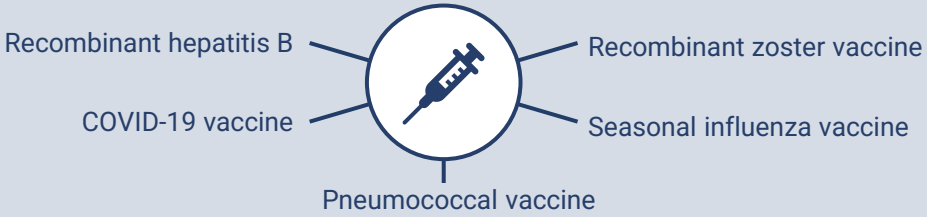
Supportive Care: Manage Risk of Infections and Secondary Cancers in CLL

Patients with CLL have a compromised immune system, leading to increased susceptibility to infection and secondary cancer that necessitates timely prevention, recognition, and treatment[1,2]

Strategies for infection prevention in patients with CLL

The 5-year risk of severe infections in CLL is 26%[3]

Recommended vaccinations for patients with CLL[1,a]



Bacterial infections[1]

- No routine antibiotic prophylaxis
- Ig replacement therapy for severe hypogammaglobulinemia and/or recurrent or severe infection
- Monitor ANC

Fungal infections[1]

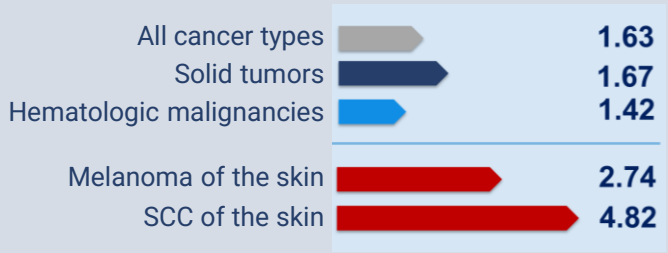
- Consider prophylaxis in
  - Frail older patients with R/R CLL and/or prolonged neutropenia
  - Those with previous fungal infections
  - Patients receiving chronic, concomitant steroids

Viral infections[1]

- Monitor for infection/ pretreatment of HBV, HCB, HIV, HSV 1/2, VZV, and CMV prior to starting CLL therapy
- If HBV reactivation detected, administer preemptive therapy with antivirals

Strategies to reduce the incidence of secondary primary malignancies in patients with CLL

Standardized incidence ratios[b] for second primary cancers after CLL[2]



An increased risk of secondary primary malignancies in patients with CLL necessitates timely cancer screening[2,4]

Cancer screening

Annual dermatologic skin screening is recommended for skin cancer prevention[4,5]

Cancer screening guidelines should be followed closely for breast, cervical, colon, prostate cancers, and lung cancer (for smokers)[5,6]

[a]As indicated by clinical practice guidelines. [b]Standard incidence ratio is a ratio of the number of cancers observed in a given population compared with the number expected.
ANC, absolute neutrophil count; CLL, chronic lymphocytic leukemia; CMV, cytomegalovirus; HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; HSV, herpes simplex virus; Ig, immunoglobulin; R/R, relapsed/refractory; SCC, squamous cell carcinoma; VZV, varicella zoster virus.

1. Rivera D, Ferrajoli A. *Curr Oncol Rep.* 2022;24(8):1003-1014. 2. van der Straten L, et al. *Blood Cancer J.* 2023;13(1):15. 3. Grywalska E, et al. *Cells*. 2020;9(11):2398. 4. Mansfield AS, et al. *J Oncol Pract.* 2014;10(1):e1-e4. 5. Welch A. Accessed October 25, 2023. https://www.onclive.com/view/recognizing-secondary-malignancies-in-cll. 6. Schneider MA. Accessed February 1, 2024. https://ashpublications.org/ashclinicalnews/news/7672/When-a-Cure-Isn-t-an-Option.

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