RED SEPTEMBER
EDITION 2

ESH
European Society of Haematology

BC AM BLOOD CANCER AWARENESS MONTH

CHRONIC LYMPHOCYTIC LEUKEMIA
KNOWING WHEN TO TREAT IS AS IMPORTANT AS KNOWING HOW

From active surveillance to targeted and time-limited treatment – CLL care is becoming increasingly individualized.

01 A DIAGNOSIS DOES NOT ALWAYS MEAN TREATMENT

CLL is often identified before patients develop symptoms or require therapy. For patients without an indication for treatment, active surveillance remains the standard approach rather than starting treatment solely because CLL has been diagnosed.

DIAGNOSE. ASSESS. MONITOR. TREAT WHEN NEEDED.

Treatment decisions are based on evidence of active or progressive disease, symptoms and the overall clinical picture.

02 BEFORE TREATMENT, KNOW THE BIOLOGY

Two patients with CLL can have very different disease courses. Before initiating treatment, biological assessment helps define risk and inform therapeutic strategy.

TP53 / DEL(17P):
High-risk biology that strongly influences treatment selection.

IGHV MUTATION STATUS:
Provides important prognostic information.

PATIENT FITNESS AND COMORBIDITIES:
Cardiovascular health, renal function, concomitant medications and other factors can influence treatment choice.

PATIENT PRIORITIES:
Treatment duration, monitoring requirements and lifestyle considerations increasingly matter.

THE DIAGNOSIS IS CLL.
THE TREATMENT DECISION IS PERSONAL.

03 BEFORE TREATMENT, KNOW THE BIOLOGY

One of the most important developments in modern CLL is that treatment can follow different temporal strategies.

CONTINUOUS THERAPY

Treatment continues until disease progression or unacceptable toxicity.

Example therapeutic concept:
BTK inhibition

FIXED-DURATION THERAPY

Treatment is delivered for a predefined period and then stopped according to the regimen.

Examples of therapeutic concepts:
BCL-2-directed combinations and BTK inhibitor + BCL-2 inhibitor combinations.

CONTINUOUS OR TIME-LIMITED?

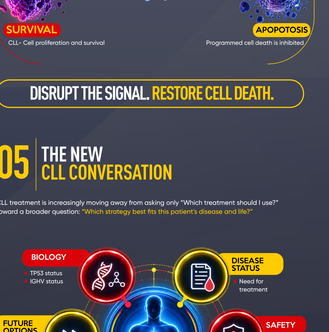
The answer depends on disease biology, clinical characteristics, treatment goals and patient preference.

04 BTK + BCL-2: TARGETING TWO SURVIVAL MECHANISMS

CLL cells depend on multiple biological pathways for survival.

BTK:
A central component of B-cell receptor signalling that supports CLL-cell proliferation and survival.

BCL-2:
An anti-apoptotic protein that helps malignant cells avoid programmed cell death.



DISRUPT THE SIGNAL. RESTORE CELL DEATH.

05 THE NEW CLL CONVERSATION

CLL treatment is increasingly moving away from asking only "Which treatment should I use?" toward a broader question: "Which strategy best fits this patient's disease and life?"

IN CLL, PERSONALIZATION STARTS BEFORE THE FIRST TREATMENT – AND EXTENDS TO HOW LONG THAT TREATMENT LASTS.

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