



Clinical scenarios

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Clinical scenario 1a

1. How would you manage this patient?
2. What more information could help you make a decision?

70-year-old man who was recently diagnosed with CLL after an elevated white blood cell count was identified in a routine examination. Patient reports increased fatigue in recent months.

WBC count is $127 \times 10^9/\text{L}$ with 70% lymphocytes, hemoglobin level is 9.4 g/dL, and platelet count is $75 \times 10^9/\text{L}$.

Patient has unmutated IGHV and Del(17p).

Clinical scenario 1b

1. How would you manage this patient?
2. What more information could help you make a decision?

70-year-old man who was recently diagnosed with CLL after an elevated white blood cell count was identified in a routine examination. Patient reports increased fatigue in recent months.

WBC count is $127 \times 10^9/\text{L}$ with 70% lymphocytes, hemoglobin level is 9.4 g/dL, and platelet count is $75 \times 10^9/\text{L}$.

Patient has unmutated IGHV. **FISH results are normal and patient has no *TP53* mutations.**

Clinical scenario 1c

1. How would you manage this patient?
2. What more information could help you make a decision?

70-year-old man who was recently diagnosed with CLL after an elevated white blood cell count was identified in a routine examination. Patient reports increased fatigue in recent months.

WBC count is $127 \times 10^9/\text{L}$ with 70% lymphocytes, hemoglobin level is 9.4 g/dL, and platelet count is $75 \times 10^9/\text{L}$.

Patient has **mutated IGHV**. FISH results are normal and patient has no *TP53* mutations.

Clinical scenario 1d

1. How would you manage this patient?
2. What more information could help you make a decision?

62-year-old man who was recently diagnosed with CLL after an elevated white blood cell count was identified in a routine examination. Patient reports increased fatigue in recent months.

WBC count is $127 \times 10^9/\text{L}$ with 70% lymphocytes, hemoglobin level is 9.4 g/dL, and platelet count is $75 \times 10^9/\text{L}$.

Patient has mutated IGHV. FISH results are normal and patient has no *TP53* mutations.

Clinical scenario 1e

1. How would you manage this patient?
2. What more information could help you make a decision?

62-year-old man who was recently diagnosed with CLL after an elevated white blood cell count was identified in a routine examination. Patient reports increased fatigue in recent months.

WBC count is $127 \times 10^9/\text{L}$ with 70% lymphocytes, hemoglobin level is 9.4 g/dL, and platelet count is $75 \times 10^9/\text{L}$.

Patient has mutated IGHV. FISH results are normal and patient has no *TP53* mutations.

The patient has moderate renal impairment (CrCl: 34 mL/min/1.73m²).

Clinical scenario 2a

1. How would you manage this patient?
2. What more information could help you make a decision?

65-year-old woman with CLL with unmutated IGHV and del(11q). Prior to treatment the patient had Rai Stage III disease and lymphadenopathy.

The patient was treated with venetoclax–obinutuzumab according to the CLL14 study protocol.

She remained in remission for one year after treatment cessation, but over the past three months has demonstrated progressive ALC increase to 49,000/ μ L and 5–6 cm lymphadenopathy in the abdomen and pelvis.

Clinical scenario 2b

1. How would you manage this patient?
2. What more information could help you make a decision?

65-year-old woman with CLL with unmutated IGHV and del(11q). Prior to treatment the patient had Rai Stage III disease and lymphadenopathy.

The patient was treated with venetoclax–obinutuzumab according to the CLL14 study protocol.

She remained in remission for **three years** after treatment cessation, but over the past three months has demonstrated progressive ALC increase to 49,000/ μ L and 5–6 cm lymphadenopathy in the abdomen and pelvis.

Clinical scenario 3a

1. How would you manage this patient?
2. What more information could help you make a decision?

61-year-old woman with CLL receiving second-line ibrutinib after first-line FCR.

The patient has been on ibrutinib for two years and feels well. In routine follow-up, she has no palpable lymphadenopathy, but ALC has increased from 3,500/ μ L to 35,500/ μ L.

After 2 months, the patient remains asymptomatic, but ALC has further risen to 80,000/ μ L and 4.5 cm lymph nodes are detected in the neck.

Clinical scenario 3b

1. How would you manage this patient?
2. What more information could help you make a decision?

61-year-old woman with CLL receiving **third-line ibrutinib after first-line FCR and second-line Obi-Ven.**

The patient has been on ibrutinib for two years and feels well. In routine follow-up, she has no palpable lymphadenopathy, but ALC has increased from 3,500/ μ L to 35,500/ μ L.

After 2 months, the patient remains asymptomatic, but ALC has further risen to 80,000/ μ L and 4.5 cm lymph nodes are detected in the neck.

Clinical scenario 4

1. How would you manage this patient?
2. What more information could help you make a decision?

60-year-old woman with CLL receiving ibrutinib after relapsing on immunochemotherapy in first-line therapy.

The patient has been on ibrutinib for four years and is in disease remission, but reports experiencing heart palpitations, dizziness, and shortness of breath.

Following your referral, a cardiologist diagnoses the patient with atrial fibrillation.