

FREE take one

7th Edition

CHRONIC LYMPHOCYTIC LEUKEMIA

A Treatment Guide for Patients and their Families

*Move forward
and live
a healthy
lifestyle*



For guide to
LEUKEMIA, LYMPHOMA & MULTIPLE MYELOMA

PRP PATIENT RESOURCE PUBLISHING*

AstraZeneca 

This content is selected & controlled by Patient Resource LLC and is funded by AstraZeneca.

7th Edition

CHRONIC LYMPHOCYTIC LEUKEMIA



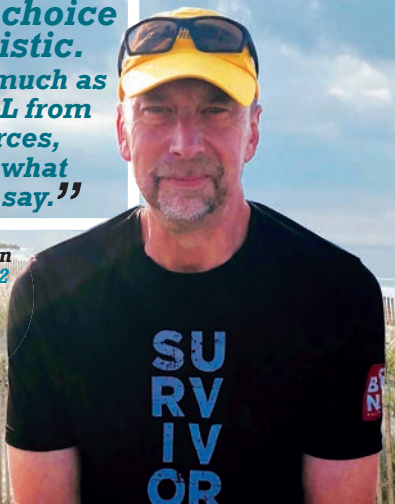
Scan to download

IN THIS GUIDE

- 1 **Introduction & Staging:** Knowledge guides your way after a CLL diagnosis
- 2 **Personal Perspective:** Stephen Brown
- 5 **Healthy Lifestyle:** Make healthy choices in all areas of life
- 5 **Medication Adherence:** Taking medications on time is key for safe, effective treatment
- 6 **Treatment Planning:** Learn about all potential therapies available
- 7 **Clinical Trials:** Research leads to new options
- 8 **Supportive Care:** Make a plan for managing side effects

“I made the choice to be optimistic. I’ve learned as much as I can about CLL from reputable sources, and I listen to what the doctors say.”

~ Stephen Brown
see page 2



CO-EDITORS-IN-CHIEF



Charles M. Balch, MD, FACS, FASCO

Professor of Surgery, The University of Texas MD Anderson Cancer Center
Editor-in-Chief, Patient Resource LLC
Former Executive Vice President & CEO, American Society of Clinical Oncology
Past President, Society of Surgical Oncology



Farrukh T. Awan, MD, MS

Professor of Internal Medicine, Director of Lymphoid Malignancies, Harold C. Simmons Comprehensive Cancer Center, University of Texas Southwestern Medical Center

PATIENT RESOURCE

Chief Executive Officer	Mark A. Uhlig
Co-Editors-in-Chief	Charles M. Balch, MD, FACS, FASCO Farrukh T. Awan, MD, MS
Senior Vice President	Debby Easum
Vice President, Publications	Dana Campbell
Managing Editor	Colleen Scherer
Art Director	Michael St. George
Medical Illustrator	Todd Smith
Circulation & Production Manager	Sonia Wilson
Editorial Intern	Riya Raj
Vice Presidents, Business Development	Amy Galey Kathy Hungerford
Office Address	8455 Lenexa Drive Overland Park, KS 66214
For Additional Information	prp@patientresource.com
Advisory Board	Visit our website at PatientResource.com to read bios of our Medical and Patient Advisory Board.

For Additional Copies: To order additional copies of *Patient Resource Chronic Lymphocytic Leukemia Guide*, visit PatientResource.com, call 913-725-1600, or email orders@patientresource.com.

Editorial Submissions: Editorial submissions should be sent to editor@patientresource.com.

Disclaimer: Information presented in *Patient Resource Chronic Lymphocytic Leukemia Guide* is not intended as a substitute for the advice given by your health care provider. The opinions expressed in *Patient Resource Chronic Lymphocytic Leukemia Guide* are those of the authors and do not necessarily reflect the views of the publisher. Although *Patient Resource Chronic Lymphocytic Leukemia Guide* strives to present only accurate information, readers should not consider it as professional advice, which can only be given by a health care provider. Patient Resource, its authors, and its agents shall not be responsible or in any way liable for the continued currency of the information or for any errors, omissions or inaccuracies in this publication, whether arising from negligence or otherwise or for any consequences arising therefrom. Patient Resource, its authors, and its agents make no representations or warranties, whether express or implied, as to the accuracy, completeness or timeliness of the information contained herein or the results to be obtained from using the information. The publisher is not engaged in rendering medical or other professional services. The publication of advertisements, whether paid or not, and survivor stories is not an endorsement. If medical or other expert assistance is required, the services of a competent professional person should be sought.

© 2023 Patient Resource LLC. All rights reserved.
PRP PATIENT RESOURCE PUBLISHING®

For reprint information, email prp@patientresource.com.

Knowledge guides your way after a CLL diagnosis

F *Feeling unsettled* after learning you have chronic lymphocytic leukemia (CLL) is normal, but educating yourself can help. Understanding as much as you can about this type of chronic blood cancer and about your specific diagnosis – because each CLL diagnosis is different – will help you move forward more confidently.

First, you are encouraged to find a hematologist who specializes in CLL. Your diagnosing physician should be able to give you a referral. If a CLL specialist is not nearby and traveling is not an option, look for one who will consult with your doctor. Advocacy groups, such as the CLL Society, may be able to help with referrals (cllsociety.org/programs-and-support/expert-access).

Managing CLL is a team effort, and your medical team will rely on you to do the following:

- Stay on schedule with follow-up appointments
- Communicate your symptoms
- Minimize your risk for infection
- Lead a healthy lifestyle that includes good nutrition and exercise
- Get health screenings and vaccinations

ABOUT CLL

CLL is a type of leukemia that does not typically form tumors. It usually appears in the bone marrow (the soft, spongy center of some bones), blood, lymph nodes and spleen. It develops from a type of white blood cell known as a lymphocyte. Lymphocytes make up lymphoid tissue, which is found in the lymph nodes, thymus, spleen, tonsils and other parts of the body. They are a part of the immune system.

When mature lymphocytes change and multiply uncontrollably, growing at a faster rate than usual and not dying when they should, they build up and circulate in the bloodstream and can spread to other parts of the body. They interfere with the normal production of healthy cells, including red blood cells that carry oxygen, white blood cells that fight infection and platelets that help blood to clot. Patients with CLL often have larger-than-normal lymph nodes that can appear as lumps in the neck, armpits or groin regions.

DETERMINING YOUR DIAGNOSIS

Your doctor will perform a physical examination to check for pain, enlarged lymph nodes and size irregularities in your spleen and other organs.

Blood tests are used to measure blood cell counts so your doctor can assess your risk for infections and to check that your liver and kidneys are working properly before starting treatment. Genomic testing, also called molecular profiling, tests a small sample of tissue, blood or other fluid to identify specific gene abnormalities or mutations, proteins and changes in chromosomes. These tests help distinguish CLL from other forms of leukemia, determine the subtype (B-cell CLL or T-cell prolymphocytic leukemia), check for specific markers that may help predict

whether the disease is high risk (having chromosome changes) or low risk, the likelihood it will progress, and help select treatment.

- Possible tests include the following:
- Fluorescence in situ hybridization (FISH) to examine genes or chromosomes
 - Flow cytometry to look for markers
 - Immunohistochemistry to verify a CLL diagnosis
 - Next-generation sequencing to test multiple genes
 - Karyotyping to look for abnormal chromosomes or structures

Test results may indicate these or other factors, which help determine how the disease may behave:

1. *TP53* gene mutation status
2. Immunoglobulin heavy chain variable (*IGHV*) status
3. Serum B2-microglobulin concentration
4. Lymphocyte doubling time (LDT)
5. Deletion of chromosomes 11q, 13q or 17p
6. An extra copy of chromosome 12 (trisomy)
7. *NOTCH1*, *SF3B1* or *MYD88* mutations

The Modified Rai Staging System and the Chronic Lymphocytic Leukemia International Prognostic Index (CLL-IPI) further assist your doctor. Modified Rai offers information about how CLL may progress, and CLL-IPI incorporates the Rai stage and predicts the risk of disease recurrence and overall survival (see Tables 1 and 2).

Your doctor will consider the clinical stage as well as your age and other criteria to help determine the most effective treatment. Over time, your molecular test results may change. Tests should be repeated before changing the treatment strategy. ■

▲ **TABLE 1**
MODIFIED RAI STAGING SYSTEM

Stage	Risk	Description
Stage 0	Low	Lymphocytosis only (the blood contains a significant number of lymphocytes).
Stage I	Intermediate	+ Adenopathy (the blood contains a significant number of lymphocytes, and lymph nodes are enlarged).
Stage II	Intermediate	+ Enlarged spleen and/or liver (the blood contains a significant number of lymphocytes, the spleen and/or liver is enlarged, and the lymph nodes may or may not be enlarged).
Stage III	High	Lymphocytosis + Hgb < 11g/dL (the blood contains a significant number of lymphocytes, and the hemoglobin is less than 11 grams per deciliter).
Stage IV	High	Lymphocytosis + Plt < 100,000/ μ L (the blood contains a significant number of lymphocytes, and the platelet count is less than 100,000 microliters).

In addition to this staging system, some oncologists may also use the Chronic Lymphocytic Leukemia International Prognostic Index (CLL-IPI) to predict the risk of disease recurrence and overall survival. Your doctor, after evaluating your physical examination and diagnostic test results, takes into account your *TP53* status, *IGHV* mutation status, serum B2-microglobulin concentration, clinical stage and age.

Used with permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer Science+Business Media.

▲ **TABLE 2**
CHRONIC LYMPHOCYTIC LEUKEMIA INTERNATIONAL PROGNOSTIC INDEX (CLL-IPI)

The CLL-IPI assigns weighted values for each of the following risk factors.

Risk factors	Points
<i>TP53</i> mutation	4
<i>IGHV</i> unmutated	2
Serum B2-microglobulin more than 3.5 mg/L	2
Rai Stages I-IV	--
Age older than 65 years	1

After living with chronic lymphocytic leukemia (CLL) for 17 years, Stephen Brown is sure about one thing. If he doesn't share his story of hope, he is doing a disservice to others facing CLL. He has become a staple in the CLL community and maintains a positive attitude as he continues to lead a happy and active life.



Support and progress lead to hope

➔ **Life goes on**, even after getting a CLL diagnosis. It does take a different shape every day. I'm currently nursing a hip muscle injury that is a result of being an endurance athlete. At first I wasn't sure if it was CLL-related or just the fact I'm 63 years old, but I'll take the fact that it's exercise-related any day.

Difficulty swallowing was my only symptom. When bloodwork for an upcoming tonsillectomy came back abnormal and led to a CLL diagnosis, I was in disbelief. I was 45 and in excellent physical condition, having completed many Ironman competitions. The test results, however, didn't lie. I had CLL. The choices I made from that moment on have helped me tremendously.

First, I assembled the right medical team. My wife was a visiting nurse at the time and recommended a local oncology group. The oncologist I started with is still my oncologist today, but it was a learning experience for both of us. He had never treated anyone with CLL who was as young and as fit as I was, so we looped in a CLL specialist at a large university cancer center. Every time it has been necessary to make a change in treatment, we discuss it with him. It is comforting to work with a local team that greets me by name when I walk into the office and to also know that I have a specialist from a leading cancer center in my corner. I have the best of both worlds.

Next, I made the choice to be optimistic. I've learned as much as I can about CLL from reputable sources, and I listen to what the doctors say. I'm a healthy eater most of the time, and I stay hydrated. I keep fit physically and emotionally, and I meditate to help manage the anxiety that comes with having a chronic blood cancer.

Along with that, I made a commitment to be vocal about my journey. I've connected with the CLL community and share my story through speaking engagements, writing books and volunteering. I want people to know they don't have to handle their diagnosis in a vacuum or be afraid to ask questions. Advocacy organizations are a valuable source of support that people should take advantage of. I also encourage people to surround themselves with a core support group. My wife and daughters (and now four grandchildren) have been mine from the start.

Although everyone's experience will be different, I talk about what has worked for me.

For example, I live by four guideposts.

- 1 Feet.** Sometimes I don't feel grounded, so I know I need to remind myself to be present.
- 2 Choice.** Maybe I have a decision to make, or I've made a decision that I feel was wrong and I have to make a change.
- 3 Chocolate.** This is my emotional sweet tooth, and I always want to be feeding it. It means making sure I do something that pampers me or nurtures my soul.
- 4 Movement.** If I stay still for too long, I can get stagnant or depressed. A good workout always clears the "spaghetti" in my head.

If I feel stressed or off, one of these things is out of kilter, and I have to fix it to feel better:

I am fortunate that I've been able to work and play throughout my journey, even during active treatment. My first treatment combined a chemotherapy with a monoclonal antibody. It kept me in remission for eight years. Next I was treated with a different chemotherapy that required me to have a port put in my chest. It worked quickly to put me back in remission. When I needed to change it up again, an oral targeted therapy was available. An oral med was never an option before, and I felt like I was really on the forefront of things. After experiencing some side effects that didn't work with my lifestyle as an endurance athlete, I tried a different oral targeted therapy that feels like the best treatment move I've made so far. The plan is to stay on it as long as it is effective for me.

Having to adjust the treatment plan is common with CLL, so it is good to mentally prepare for that and to know your role in it. Sometimes I noticed changes in how I felt, like it being extra hard to finish a run or getting frequent sinus infections. I stayed in close contact with my doctors about these symptoms, and we took action when it was necessary. It's really important to keep those lines of communication open, both for things like this and for sharing good news.

If we eventually need to change my treatment plan again, I am confident there will be new options for me to try. The progress that continues to be made is encouraging. I hope you find it as hopeful as I do. ■



CALQUENCE[®]
acalabrutinib 100 mg tablets

More CLL patients are started
on **CALQUENCE** than any other
targeted therapy.*

Talk to a doctor
about **CALQUENCE** today.

*Based on July 2022 prescription data for new patient starts.

To learn more, visit **CALQUENCE.com** or scan
the QR code with your phone's camera.



Important Product Information

CALQUENCE is a prescription oral treatment for adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). May cause serious side effects including: serious infections, bleeding problems, decrease in blood cell count, new cancers, and heart rhythm problems. Some may lead to death. Tell your doctor if you experience infections such as flu-like symptoms; unexpected bleeding such as blood in your stool or urine; or heart rhythm problems such as fast or irregular heartbeat. Use sun protection when outside.

Please read Brief Summary of Prescribing Information on adjacent page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

If you cannot afford your medication, AstraZeneca may be able to help. Visit AstraZeneca-us.com to find out how.

CALQUENCE is a registered trademark of the AstraZeneca group of companies.
©2022 AstraZeneca. All rights reserved. US-61543 11/22

AstraZeneca 

PATIENT INFORMATION

CALQUENCE® (KAL-kwens) (acalabrutinib) tablets


CALQUENCE
(acalabrutinib) 100 mg capsules

What is CALQUENCE?

CALQUENCE is a prescription medicine used to treat adults with:

- Chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

It is not known if CALQUENCE is safe and effective in children.

Before taking CALQUENCE, tell your healthcare provider about all of your medical conditions, including if you:

- have had recent surgery or plan to have surgery. Your healthcare provider may stop CALQUENCE for any planned medical, surgical, or dental procedure.
- have bleeding problems.
- have or had heart rhythm problems.
- have an infection.
- have or had liver problems, including hepatitis B virus (HBV) infection.
- are pregnant or plan to become pregnant. CALQUENCE may harm your unborn baby and cause problems during childbirth (dystocia).
 - If you are able to become pregnant, your healthcare provider may do a pregnancy test before you start treatment with CALQUENCE
 - Females who are able to become pregnant should use effective birth control (contraception) during treatment with CALQUENCE and for 1 week after the last dose of CALQUENCE.
- are breastfeeding or plan to breastfeed. It is not known if CALQUENCE passes into your breast milk. Do not breastfeed during treatment with CALQUENCE and for 2 weeks after your last dose of CALQUENCE.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking CALQUENCE with certain other medications may affect how CALQUENCE works and can cause side effects. Especially tell your healthcare provider if you take a blood thinner medicine.

How should I take CALQUENCE?

- Take CALQUENCE exactly as your healthcare provider tells you to take it.
- Do not change your dose or stop taking CALQUENCE unless your healthcare provider tells you to.
- Your healthcare provider may tell you to decrease your dose, temporarily stop, or completely stop taking CALQUENCE if you develop certain side effects.
- Do not switch (interchange) your CALQUENCE tablets with CALQUENCE capsules.

(continued)

- Take CALQUENCE 2 times a day (about 12 hours apart).
- Take CALQUENCE with or without food.
- Swallow CALQUENCE tablets whole with a glass of water. Do not chew, crush, dissolve, or cut tablets.
- If you miss a dose of CALQUENCE, take it as soon as you remember. If it is more than 3 hours past your usual dosing time, skip the missed dose and take your next dose of CALQUENCE at your regularly scheduled time. Do not take an extra dose to make up for a missed dose.

What are the possible side effects of CALQUENCE?

CALQUENCE may cause serious side effects, including:

- **Serious infections** can happen during treatment with CALQUENCE and may lead to death. Your healthcare provider may prescribe certain medicines if you have an increased risk of getting infections. Tell your healthcare provider right away if you have any signs or symptoms of an infection, including fever, chills, or flu-like symptoms.
- **Bleeding problems (hemorrhage)** can happen during treatment with CALQUENCE and can be serious and may lead to death. Your risk of bleeding may increase if you are also taking a blood thinner medicine. Tell your healthcare provider if you have any signs or symptoms of bleeding, including:
 - blood in your stools or black stools (looks like tar)
 - pink or brown urine
 - unexpected bleeding, or bleeding that is severe or you cannot control
 - vomit blood or vomit that looks like coffee grounds
 - cough up blood or blood clots
 - dizziness
 - weakness
 - confusion
 - changes in your speech
 - headache that lasts a long time
 - bruising or red or purple skin marks
- **Decrease in blood cell counts.** Decreased blood counts (white blood cells, platelets, and red blood cells) are common with CALQUENCE, but can also be severe. Your healthcare provider should do blood tests to check your blood counts regularly during treatment with CALQUENCE.
- **Second primary cancers.** New cancers have happened in people during treatment with CALQUENCE, including cancers of the skin or other organs. Your healthcare provider will check you for skin cancers during treatment with CALQUENCE. Use sun protection when you are outside in sunlight.

(continued)

- **Heart rhythm problems (atrial fibrillation and atrial flutter)** have happened in people treated with CALQUENCE. Tell your healthcare provider if you have any of the following signs or symptoms:
 - fast or irregular heartbeat
 - dizziness
 - feeling faint
 - chest discomfort
 - shortness of breath

The most common side effects of CALQUENCE include:

- headache
- diarrhea
- muscle and joint pain
- upper respiratory tract infection
- bruising

These are not all of the possible side effects of CALQUENCE.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store CALQUENCE?

- Store CALQUENCE at room temperature between 68°F to 77°F (20°C to 25°C).

Keep CALQUENCE and all medicines out of the reach of children.

General information about the safe and effective use of CALQUENCE.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use CALQUENCE for a condition for which it was not prescribed. Do not give CALQUENCE to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for more information about CALQUENCE that is written for health professionals.

What are the ingredients in CALQUENCE?

Active ingredient: acalabrutinib

Inactive ingredients:

Tablet core: low-substituted hydroxypropyl cellulose, mannitol, microcrystalline cellulose, and sodium stearyl fumarate.

Tablet coating: copovidone, ferric oxide yellow, ferric oxide red, hypromellose, medium-chain triglycerides, polyethylene glycol 3350, purified water, and titanium dioxide.


AstraZeneca

For more information, go to www.CALQUENCE.com or call 1-800-236-9933.

Distributed by:

AstraZeneca Pharmaceuticals LP, Wilmington, DE 19850
CALQUENCE is a registered trademark of the AstraZeneca group of companies.

©AstraZeneca 2022. All rights reserved.

US-66176 8/22

Make healthy choices in all areas of life

Being an active partner in your treatment plan extends to your approach to nutrition, exercise and preventive health care. Not only can you regain some of the control you may feel you've lost as a result of your cancer diagnosis, making smart lifestyle choices can help prepare you for future good health.

Exercise. Studies show that people with cancer who take part in physical exercise feel less tired and have more energy. Any form of regular exercise, such as walking, riding a bike, playing pickleball or taking part in yoga, is one of the best ways to help manage and reduce fatigue. Along with the physical benefits, being physically active several times a week can also improve your emotional well-being.

Nutrition. Making smart food choices may increase your strength, help your body heal and give you more energy. Staying hydrated is also crucial. Side effects of certain drug therapies, such as diarrhea or vomiting, can cause dehydration, which may make nausea, fatigue and headaches worse. Drinking water

can help reduce that risk. If you need help making a nutrition plan, ask your health care team for a referral to a dietitian.

Infection risk. CLL can weaken your immune system, which may make you more susceptible to developing infections. Infections can become serious quickly, so it is important to detect and treat them as soon as they start. Your doctor will talk with you about the signs to watch for and what to do if they occur. Ask whether telehealth options are available. Telehealth is accessing medical care from a distance through technology. It is not designed to replace in-person visits but may be an option for certain visits, especially if you are concerned about the risk of infection on public transportation.

Vaccinations. You are encouraged to stay up to date with vaccinations, which may include those for the flu, pneumonia, shingles and COVID-19. Talk with your doctor about the vaccines that are right for you.

Health screenings. Be diligent about making and keeping preventive appointments such as mammograms, colonoscopies, skin exams, Pap smears, HPV testing and prostate-specific antigen (PSA) blood tests. Ask your doctor about any additional tests.

Sleep habits. Cancer treatment can affect your sleep pattern, so it is important that you try to get 7 to 9 hours of quality sleep per night. Try for a good's night sleep every night. Set a consistent bedtime and time to wake up; keep your bedroom dark, quiet and at a comfortable temperature; avoid exercising or snacking too late into the evening; and wind down before bedtime by shutting off screens (mobile phones, TVs, etc.). ■

MEDICATION ADHERENCE

Taking medications on time is key for safe, effective treatment

Advancements in CLL treatment have made it possible for many people to undergo treatment from the comfort of home. Oral medications are convenient, offer a sense of normalcy and control, and remove the risk of injection-site or injection-related reactions that intravenous (IV) therapies may bring. However, with these benefits comes the responsibility of correctly following the treatment regimen given by your doctor.

Understanding the importance of correctly taking your medications is critical. Most people do not intend to take their medications incorrectly. They are, however, often uninformed about the possible consequences. For example, a common misconception is that taking multiple doses at the same time will increase its effectiveness. Another is that skipping a dose will lessen side effects

or cut down on the cost of treatment. Neither are true. Most drugs are prescribed to be used under certain conditions in order to target your particular diagnosis. Not taking your medication correctly puts you at risk for missing the benefits of the medication. In some cases, it can lead to increased side effects, recurrence, hospitalization or even death.

Before beginning treatment, talk to your doctor about how and when to take your medication. If you feel overwhelmed or confused by your treatment plan, ask your doctor or pharmacist for help. Sometimes your medication can be adjusted to make side effects more tolerable. Or, your medical team can connect you with resources that may make your treatment more affordable. Do not be embarrassed. They work with people every day who have the same concerns.

Remembering to take your medications on time can be difficult. Help keep yourself on track by using medication journals, alarms or smartphone apps. Download a medication tracker at PatientResource.com/CLL_Forms. ■

Learn about all potential therapies available

An open physician-patient relationship will be vital to successful CLL treatment. You will work closely with your doctor, who will rely on you to be an active member of the care team. This means communicating when your symptoms begin or change. Although curing the cancer is a goal, “curing CLL” may mean reaching remission with no signs or symptoms of cancer, or managing the disease like a chronic condition. You and your doctor will make shared decisions about treatments and side effect management to help you achieve your desired quality of life.

TREATMENT OPTIONS

Unlike most cancers, treating CLL often does not begin until symptoms or test results indicate it is necessary. This will require you to share how you are feeling so your doctor can determine when to begin treatment.

When it is time to treat, your doctor will ask for your input to develop a treatment plan and discuss possible side effects. You may discuss different approaches. Regardless of your treatment plan, you will be monitored frequently to ensure the treatment is working, and you will be expected to report symptoms and side effects. Commit to taking your treatments and going to your follow-up appointments, which are important for monitoring treatment, addressing side effects or issues, and detecting a recurrence or second cancer early.

Active surveillance is a strategy often recommended for patients with low-risk or low-stage CLL. Sometimes referred to as watch and wait, this approach delays active treatment until you experience symptoms that affect your quality of life or have lab tests showing blood cell count changes.

Symptoms that should be shared with your doctor because they may indicate your CLL is progressing include the following:

- Unexplained weight loss
- Severe fatigue
- Fevers above 100.4°F without evidence of infection
- Drenching night sweats
- Spleen or lymph node enlargement
- Shaking; chills
- Chest pain or shortness of breath
- Excessive bleeding or bruising; clotting issues

Receiving a cancer diagnosis and not beginning active treatment right away can be stressful. See suggestions below on how to manage the anxiety that often accompanies this treatment strategy.

Clinical trials may be the best first treatment option for your specific diagnosis, even if symptoms do not yet indicate you need treatment. Significant research is underway to find new or improved methods of treating CLL, including chimeric antigen receptor (CAR) T-cell therapy (see *Clinical Trials*, page 7).

Targeted therapy is systemic drug therapy that is commonly used as first-line therapy for CLL. It is used to attack certain cancer cells and avoids healthy cells, resulting in fewer side effects than with traditional chemotherapy. Some may be used alone or in combination with other therapies.

Following are the types used to treat CLL:

- Tyrosine kinase inhibitors (TKIs) block certain substances that control how cells grow and divide. One type, called a Bruton's tyrosine kinase (BTK) inhibitor, blocks the BTK protein, which may promote the growth of abnormal B-cells.
- BCL-2 inhibitors block the BCL-2

» What to do during active surveillance

Being told to watch and wait for your CLL to progress before starting treatment can understandably cause anxiety and impatience. You may want to start treatment as soon as possible because waiting to treat may seem counter-intuitive. However, the reason for this approach is that studies looking at early treatment soon after diagnosis have historically failed to demonstrate an improvement in survival and may cause additional side effects.

Following are some things to do to be proactive during active surveillance:

- **Make sure your vaccinations are up to date.**
- **Assemble a good multidisciplinary health care team** that you are comfortable with.
- **Create layers of support around you**, including friends, family, and in-person or online support groups. Talking to other people who are in a similar situation can be valuable.
- **Always think several steps ahead of CLL.** Ask your doctor how potential relapses and refractory CLL will be managed in the future and whether you might be a good candidate for clinical trials.
- **Know your molecular profile.** Doctors are increasingly relying on this information as guidance for how aggressively to treat your CLL. Know whether you have high-risk or low-risk disease.
- **Seek a second opinion.**

Following are some ideas of what NOT to do while you wait:

- **Don't panic.** Research has shown that starting treatment early does not improve outcomes.
- **Don't isolate yourself.** Being alone can worsen your mental health and increase anxiety.
- **Don't miss follow-up appointments.** These will be key in determining when it is time to start treatment.
- **Don't ignore symptoms.** Your doctor will rely on you to communicate how you are feeling.
- **Don't forget to make healthy eating a priority** and incorporate daily physical activity.
- **Don't stop socializing** and enjoying your life.
- **Don't stop learning about CLL**, its treatments and possible clinical trials

▲ PATIENT ASSISTANCE RESOURCES → For more resources, flip over this guide and see pages 7-8.

AbbVie Savings Card abbvie.com/patients/patient-support/patient-assistance/savings-card - 800-222-6885

Arzerra Novartis Financial Assistance www.patient.novartis oncology.com/financial-assistance - 800-282-7630

AstraZeneca Access 360 www.myaccess360.com/patient - 844-275-2360

Bendeka Teva CORE www.tevacore.com/patient-assistance - 888-587-3263

Brukina myBeiGene Patient Support www.brukina.com - 833-234-4363

Calquence Access 360 myaccess360.com/patient/calquence-acalabrutinib - 844-275-2360

Calquence Cares Support Hub www.calquence.com/resources/cares-hub-cll.html

Copiktra Secura Care copiktra.com/patient-assistance - 844-973-2872

Gazyva Access Solutions genentech-access.com/patient/brands/gazyva - 877-436-3683

protein, a protein found in leukemia cells.

- Monoclonal antibodies are laboratory-made immune system proteins that attach to a specific target on cancer cells or other cells that may help cancer grow. The antibodies are then able to kill the cancer cells, block their growth or keep them from spreading.

Depending on whether your CLL is high-risk (contains chromosome changes) or low-risk, your doctor will determine which type is best for you. Patients typically continue taking this type of drug therapy until it stops working. It is important to know that using one type of targeted therapy does not eliminate the option of using another if that type fails or becomes less effective (refractory), or if a relapse occurs.

Corticosteroids, anti-inflammatory drugs that appear to help cause the death of cancerous white blood cells, are sometimes given along with other drug therapies.

Radiation therapy may be used to shrink an enlarged spleen or swollen lymph nodes, relieve certain symptoms or as part of the conditioning phase of a stem cell transplant.

An **allogeneic stem cell transplant**, which uses stem cells from a volunteer donor, may be used to treat very specific cases of CLL. The goal of transplantation is for your blood counts to return to safe levels and/or remission. For details about transplants, visit: PatientResource.com/Leukemias_Stem_Cell_Transplantation

Chemotherapy destroys cancer cells by preventing them from growing and dividing. It may be used in some instances and combined with other therapies. It may be given in high doses before a stem cell transplant in a process known as conditioning.

Surgery may be used to remove an enlarged spleen (splenectomy).

RELAPSED AND REFRACTORY CLL

Even after reaching remission, CLL may return in different ways.

Relapsed (or recurrent) CLL is cancer that has returned, usually after a period of time during which it cannot be detected. If this occurs, your doctor will begin a new cycle of diagnostic tests to confirm whether the cancer is recurrent and whether it has transformed into

SOME DRUG THERAPIES FOR CLL

These therapies may be used alone or in combination. For some possible combination therapies your doctor might suggest, go to PatientResource.com/CLL_Treatment

- ▶ acalabrutinib (Calquence)
- ▶ bendamustine (Belrapzo, Bendeka, Treanda, Vivimusta)
- ▶ chlorambucil (Leukeran)
- ▶ cyclophosphamide
- ▶ dexamethasone
- ▶ duvelisib (Copiktra)
- ▶ fludarabine phosphate (Fludara)
- ▶ ibrutinib (Imbruvica)
- ▶ idelalisib (Zydelig)
- ▶ methylprednisolone
- ▶ obinutuzumab (Gazyva)
- ▶ ofatumumab (Arzerra)
- ▶ prednisone
- ▶ rituximab (Rituxan)
- ▶ rituximab and hyaluronidase human (Rituxan Hycela)
- ▶ venetoclax (Venclexta)
- ▶ zanubrutinib (Brukinsa)

As of 9/28/23

a more aggressive subtype, which may change your treatment plan.

Refractory CLL is cancer that does not respond to or improve with treatment. Your doctor will consider the approaches you have already tried before recommending another plan. If your doctor does not specialize in CLL, get a second opinion to ensure you learn about all your options, including clinical trials. ■

CLINICAL TRIALS

Research leads to new options

Every clinical trial, and the contribution of each participant within that trial, moves the medical community closer to understanding how to treat and potentially cure CLL. You might consider a trial at any point in your treatment process.

Significant research is underway to find new or improved methods of treating CLL, including chimeric antigen receptor (CAR) T-cell therapy, triple combination drug therapies and delving into existing and potential serious side effects to find improved ways of managing them.

As with any cancer treatment, the therapies used in research studies have risks, but they also have potential benefits. More specialists will be involved in your care because you will

be monitored by the medical team managing your trial as well as by your regular oncologist. And, simply by participating, you will be a partner in cancer research, helping improve treatments for future patients.

Ask your medical team whether a clinical trial may benefit your treatment plan. As they look for trials, you can look, too. For more information about how to search for a trial, visit: PatientResource.com/Clinical_Trials_Search ■

Myth vs Fact

Q Do drug trials use a placebo instead of the therapy being tested?

A Treatment is not replaced with a placebo. If you are not getting the trial drug, you will receive the current standard of care. When placebos are used, such as in combination studies, they are used along with the current standard of care and with the full knowledge of the participants. Even in those rare cases, you will always get at least the standard of care treatment for your diagnosis.

Genentech Access Solutions www.genentech-access.com/patient - 877-436-3683

Gilead's Advancing Access www.gileadadvancingaccess.com - 800-226-2056

GSK For You www.gskforyou.com - 800-745-2967

Imbruvica By Your Side www.imbruvica.com/imbruvica-by-your-side - 888-968-7743

Novartis Patient Assistance NOW Oncology (PANO) patient.novartisoncology.com/financial-assistance/pano - 800-282-7630

Rituxan Access Solutions genentech-access.com/patient/brands/rituxan-nhl-cll - 877-436-3683

Rituxan Hycela Access Solutions genentech-access.com/patient/brands/rituxan-hycela - 877-436-3683

Secura Care securabio.com/patient-support-programs - 844-973-2872

Teva CORE www.tevacore.com/patient-assistance - 888-587-3263

Venclexta Access Solutions genentech-access.com/patient/brands/venclexta - 877-436-3683

Zydelig AccessConnect www.zydeligaccessconnect.com/patient - 844-622-2377

Make a plan for managing side effects

Most people are concerned about the side effects of cancer and its treatment (see Table 1). Knowing the symptoms to watch for and the actions to take when they occur will help you feel more in control. Tell your health care team when symptoms occur. Download a free side effects tracker at PatientResource.com/Tracker.

POTENTIALLY SEVERE SIDE EFFECTS

Some drug therapies may be accompanied by serious and potentially life-threatening side effects. Talk with your doctor about how to identify the symptoms, those that require emergency care, and whom to contact and how, especially after hours. Prompt treatment is necessary to keep these symptoms from becoming fatal. Some can be identified only with lab work and imaging tests, so keep your follow-up appointments.

Following are some potentially severe side effects to watch for.

Cardiac-related Adverse Effects. These may include conditions such as atrial fibrillation (AFIB), hypertension, irregular heartbeat, dizziness or shortness of breath.

Infections. Report any of the following symptoms immediately: fever (oral temperature higher than 100.4°F), chills and sweating; flu-like symptoms (body aches, general fatigue) with or without fever; cough, shortness of breath or painful breathing; sore throat; mouth sores; redness, pain or swelling on any area of your skin; pus or drainage from any open cut or sore; diarrhea; pain or burning with urination; or vaginal drainage or itching.

Cytokine Release Syndrome (CRS). This occurs when too many cytokines are released into the bloodstream, leading to high fever, inflammation, fatigue and nausea that can be severe and damage multiple organs. Without swift medical treatment, CRS can be fatal.

Hepatic Toxicity (liver damage). Symptoms may include rash, fever, stomach pain, nau-

sea and vomiting, jaundice (yellow color in the eyes and skin) and fatigue.

Immune-related Adverse Events (irAEs).

Immunotherapy drugs may cause the immune system to attack normal, healthy parts of the body. Talk with your doctor about the symptoms so you and your caregivers can report problems immediately.

Infusion-related Reactions (IRRs). This response may occur with an intravenous (IV) or injectable treatment. Mild reactions may include itching, rash or fever. Potentially life-threatening symptoms include shaking,

chills, low blood pressure, dizziness, breathing difficulties or irregular heartbeat.

Tumor Lysis Syndrome (TLS). As tumor cells die, they break apart and release their contents into the blood, causing a change in electrolytes and certain chemicals in the blood. It may damage the nervous system, kidneys, heart, liver and other organs.

EMOTIONAL WELL-BEING

At times you may feel scared, angry or depressed, while at other times you may feel hopeful. Simply knowing you may be on an emotional rollercoaster helps because now you can make a plan.

Start with your family and friends. When they offer help, accept it. Seek medical attention immediately if you feel depressed or hopeless for more than a few days or have thoughts of suicide. ■

▲TABLE 1

SOME COMMON PHYSICAL SIDE EFFECTS

Side Effect*	Symptoms
Anemia	Low energy, weakness, dizziness, light-headedness, shortness of breath, rapid heartbeat
Bone loss and pain	Weakened bone caused by the cancer or treatment
Chemo brain (cognitive dysfunction)	Brain fog, confusion and/or memory problems
Constipation	Difficulty passing stools or having less frequent bowel movements compared to your usual bowel habits
Diarrhea	Frequent loose or watery bowel movements that can become serious if left untreated
Fatigue	Tiredness that is much stronger and harder to relieve than the fatigue an otherwise healthy person has
Fever	Raised body temperature that could signal an infection
Nausea and vomiting	The feeling of needing to throw up and/or throwing up
Neutropenia	Low white blood cell count that increases the risk of infection
Peripheral neuropathy	Numbness, pain, burning sensations and tingling, usually in the hands or feet at first
Respiratory problems	Shortness of breath with or without coughing, upper respiratory infections
Skin reactions	Rash, redness and irritation or dry, flaky or peeling skin that may itch
Thrombocytopenia	Low number of platelets in the blood, which can lead to bruising and excessive bleeding

*Side effects are listed alphabetically. Talk to your health care provider about what to expect with your treatment plan.

» Meet Your Team

Dermatologists diagnose and treat skin problems. Because of the related skin cancer risk, you are encouraged to see a dermatologist regularly.

Hematologists specialize in treating people who have blood cancers.

Medical oncologists diagnose and

treat cancer with drug therapy.

Oncology nurses provide patient care in a cancer treatment facility.

Pathologists have special training in identifying diseases by studying cells and tissues under a microscope.

Patient navigators and nurse navigators serve as guides through

diagnosis, treatment and follow-up.

Pharmacists have special training in preparing, dispensing and explaining the side effects of prescription drugs.

Psychologists/onco-psychologists address psychological, emotional and social issues that affect people with cancer and their loved ones.

Radiation oncologists treat cancer using radiation therapy.

Registered dietitians and nutritionists help meet patients' nutritional needs.

P A T I E N T
R E S O U R C E

Where information equals hope