

# CASE 1

MAN, 57 YEARS OLD

Weight: 81 kg  
Height: 182 cm

Was found to have a raised white blood cell count during medical check up for work.

# CASE 2

MAN, 60 YEARS OLD

Weight: 79 kg  
Height: 181 cm

Was diagnosed with CLL 3 years ago and has been in 'watch and wait' since.

# CASE 3

MAN, 63 YEARS OLD

Weight: 75 kg  
Height: 180 cm

Diagnosed with CLL 5 years ago. Now 22 months after last FCR.

# CASE 4

MAN, 63 YEARS OLD

Weight: 75 kg  
Height: 180 cm

Relapse 22 months after last FCR and treated with Ibrutinib.

# CASE 5

MAN, 66 YEARS OLD

Weight: 75 kg  
Height: 180 cm

Patient has been on Ibrutinib for 3.5 years and has relapsed.

# CASE 1

## MAN, 57 YEARS OLD

**Weight:** 81 kg

**Height:** 182 cm

Was found to have a raised white blood cell count during medical check up for work. Referred for investigation.

WBC  $11.7 \times 10^9$

LY 50% (6.9x10<sup>9</sup>)

PMN 43%

### Co-morbidities:

- Sickle anaemia
- Benign prostatic hypertrophy

eGFR 51 mL/min

### Current medication:

- Vitamin supplements
- Furosemide

♂ **Man, 57 y.** 

MAN, 57 YEARS

**Weight:** 81 kg

**Height:** 172 cm

Was found to have a raised white blood cell count during a regular check up for work-related respiratory illness.

**WBC:**  $17.400 \times 10^9$

**LYC:** 50% (6.8x10<sup>9</sup>)

**PMN:** 40%

**Co-morbidities:**

- Sleep apnoea
- Essential hypertension
- COPD (mild form)

**Current medication:**

- Tamoxifen
- Zolpidem supplements

## Clinical examination

**1** **Blood count** [MORE INFO](#)

**2** **Physical examination** [MORE INFO](#)

**3** **Cell morphology** [MORE INFO](#)

**4** **Immuno-phenotyping** [MORE INFO](#)

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Guidelines:

iwCLL

ESMO

BHS

HOVON

WHO



# CASE 2

## MAN, 60 YEARS OLD

**Weight:** 79 kg  
**Height:** 161 cm

Was diagnosed with CLL 3 years ago and has been in 'watch and wait' since. 3 months ago his lymphocyte count was  $25 \times 10^9$  and this has raised to  $70.4 \times 10^9$ .

WBC  $77.4 \times 10^9$   
Ly 90% ( $70.4 \times 10^9$ )

Hb 7.1 mmol/L (11.5 g/dL)  
Platelets  $10 \times 10^9$

### Co-morbidities:

- Sickle anaemia
- Benign prostatic hypertrophy

eGFR 87 mL/min

### Current medication:

- Vitamin supplements
- Tamsulosin

**Man, 60 y.**



**Male, 60 years**

**Weight:** 75 kg  
**Height:** 171 cm  
 Was diagnosed with CLL 3 years ago and has been on watch and wait since 3 months ago as lymphocyte count was  $25 \times 10^9/l$  and this has raised to  $70 \times 10^9/l$

**WBC:**  $77.3 \times 10^9/l$   
**ly:** 20% (CLL 40%)

**Hb:** 11.1 mmol/l (115 g/dl)  
**Platelets:**  $10 \times 10^9/l$

**Concomitance:**

- Sjogren's
- Boragin proctitis/hypertensiv
- ESR-B/PLMN

**Current medication:**

- Vitamin supplements
- Tamoxifen

The patient profile has changed.

What would you do based on these findings ?

**1**

**Start FCR**

MORE INFO

**2**

**I can not initiate treatment based on this information**

MORE INFO

**3**

**Start other treatment**

MORE INFO

- Guidelines:
- iwCLL
  - BHS
  - HOVON
  - ESMO

**Patient picture**



**Performance status**

Table 1. ECOG Performance Status categories

Grade	Description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Reduced or partially restricted activity, but ambulatory, able to carry out work of light or moderate nature (eg, light house work, office work)
2	Ambulatory and capable of all self-care, but unable to carry out work of moderate nature (eg, housework)
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead

**CIRS**

	1	2	3	4
1. Best overall best therapy	●	●	●	●
2. Significant toxicity, need to suspend treatment (CRS) (to be evaluated separately)	●	●	●	●
3. Multiple adverse events, some severe, high grade symptoms	●	●	●	●
4. Treatment limited (eg, CRS, toxicity, side effect)	●	●	●	●
5. CRP > 100 mg/L (normal < 10)	●	●	●	●
6. Higher > 100 mg/L (normal < 10)	●	●	●	●
7. Lower > 100 mg/L (normal < 10)	●	●	●	●
8. Low albumin < 30 g/L	●	●	●	●
9. Other anti-infective (antibiotic, antifungal, antiviral, parasitic agents)	●	●	●	●
10. Other anti-infective (antibiotic, antifungal, antiviral, parasitic agents)	●	●	●	●
11. Multiple adverse events and/or a procedure, severe hypoxemia	●	●	●	●
12. Serious adverse events (cardiac, pulmonary, renal, hepatic, hematologic, neurologic)	●	●	●	●
13. Multiple adverse events (fever, chills, tachycardia, hypotension, hypoxemia)	●	●	●	●
14. Perforation/obstruction/diarrhea, symptoms, severe dehydration/renal	●	●	●	●



# CASE 3

## MAN, 63 YEARS OLD

**Weight:** 75 kg

**Height:** 180 cm

Diagnosed with CLL 6 years ago.  
Now 22 months after last FCR.

WBC:  $23.4 \times 10^9$   
Ly: 85% (19.9x10)

Hb: 8.8 mmol/l (14.3 g/dL)

### Co-morbidities:

- Sleep apnea
- Benign prostatic hypertrophy
- Hypertensive since 18 months

eGFR: 31 mL/min

No del(17p)

No mutation TP53

Mutated: gHV

### Current medication

- Perindopril
- Vitamin supplements
- Iamsulosa

**Van, 63 y.**

**Male, 63 YEARS**

**Weight:** 75 kg  
**Height:** 180 cm  
 Diagnosed with CLL 5 years ago. Now, 22 months after rel-FCR.

**WBC:** 3.3 x 10<sup>9</sup>  
 (y. ref: 4.0-10)

**Hb:** 8.8 mmol/l (4.3-6.0)

**Co-morbidities:**

- Sleep apnea
- Benign prostatic hyperplasia
- Hypertension since 15 months

**CGF:** 31 ml/min

**Current medication:**

- Paracetamol
- Vitamin supplements
- Tamsulosin

The patient relapsed and is in need of a novel therapy.

What is your proposal?

1 **Retreatment with FCR** MORE INFO

2 **BR** MORE INFO

3 **Ibrutinib** MORE INFO

4 **Idelalisib + rituximab** MORE INFO

Guidelines:

BHS

ESMO

HOVON

Salvage outcomes after frontline FCR



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# CASE 4

**MAN, 63 YEARS OLD**

**Weight:** 75 kg

**Height:** 180 cm

Relapsed 22 months after last FCN and treated with ibrutinib.

WBC:  $23.4 \times 10^9$

Ly 85% (19.9x10<sup>9</sup>)

Hb 8.8 mmol/l (14.3 g/dL)

**Co-morbidities:**

- Sleep apnea
- Benign prostatic hyperplasia
- Hypertensive since ~ 8 months

eGFR 31 mL/min

No del(17p)

No mutation TP53

Mutated IgHV

**Current medication:**

- Perindopril
- Vitamin supplements
- Tamsulosin
- Ibrutinib



**Man, 63 y.**

Male, 63 YEARS

**Weight:** 75 kg  
**Height:** 180 cm  
 Disease: 22 months after 537 PCr and treated with 100 mg b. WBC 23.5x10<sup>9</sup>/l (y 435 (16.4x10<sup>9</sup>)) Hb 8.8 mmol/l (14.3 g/dL)

**Co-morbidities:**

- Sleep apnoea
- 5 days history of symptoms
- Hypertension since 13 months

**Current medication:**

- Paracetamol
- Vitamin supplements
- Famsinor
- Eucrab

# The response of the patient was evaluated. How would you consider the response?

1

**Progressive disease**

2

**Stable disease**

3

**Partial response**

4

**Complete response**



**Physical examination**

**23 April 2015**  
 Physical examination stable. No new lymphadenopathy, no splenomegaly, no ascites, no pleural effusion, no pulmonary infiltrates, no bone metastases, no neurological signs.

**4 July 2015**  
 The patient is stable. No new lymphadenopathy, no splenomegaly, no ascites, no pleural effusion, no pulmonary infiltrates, no bone metastases, no neurological signs.

Guidelines:

iwCLL

Guidelines on response assessment with novel agents

HOVON

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# CASE 5

**MAN, 66 YEARS OLD**

**Weight:** 75 kg

**Height:** 180 cm

Patient has been on ibuprofen for 3-5 years and has received:

WBC: 30.4x10<sup>9</sup>  
(x 10<sup>9</sup>/L) (19.9x10<sup>9</sup>)

Hb: 7.5 mmol/L (12 g/dL)  
Platelet: 100x10<sup>9</sup>

**Co-morbidities:**

- Sleep apnea
- Benign prostatic hypertrophy
- Hypertension

e-GFR: 73 mL/min

**Current medication:**

- Vitamin supplements
- Tamsulosin
- Paracetamol

**♂** **Male, 66 y.** 

**Male, 66 YEARS OLD**

**Weight:** 75 kg  
**Height:** 180 cm  
 Patient: relapsed with relapsed CLL  
 2.5 years of ibrutinib therapy

**WBC:** 40,000  
**Hb:** 10.5 g/dL  
**PLa:** 100,000

**Current med:**

- Aspirin 100 mg
- Folic acid 5 mg
- Hydrocortisone 40 mg / day

**Current medical pr:**

- Rheumatoid arthritis
- Hypertension
- Parkinson

The patient relapsed on ibrutinib treatment.

What would you do?

<p><b>1</b></p> <p><b>Clinical trial with new compounds in development</b></p> <p><small>MORE INFO</small></p>	<p><b>2</b></p> <p><b>Idelalisib + Rituximab</b></p> <p><small>MORE INFO</small></p>
<p><b>3</b></p> <p><b>Other</b></p>	<p><b>4</b></p> <p><b>No treatment</b></p>

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