

Patient Resource:

Understanding Therapy Options for Your CLL



The goal of this resource is to increase your understanding of your chronic lymphocytic leukemia (CLL) and your treatment options. Knowledge and understanding make you better equipped to partner in decision-making with your oncology care team.

Treatment for CLL has evolved substantially during the past decade. Whereas in the past, most patients received chemoimmunotherapy, the majority of patients now receive targeted therapies, which are generally safer and more effective.

Note that not all patients with CLL require treatment; your care team may recommend treatment based on factors such as the presence of disease symptoms or abnormal bloodwork results. If and when to start therapy is usually best handled as a shared medical decision. This resource was developed specifically for patients who do require treatment.

You will want as much information as possible about your cancer before you begin. If you do not have all this information yet, ask your oncology care team to help you fill out this checklist with answers about your diagnosis. Learn more about common treatments with the [CLL Medicine Cabinet](#).

Common Treatments for CLL

Treatment	Mechanism	Approval
Acalabrutinib	BTK inhibitor (a treatment that targets abnormal signaling in CLL cells)	Approved to be used if you have received no previous therapy or if you have received previous therapy with a different treatment
Zanubrutinib	BTK inhibitor	As above
Venetoclax plus obinutuzumab or rituximab	BCL-2 inhibitor (another targeted treatment) plus anti-CD20 antibody (an antibody treatment that targets a specific molecule on the CLL cell)	As above
Pirtobrutinib	BTK inhibitor (with novel activity)	Approved to be used if you have already received previous treatment with a BTK inhibitor and venetoclax
Lisocabtagene maraleucel	CAR T-cell therapy (works by taking immune T-cells from the patient, modifying them against CLL cells, and returning them to the patient)	Approved to be used if you have already received previous treatment with a BTK inhibitor and venetoclax

- Additional treatments used in special circumstances include [ibrutinib](#) (a BTK inhibitor), hematopoietic stem cell (bone marrow), [chemoimmunotherapy](#) (such as FCR [fludarabine, cyclophosphamide, rituximab]), or transplant. Clinical trials can be a strong option.



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My Life Concerns



What do I need to tell my doctor?

Think carefully about your personal expectations, desires, and hopes for treatment and how treatment will affect your life. Are there events you don't want to miss or activities you don't want to give up? Will work or family situations make it difficult to be available for treatment? How will you get to and from the clinic? Do you have a social/familial support system? Do you need help talking with loved ones? Cost issues? Fears? What other concerns do you have?

Make notes about the things you want to discuss with your doctor. Your satisfaction with treatment requires weighing all the factors for medical success and a happy life. You may need to give more weight to one or the other from time to time. Knowing what you value will help you do this.

The following table includes some of the key things to think about with different treatment options for CLL.

Factor	Impact on Treatment Decisions
How the treatment is administered (orally, intravenously)	• Venetoclax is taken orally but is usually combined with anti-CD20 antibodies, which are administered intravenously • BTK inhibitors are oral medications • CAR T-cell therapy many medications used with it are administered intravenously
How long the treatment must be taken (for a limited duration of time, or continuously until the medication no longer controls the disease)	• Venetoclax is recommended to be taken for 1 year in the first-line setting, 2 years in second-line or later settings • BTK inhibitors are usually taken continuously until disease progresses or the drug must be stopped because of toxicity
What the common side effects are	• Different treatment regimens have different side effect profiles; these should be discussed with your treatment team before deciding on a treatment course
Other illnesses (comorbidities) and medications	• Other conditions and medications can influence the safest and most effective therapy
Future therapies	• Most patients will need more than 1 therapy so it is best to understand how 1 therapy might affect subsequent options
Your financial considerations	• Will the medication be covered by your insurance? What is your "out of pocket" expense? If not or only partially covered, are there any ways to obtain the treatment through other means, such as medication assistance programs?

My Upcoming Treatment



What do I need my doctor to tell me?

The following questions were identified by a panel of 5 experts in CLL as the key factors that help guide treatment decisions. If your answer to any question is "I don't know," consult with your specialist or a member of your healthcare team to get the answer. As you learn more about CLL, you will become more confident in decision-making for your disease. Working together, you and your doctor can make sure your health and treatment are balanced with all the other parts of your life.

Note that biomarker testing before treatment is one of the most important things you can do for your CLL. Obtaining the appropriate biomarker tests at the right time will guide treatment decisions and help predict how aggressively the disease might behave in the future. Learn more with [Test Before Treat](#) resources.

What is your treatment setting?

- ☐ Newly diagnosed (first treatment)
- ☐ Second-line therapy (you have received 1 prior treatment regimen)
- ☐ Third-line therapy
- ☐ Fourth-line therapy
- ☐ I don't know

Does your CLL have a del(17p) or TP53 mutation?

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your CLL have an IGHV mutation?

- ☐ Yes
- ☐ No
- ☐ I don't know

Do you have any of the following health issues that might influence which treatments are right for you?

- ☐ History of cardiac arrhythmias, presence of cardiac failure, or receiving anticoagulation therapy or doublet antiplatelet therapy
- ☐ Bulky disease, diminished creatinine clearance (CrCl), or absolute lymphocyte count $>25 \times 10^9/L$
- ☐ Uncontrolled hypertension
- ☐ Controlled hypertension
- ☐ I don't know

IF YOU ARE CONSIDERING SECOND-LINE, THIRD-LINE, OR FOURTH-LINE THERAPY**What treatment did you receive first?**

- ☐ Ibrutinib
- ☐ Acalabrutinib or zanubrutinib
- ☐ Venetoclax + BTK inhibitor
- ☐ Venetoclax + anti-CD20 mAb (rituximab or obinutuzumab)
- ☐ Chemoimmunotherapy or other
- ☐ I don't know

Why did you stop this therapy?

- ☐ (If you received continuous therapy) My disease progressed
- ☐ (If you received time-limited therapy) My disease progressed during treatment of <2 years after stopping treatment
- ☐ (If you received time-limited therapy) My disease progressed >2 years after stopping treatment
- ☐ I could not tolerate the treatment anymore
- ☐ I don't know

What treatment did you receive second?

- ☐ I have not received a second therapy yet
- ☐ Ibrutinib
- ☐ Acalabrutinib or zanubrutinib
- ☐ Venetoclax + BTK inhibitor
- ☐ Venetoclax + anti-CD20 mAb (rituximab or obinutuzumab)
- ☐ Chemoimmunotherapy or other
- ☐ Pirtobrutinib
- ☐ Lisocabtagene maraleucel
- ☐ I don't know

Why did you stop this therapy?

- ☐ (If you received continuous therapy) My disease progressed
- ☐ (If you received time-limited therapy) My disease progressed during treatment of <2 years after stopping treatment
- ☐ (If you received time-limited therapy) My disease progressed >2 years after stopping treatment
- ☐ I could not tolerate the treatment anymore
- ☐ I don't know

What treatment did you receive third?

- ☐ I have not received a third therapy yet
- ☐ Ibrutinib
- ☐ Acalabrutinib or zanubrutinib
- ☐ Venetoclax + BTK inhibitor
- ☐ Venetoclax + anti-CD20 mAb (rituximab or obinutuzumab)
- ☐ Chemoimmunotherapy or other
- ☐ Pirtobrutinib
- ☐ Lisocabtagene maraleucel
- ☐ I don't know

Why did you stop this therapy?

- ☐ (If you received continuous therapy) My disease progressed
- ☐ (If you received time-limited therapy) My disease progressed during treatment of <2 years after stopping treatment
- ☐ (If you received time-limited therapy) My disease progressed >2 years after stopping treatment
- ☐ I could not tolerate the treatment anymore
- ☐ I don't know



If you are a healthcare professional, you can find our healthcare professional-focused interactive treatment decision support tool here:

clinicaloptions.com/CLLtool

Patients may also find this tool a useful educational resource.



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