ECN CLL Treatment Algorithm

A treatment algorithm is designed as a guideline which specifies the acceptable ranges of regimen options for named steps on the patient pathway.

Newly diagnosed CLL

- Clinical staging
- Cytogenetic / FISH analysis +/- molecular screening

Stage A CLL

- Age <70 and/or good PFS
- Aim = durable remissions

Options:
- FCR (107/109)
- FCRM only use within funded clinical trial

Stage B or C CLL

- High Risk disease 17p del/p53 mutation
- Alemtuzumab (476 / 477)
- ?additional HDMP (200) if bulky disease

Key treatment considerations:
- Age and Performance status

- Non progressive Stage A CLL
- W+W
- PD

Age >70 or poor PS
- Aim = disease control

Options:
- Chlorambucil (447/450/446)
- Cyclophosphamide (188/355)
- Chlorambucil + prednisolone (189)
- Bendamustine (529)
- Mini FCR (107/109), FC (186/185) or Fludarabine (183/184) in fitter elderly patients

Relapse

Options:
- Chlorambucil (447/450/446)
- Cyclophosphamide (188/355)
- Chlorambucil + prednisolone (189)
- Bendamustine +/- rituximab (CDF) (758)
- In fitter patients:
  - Mini FCR (416/417) if no previous R exposure and not Fludarabine refractory#
  - R-Clb (741)
  - Fludarabine (183/184)
  - Mini FC (186/185)
  - High dose methyl pred (200)
  - Alemtuzumab (478/479)
  - Ofatumumab (543)
    - Consider;
      - Lenalidomide (nrf) in clinical trial if available
      - GA 101 (nrf) if available
      - SHAMASH (323)

Relapse

Options:
- FCR (416/417) if no previous R exposure and not Fludarabine refractory#
- FC (186/185)
- Alemtuzumab (478/479)
- Ofatumumab (543) (if poor risk Alemtuzumab features)
- Bendamustine +/- rituximab (CDF) (758)

Relapse

Options:
- Ofatumumab (543) (if no previous exposure)
- FC (186/185)
- Lenalidomide (nrf)
- HDMP (200) +/- Rituximab (nrf)
- GA 101 (nrf) if available
- SHAMASH (323)
- Bendamustine +/- rituximab (CDF) (758)

Relapse

Options:
- FCR (107/109)
- FCRM only use within funded clinical trial

Consider MRD eradication trials eg: Alemtuzumab (478/479)

Relapse

Options:
- Ofatumumab (543) (if no previous exposure)
- FC (186/185)
- Lenalidomide (nrf)
- HDMP (200) +/- Rituximab (nrf)
- GA 101 (nrf) if available
- SHAMASH (323)
- Bendamustine +/- rituximab (CDF) (758)

Refer for ?allo SCT in fit patients

Retreat with:
- Alemtuzumab (nrf) CAM PRED (110) +/- HDMP (200) or combine with Fludarabine (nrf) (discuss with tertiary centre)
- Other options:
  - HDMP (200) +/- Rituximab (nrf)
  - Ofatumumab (544)
  - Lenalidomide (nrf)
  - Refer for ?allo SCT

Refer for ?allo SCT in fit patients

Other supplementary treatments may be needed for separate but related conditions eg ITP, AIHA
This may include eg:Rituximab, IvIg, Cyclosporin

Richert’s transformation would normally be treated with R CHOP (353) or ESHAP +/- R Hodgkins transformation with ABVD like regimen

# NICE definition of Fludarabine (F) refractory = not responded to F or relapsed within 6/12 of F therapy