observation is the standard of care
- Consider surveillance when discussing treatment options

First-line therapy options⁹

- Therapy is often necessary once disease is symptomatic
- Prognostic modeling with the CLL-IPI, along with consideration for functional status, comorbidities, and patient preference, may guide treatment options

R/R therapy options^{9,10}

- Therapy options for R/R CLL are based on the patient's response to previous line(s) of therapy, including timing of progression, tolerance to prior therapy, and patient goals
- Repeat testing of del17p/*TP53* may also help guide later lines of therapy

^aCo-existing high-risk markers may alter overall prognosis.

CIT, chemoimmunotherapy; CLL-IPI, International Prognostic Index for Chronic Lymphocytic Leukemia; R/R, relapsed or refractory.

References: 1. SEER. Accessed May 21, 2026. <https://seer.cancer.gov/statfacts/html/clyl.html>. 2. Hallek M, Al-Sawaf O. *Am J Hematol*. 2021;96(12):1679-1705.

3. Mukkamalla SKR, et al. StatPearls Publishing; 2023. <https://www.ncbi.nlm.nih.gov/books/NBK470433/>. 4. Stefaniuk P, et al. *Cancer Manag Res*. 2021;13:1459-1476.

5. International CLL-IPI Working Group. *Lancet Oncol*. 2016;17(6):779-790. 6. Leukemia & Lymphoma Society. Accessed March 30, 2023.

https://www.lls.org/sites/default/files/file_assets/PS34_CLL_Booklet_2019_FINAL.pdf. 7. Yun X, et al. *Biomark Res*. 2020;8:40.

8. Campo E, et al. *Haematologica*. 2018;103(12):1956-1968. 9. Shadman M. *JAMA*. 2023;329(11):918-932. 10. Hallek M, et al. *Blood*. 2018;131(25):2745-2760.

