



NCCN QUICK GUIDE™

Chronic Lymphocytic Leukemia

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete [NCCN Guidelines for Patients®: Chronic Lymphocytic Leukemia](#). These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com

NCCN Guidelines
for Patients®
Page Number
↓

What is CLL?

Leukemia is a cancer of blood cells. CLL (chronic lymphocytic leukemia) is formed from white blood cells called B cells. It is found mostly within bone marrow and blood.	8
---	---

What are the tests for CLL?

Your blood will be tested for a large number of abnormal B cells. Doctors also look for a pattern of proteins on the surface of B cells that is common to CLL.	9
--	---

What health care is given before treatment?

■ A report of your health history and an exam of your body	14
■ Blood tests to count blood cells and assess levels of chemicals and proteins	15
■ Tests of chromosomes and genes from CLL cells	16
■ Tests of bone and bone marrow if needed	17
■ Test for hepatitis B if needed	17
■ Pictures of the insides of your body for leukemia sites if needed	18
■ Heart test if needed	18
■ Advice on fertility methods if you may want to have a baby after cancer treatment	19
■ Pregnancy test if needed	19

When is treatment started?

Most often, advanced CLL is treated right away. Treatment for early-stage CLL may be delayed until the cancer worsens.	19
--	----



What are treatment options?

CLL with del(17p) or TP53 mutation	<ul style="list-style-type: none"> For first-line treatment, a clinical trial may be an option. Ibrutinib is the preferred treatment if not in a clinical trial. 	23
	<ul style="list-style-type: none"> For next-in-line treatment, ibrutinib, venetoclax with rituximab, duvelisib, and idelalisib with rituximab are preferred. 	24
CLL without del(17p) and TP53 mutation	<ul style="list-style-type: none"> For first-line treatment, ibrutinib is the preferred treatment. Other options include chemoimmunotherapy. 	23
	<ul style="list-style-type: none"> For next-in-line treatment, ibrutinib, venetoclax with rituximab, duvelisib, and idelalisib with rituximab are preferred. 	24
Richter's transformation	<ul style="list-style-type: none"> For a few people, CLL changes into a faster-growing cancer. It may change into DLBCL (diffuse large B-cell lymphoma) or Hodgkin lymphoma. In general, clinical trials and treatment for the specific cancer are options. 	26

Is supportive care needed?

<p>People with CLL are likely to get infections and other illnesses. Supportive care includes treatment for the health problems caused by CLL and cancer treatment.</p>	26
---	--------------------

How can you decide between options?

<ul style="list-style-type: none"> Don't be shy and ask your doctors questions. They are there to help. Get a second opinion. Even doctors get second opinions. Support groups can be helpful. You can learn a lot from others. Compare the pros and cons of each option. 	30
---	--------------------

The NCCN QUICK GUIDE™ series and NCCN Guidelines for Patients® are supported by charitable donations made to the NCCN Foundation®. For more details and the full library of patient and caregiver resources, visit NCCN.org/patients.



DONATE NOW
NCCNFoundation.org/Donate



NCCN.org/patients - for Patients | NCCN.org - for Clinicians