Clinical scenarios in R/R CLL

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CLL, chronic lymphocytic leukemia; R/R, relapsed/refractory.

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Disclosures

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Patient 1a

- *Age:* 68 years
- *Sex:* Male
- *Diagnosis:* CLL (age: 64 years)
- *Prior treatment:* FCR (initiated: 65 years)
- *Clinical findings:* Patient reports increased fatigue
- *Laboratory findings:*
  - WBC count: 130 × 10^9/L
  - Hemoglobin: 9.7 g/dL
  - Platelet count: 80 × 10^9/L
- *Genetic testing:*
  - Unmutated IGHV
  - Normal FISH results
  - Unmutated *TP53*

1. **How would you manage this patient?**
2. **What further information would be helpful to inform clinical decision-making?**

This is a hypothetical patient case scenario intended for educational purposes only.

CLL, chronic lymphocytic leukemia; FCR, fludarabine, cyclophosphamide, and rituximab; FISH, fluorescence *in situ* hybridization; IGHV, immunoglobulin heavy chain variable; WBC, white blood cell.

Patient 1b

- *Age:* 68 years
- *Sex:* Male
- *Diagnosis:* CLL (age: 64 years)
- *Prior treatment:* FCR (initiated: 65 years)
- *Clinical findings:* Patient reports increased fatigue
- *Laboratory findings:*
  - WBC count: 130 × 10^9/L
  - Hemoglobin: 9.7 g/dL
  - Platelet count: 80 × 10^9/L
- *Genetic testing:*
  - Unmutated IGHV
  - Normal FISH results
  - Unmutated *TP53*

How would your approach change if…?

Patient has reduced renal function (CrCl: 40 mL/min/1.73 m²)

This is a hypothetical patient case scenario intended for educational purposes only.

CLL, chronic lymphocytic leukemia; CrCl, creatinine clearance; FCR, fludarabine, cyclophosphamide, and rituximab; FISH, fluorescence *in situ* hybridization; IGHV, immunoglobulin heavy chain variable; WBC, white blood cell.

Patient 1c

- *Age:* 68 years
- *Sex:* Male
- *Diagnosis:* CLL (age: 64 years)
- *Prior treatment:* FCR (initiated: 65 years)
- *Clinical findings:* Patient reports increased fatigue
- *Laboratory findings:*
  - WBC count: 130 × 10^9/L
  - Hemoglobin: 9.7 g/dL
  - Platelet count: 80 × 10^9/L
- *Genetic testing:*
  - Unmutated IGHV
  - ~~**Normal FISH results**~~

How would your approach change if…?

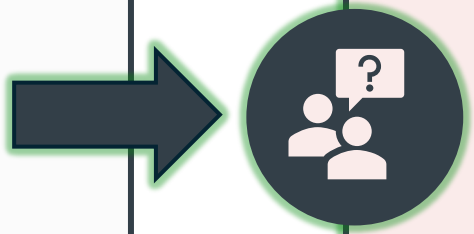
FISH results reveal del(17p) and mutated *TP53*

This is a hypothetical patient case scenario intended for educational purposes only.

CLL, chronic lymphocytic leukemia; del, deletion; FCR, fludarabine, cyclophosphamide, and rituximab; FISH, fluorescence *in situ* hybridization; IGHV, immunoglobulin heavy chain variable; WBC, white blood cell.

Patient 1d

- *Age:* 68 years
- *Sex:* Male
- *Diagnosis:* CLL (age: 64 years)
- *Prior treatment:* FCR (initiated: 65 years)
- *Clinical findings:* Patient reports increased fatigue
- *Laboratory findings:*
  - WBC count: 130 × 10^9/L
  - Hemoglobin: 9.7 g/dL
  - Platelet count: 80 × 10^9/L
- *Genetic testing:*
  - Unmutated IGHV
  - Del(17p)
  - Mutated *TP53*



How would your approach change if…?

- **Patient has chronic hypertension**
  - Treatment: Diltiazem once daily
- **Patient has recurrent deep vein thrombosis**
  - Treatment: Apixaban twice daily

This is a hypothetical patient case scenario intended for educational purposes only.

CLL, chronic lymphocytic leukemia; del, deletion; FCR, fludarabine, cyclophosphamide, and rituximab; IGHV, immunoglobulin heavy chain variable; WBC, white blood cell.

Patient 2a

- *Age:* 67 years
- *Sex:* Female
- *Diagnosis:* CLL (60 years)
- *Prior treatment:*
  Venetoclax–obinutuzumab
  (initiated: 62 years)
  - Achieved disease remission on trial
    (maintained for 4 years)
- *Clinical and laboratory findings:*
  No high-risk disease features
- *Clinical reassessment:*
  - ALC: 62 × 10^9/L
    (previously 35 × 10^9/L)
  - Hemoglobin: 9.8 g/dL
  - 5 cm palpable spleen

1. **How would you manage this patient?**
2. **What further information would be helpful to inform clinical decision-making?**

This is a hypothetical patient case scenario intended for educational purposes only.

ALC, absolute lymphocyte count; CLL, chronic lymphocytic leukemia.

Patient 2b

- *Age:* 67 years
- *Sex:* Female
- *Diagnosis:* CLL (60 years)
- *Prior treatment:*
  Venetoclax–obinutuzumab
  (initiated: 65 years)
  - Achieved disease remission on trial
    (maintained for ~~**4 years**~~)
- *Clinical and laboratory findings:*
  No high-risk disease features
- *Clinical reassessment:*
  - ALC: 62 × 10^9/L
    (previously 35 × 10^9/L)
  - Hemoglobin: 9.8 g/dL
  - 5 cm palpable spleen

How would your approach change if…?

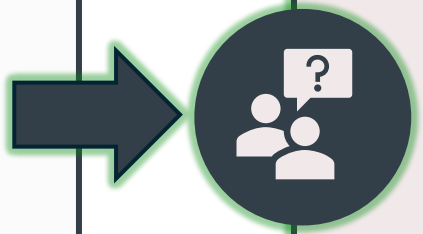
Complete remission was maintained for *1 year* following venetoclax–obinutuzumab

This is a hypothetical patient case scenario intended for educational purposes only.

ALC, absolute lymphocyte count; CLL, chronic lymphocytic leukemia.

Patient 2c

- *Age:* 68 years
- *Sex:* Female
- *Diagnosis:* CLL (60 years)
- *Prior treatment:* Venetoclax–obinutuzumab (initiated: 65 years)
  - Achieved disease remission on trial (maintained for 1 year)
- *Clinical and laboratory findings:* No high-risk disease features
- *Clinical reassessment:*
  - ALC: 62 × 10^9/L (previously 35 × 10^9/L)
  - Hemoglobin: 9.8 g/dL
  - 5 cm palpable spleen



How would you manage this patient if…?

- **Patient achieved disease remission with 2L ibrutinib**
  - Maintained for 1 year → current
- **Patient developed an itchy maculopapular rash on their neck, arms, and trunk**
  - Rapidly evolving and non-responsive to steroids and antihistamines

This is a hypothetical patient case scenario intended for educational purposes only.

2L, second-line; ALC, absolute lymphocyte count; CLL, chronic lymphocytic leukemia.

Patient 2d

- *Age:* 71 years
- *Sex:* Female
- *Diagnosis:* CLL (60 years)
- *Prior treatment:*
  Venetoclax–obinutuzumab
  (initiated: 65 years)
  - Achieved disease remission on trial
    (maintained for 1 year)
- *Clinical and laboratory findings:*
  No high-risk disease features
- *Clinical reassessment:*
  - ALC: 62 × 10^9/L
    (previously 35 × 10^9/L)
  - Hemoglobin: 9.8 g/dL
  - 5 cm palpable spleen

How would you manage this patient if…?

After switching because of ibrutinib intolerance, the patient is maintained on a next-generation BTK inhibitor for 3 years before experiencing sudden weight loss and enlarged lymph nodes

This is a hypothetical patient case scenario intended for educational purposes only.

ALC, absolute lymphocyte count; CLL, chronic lymphocytic leukemia.

Patient 2e

- *Age:* 71 years
- *Sex:* Female
- *Diagnosis:* CLL (60 years)
- *Prior treatment:* Venetoclax–obinutuzumab (initiated: 65 years)
  - Achieved disease remission on trial (maintained for 1 year)
- *Clinical and laboratory findings:* No high-risk disease features
- *Clinical reassessment:*
  - ALC: 62 × 10^9/L (previously 35 × 10^9/L)
  - Hemoglobin: 9.8 g/dL
  - 5 cm palpable spleen

How would you manage this patient if…?

- **Confirmed DLBCL transformation during subsequent treatment with a next-generation BTK inhibitor**
  - B symptoms
  - PET scan: Left axillary ^{18}F-FDG uptake with an SUV of 12
  - Biopsy confirmation

This is a hypothetical patient case scenario intended for educational purposes only.

ALC, absolute lymphocyte count; CLL, chronic lymphocytic leukemia; DLBCL, diffuse large B-cell lymphoma; FDG, fluorodeoxyglucose; PET, positron emission tomography; SUV, standardized uptake value.