CLL Clinical Decision Making: Patient Focused

Elderly patients with active CLL

Considerations in elderly patients

- The median age at CLL diagnosis is 70 years, and the age at first treatment is even higher as many patients do not require immediate treatment[1,2]
- Elderly patients often present with comorbidities and/or polypharmacy[1-3]

Patient examples

- Patient with comorbidity and functional frailty
  - 75 years old
  - ECOG PS 2
  - Atrial fibrillation (on anticoagulation), T2DM
  - Polypharmacy
- Elderly patient with high-risk disease and comorbidity
  - 80 years old
  - ECOG PS 2
  - del(17p)/*TP53* mutation
  - Hypertension, COPD

Consider: Patient background

- What is the patient's current medication burden (≥5 medications), and are any likely to interact with CLL therapy?
- What comorbidities does the patient present with, and how severe are they? (Consider cardiac, renal, and hepatic function)
- Is the patient up to date on vaccinations, and are there concerns about infection risk?

Consider: Disease background

- What symptoms is the patient presenting with, and how would you classify their disease?
- Are high-risk features present (del(17p)/*TP53* mutation, *IGHV* mutational status, cytogenetics), and is the disease behaving indolently or aggressively for the risk group?

Consider: Patient preference

- How does the patient define a successful treatment? Improved/sustained QOL? Minimal side effects? Treatment-free periods?
- How far away does the patient live from the clinic and do they have easy access to transportation and caregiver support?
- What is their preference for drug administration (eg, no IV)?

Consider: Key features of 1L treatment options

BCL-2i features and considerations[4,5]

- Time-limited therapy (treatment-free periods)
- May include intravenous multidrug therapy
- Frequent visits/labs in the first 8 weeks
- Additional surveillance for TLS in patients with kidney disease along with TLS prevention (eg, hydration)

BTKi features and considerations[4]

- Continuous oral therapy
- Limited visits/laboratory monitoring
- Additional pretreatment workup recommended for patients with CV risk factors

1L, first-line; BCL-2i, B-cell lymphoma 2 inhibitor; BTKi, Bruton's tyrosine kinase inhibitor; CLL, chronic lymphocytic leukemia; COPD, chronic obstructive pulmonary disease; CV, cardiovascular; ECOG PS, Eastern Cooperative Oncology Group performance status; IGHV, immunoglobulin heavy-chain variable region; IV, intravenous; QOL, quality of life; T2DM, type 2 diabetes mellitus; TP53, tumor protein 53; TLS, tumor lysis syndrome.

1. Hallek M, et al. *Am J Hematol*. 2021;96(12):1679-1705. 2. Stauder R, et al. *Ann Oncol*. 2017;28(2):218-227. 3. Brieghel C, et al. *Hemasphere*. 2025;9(7):e70172. 4. Soumerai JD, et al. *Blood Adv*. 2025;9(5):1213-1229. 5. Anderson MA, et al. *Cancers (Basel)*. 2024;16(5):980.

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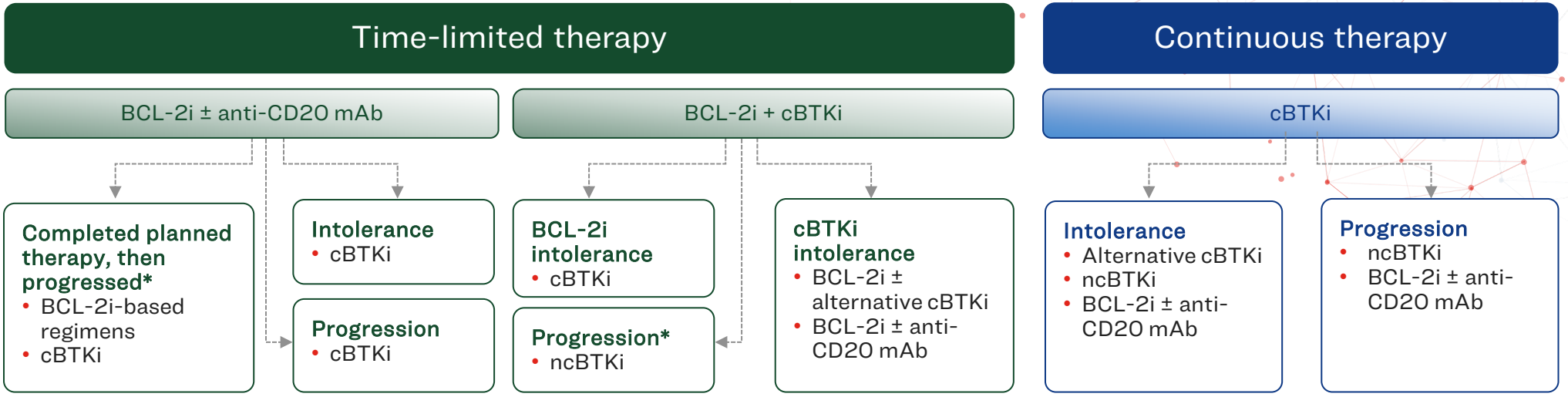
Treatment algorithm example[1,2]



Consider: For subsequent treatment

- Is the patient presenting with active CLL symptoms (considering subsequent treatment), or are they under surveillance (considering a treatment holiday)?
- What were the prior lines of therapy, their outcomes, reasons for discontinuation, and any notable adverse reactions?
- What is the current del(17p)/*TP53* mutation status, and has it been reassessed since prior therapy?
- Has the patient's medical history, comorbidities, or treatment goals changed since initiating prior therapy?

For frail and elderly patients with CLL,

engaging in shared decision making to understand their treatment goals in context with their full medical history and disease/treatment background can aid in optimizing subsequent treatment decisions[1,3]

*BCL-2i regimen can be considered for retreatment option for relapse after a period of remission.[1]

BCL-2i, B-cell lymphoma 2 inhibitor; cBTKi, covalent Bruton's tyrosine kinase inhibitor; CD20, cluster of differentiation 20; CLL, chronic lymphocytic leukemia; mAb, monoclonal antibody; ncBTKi, noncovalent Bruton's tyrosine kinase inhibitor.

1. Soumerai JD, et al. *Blood Adv*. 2025;9(5):1213-1229. 2. Hallek M. *Am J Hematol*. 2025; 100:450–480. 3. Goede V, et al. *Lancet Healthy Longev*. 2021;2(11):e736-e745.