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HOW TO APPROACH CLL IN CLINICAL PRACTICE

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CLL first line treatment (updated June 2019)

Stage	Del(17p) or p53mut	Fitness	IGHV	Therapy
Blut A-B, Rai I- II, inactive disease	Irrelevant	Irrelevant	Irrelevant	<i>None</i>
Active disease or Blut C or Rai III-IV	Yes	Irrelevant	Irrelevant	<i>Ibrutinib or Venetoclax + Obinutuzumab or Idelalisib</i> + <i>Rituximab (if contraindications for Ibrutinib)*</i>
	No	Go gp	M	<i>FCR (BR above 65 years) or Ibrutinib*</i>
			U	<i>Ibrutinib or FCR (BR above 65 years)*</i>
		Slow gp	M	<i>Venetoclax + Obinutuzumab or Chlorambucil +</i> <i>Obinutuzumab or Ibrutinib*</i>
			U	<i>Venetoclax + Obinutuzumab or Ibrutinib or</i> <i>Chlorambucil + Obinutuzumab*</i>

* Consider and discuss with patient: long-term vs fixed (6-12m) duration therapy, lack of convincing evidence of overall survival differences, specific side effects of each therapeutic option (myelosuppression, infections, secondary malignancies for CIT; cardiac toxicity, bleeding and autoimmune disease for Ibru; TLL and infections for Ven-Obi; autoimmune disease (diarrhea) and opportunistic infections for Idelalisib).

CLL 2nd line treatment 2019

Response to 1 st line therapy	Fitness	Therapy
Refactory or progress within 3 years	Go gp	<i>Change to one of the following options: Ibrutinib, Idelalisib + R,</i> <i>Venetoclax + Rituximab, FA, FCR (after BR), Venetoclax, A-</i> <i>Dex, Lenalidomide (+R), BR (after FCR). Disease consolidation</i> <i>with allogeneic SCT.</i>
	Slow gp	<i>Change to one of the following options: Ibrutinib, Idelalisib + R,</i> <i>Venetoclax (+ Rituximab), A, FCR-ite, BR, Lenalidomide (+R),</i> <i>Obinutuzumab, HD R.</i>
Progress after 3 years	All	<i>Repetition of 1st line therapy is possible</i>

