

Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Leukemia (SLL)

Overview:

- CLL/SLL involves the accumulation and rapid reproduction of abnormal clonal B-cells (lymphocytes) in the blood, bone marrow or lymph nodes.
- CLL and SLL are identical other than location of the disease. CLL occurs primarily in the blood while SLL is found mainly in the lymph nodes
- The progression can be variable ranging from indolent (slow growing) to aggressive requiring immediate treatment
- In rarer cases CLL can become resistant to treatment or transform into a more aggressive variant



SIGNS AND SYMPTOMS

- Unexplained elevated white blood cell (lymphocyte) count is the most common symptom
- Fatigue
- Enlarged spleen or liver
- B-symptoms – fever, night sweats, enlarged lymph nodes, unexplained weight loss
- Shortness of breath
- Anemia (decreased red blood cell count)
- Frequent infections
- Easy bleeding or bruising



PSYCHOLOGICAL EFFECTS

- Anxiety related to diagnosis and treatment
- Fear of recurrence or progression of the CLL/SLL
- Depression due to emotional and physical burden
- Social isolation
- Loss of self-esteem



Key Stats

- CLL/SLL is classified as an indolent lymphoma and currently considered 'incurable' although long-term remissions are possible
- CLL most commonly occurs in older adults and is the most common adult leukemia in the Western world, accounting for approximately 30% of all leukemias

Treatment Challenges

- Common treatments include chemoimmunotherapy and targeted agents, however access to therapies vary from county or region
- Due to higher rates of recurrence, many patients require multiple lines of treatment throughout their lives.
- Over time CLL can become resistant to conventional therapies

Clinical Trials

- [Database link](#)

Last update

- December 2024