Chronic Lymphocytic Leukaemia (CLL)

Practice Point!

Treatment is not offered to CLL patients unless there is evidence of advanced or progressive disease. General practitioners can manage patients with early stage CLL by reviewing regularly and requesting haematologist assessment if significant changes occur.

Chronic lymphocytic leukemia (CLL) is one of the chronic lymphoproliferative disorders, characterised by a progressive accumulation of functionally incompetent lymphocytes, which are monoclonal in origin. Early stage CLL is:

- a low grade B-lymphoproliferative disorder.
- the most common type of adult leukaemia.
- mainly found in those aged > 50 years (median 65 years).

Early stage disease:

- has a low risk of disease progression in the next 5 years.
- a median survival of > 12 years.
- does not require treatment unless there is evidence of advanced or progressive disease.
- usually progresses slowly with increasing lymphocytosis, bone marrow involvement with cytopaenias, lymphadenopathy, hepatomegaly, and splenomegaly.

Other complications of CLL include:

- autoimmune haemolytic anaemia
- immune thrombocytopenia
- hypogammaglobulinaemia with recurrent respiratory tract infections
- herpes zoster
- transformation to high grade disease

Assessment

Suspect an early stage chronic lymphocytic leukaemia if:

- CBC shows lymphocytosis only i.e., the lymphocyte count is > 5 x 10^9/L and haemoglobin and platelets are normal.
- The patient is otherwise well.

If persistent lymphocytosis, arrange immunophenotyping (surface markers) of peripheral blood lymphocytes according to the Lymphocytosis Pathway.

Ask about fever, weight loss (e.g., > 10% in 6 months), and night sweats.

Examine for lymphadenopathy, hepatomegaly, and splenomegaly.

Management

Education

The word ‘leukaemia’ can generate significant anxiety. It's helpful to discuss:

- the benign nature of the disease in its early stage
- lack of treatment needed, and
- good prognosis.

For more information see the Macmillan website.

Monitor regularly in general practice. Consider haematologist assessment only if the criteria below are met.

Follow up and Monitoring

Assess 4 monthly for the first year, then 6-monthly to yearly if stable or slow, asymptomatic progression.

1. Arrange bloods with a CBC. The rise of WBC is less important than the development of any cytopenias, night sweats, or weight loss.
    - Rise of white blood cells: The absolute lymphocyte count can rise to > 200 $x10^9$/L and is not a reason in itself to start treatment.
2. Ask about a history of infections, weight loss, fatigue, night sweats, enlarged lymph nodes.
3. Check weight and examine for lymphadenopathy and hepatosplenomegaly.
4. Screen for other malignancies:
    - Patients with CLL have an increased risk of other malignancies. Non-melanoma skin cancers can progress rapidly.
    - Consider age-appropriate screening for breast, prostate, and colon cancer.
    - Offer smoking cessation advice.
5. Offer and recall for annual flu vaccination.
6. Educate about presenting early if there is any infection or shingles.

Request

Request haematologist assessment if:

- patient is young (< 55 years).
- significant symptoms (e.g., night sweats, significant weight loss, extreme fatigue), after excluding other causes such as infection.

- disfiguring lymphadenopathy or hepatosplenomegaly.
- blood tests show cytopenias or progressive fall in Hb.
- lymphocyte count doubles in < 6 months.
- Urgent or written advice is available.