

Chronic Lymphocytic Leukemia

What is chronic lymphocytic leukemia?

Chronic lymphocytic leukemia (CLL) is a disease in which lymphocytes, a type of white blood cell, grow out of control and build up in the body. CLL is the most common type of leukemia in adults. There are 2 types: B-cell and T-cell. The B-cell type of CLL is most common. T-cell CLL, also called T-cell prolymphocytic leukemia, is less common.

What is the function of lymphocytes?

Lymphocytes circulate in the bloodstream and are made in the lymph nodes, spleen, thymus, and the spongy tissue called bone marrow found inside bones. B lymphocytes, also called B-cells, make antibodies to fight infections. T lymphocytes, also called T-cells, help fight infections by killing viruses and foreign cells, as well as triggering B-cells and other cells in the immune system to make antibodies.

What does stage mean?

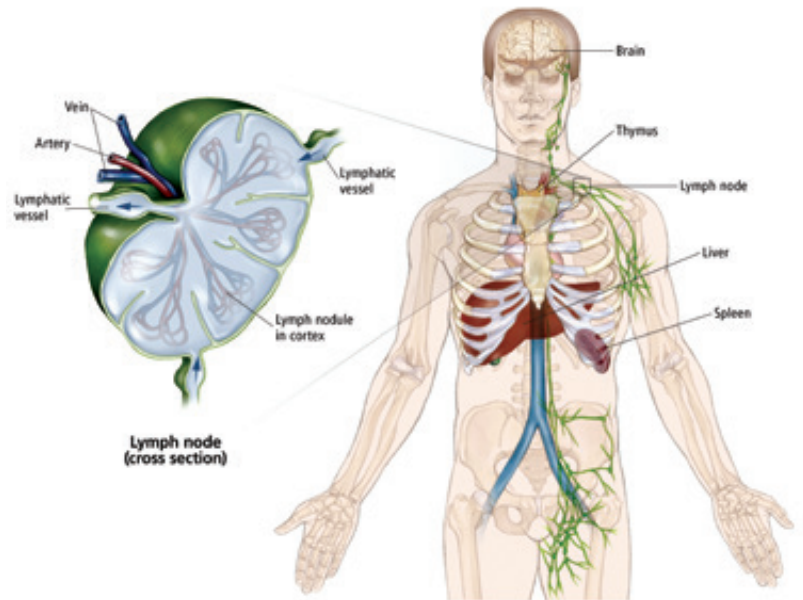
The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. In the Rai staging system, CLL is classified into 5 different stages ranging from 0 (zero) to IV (4). In the Binet classification system, CLL is placed into 3 different stages: A, B, or C. Also, 3 risk groups—low risk, intermediate risk, and high risk—are used to describe the likelihood that the disease may get worse. Find more information about these stages and risk groups at www.cancer.net/ctl.

How is chronic lymphocytic leukemia treated?

The treatment of CLL depends on the type and stage of leukemia, possible side effects, and the patient's preferences, age, and overall health. Although treatment often works well, no standard therapy can eliminate CLL. The goal of treatment is long-term remission. Because CLL develops slowly in about half of patients, active surveillance (or watchful waiting) may be recommended. For patients who have symptoms or worsening blood counts, immediate treatment is recommended. Chemotherapy and targeted therapy are the most common treatments for CLL. These types of drugs are often used in combination. Stem cell transplantation, radiation therapy, and other treatments, such as blood transfusions, antibiotics, or surgery to remove an enlarged spleen, can help treat or control CLL symptoms. When making treatment decisions, people may also consider a clinical trial; talk with your doctor about all treatment options. The side effects of CLL treatment can often be prevented or managed with the help of your health care team. This is called palliative care and is an important part of the overall treatment plan.

How can I cope with chronic lymphocytic leukemia?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the doctor

Regular communication is important in making informed decisions about your health care. Consider asking the following questions of your health care team:

- What type of CLL do I have?
- Can you explain my pathology report (laboratory test results) to me?
- What stage and risk group is the CLL? What does this mean?
- Would you explain my treatment options?
- What clinical trials are open to me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- What is the goal of each treatment? Is it to produce a long-term remission, help me feel better, or both?
- Do I need to start treatment right away? If not, could you please explain why?
- Who will be part of the treatment team, and what does each member do?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Will this treatment affect my ability to become pregnant or have children?
- What long-term side effects may be associated with treatment?
- If I'm worried about managing the costs of my cancer care, who can help me?
- Where can I find emotional support for me and my family?
- Whom should I call with questions or problems?

Additional questions to ask the doctor can be found at www.cancer.net/cll.

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TERMS TO KNOW

Active surveillance:

Monitoring a patient with tests and physical examinations; active treatment begins only when the cancer shows signs of worsening

Bone marrow biopsy:

Removal and analysis of a tissue sample from the center of the bones

Chemotherapy:

The use of drugs to destroy cancer cells

Clinical trial:

A research study that tests a new treatment or drug

Complete blood count:

Test to measure the number of different types of cells in a person's blood; also called CBC

Hematologist:

A doctor who specializes in treating blood disorders

Lymph node:

A tiny, bean-shaped organ that fights infection

Oncologist:

A doctor who specializes in treating cancer

Radiation therapy:

The use of high-energy x-rays to destroy cancer cells

Remission:

The absence of any signs or symptoms of disease

Targeted therapy:

Treatment that targets specific genes or proteins that contribute to cancer growth

MADE AVAILABLE THROUGH

