

Chronic lymphocytic leukaemia (CLL)

Overview

What is chronic lymphocytic leukaemia (CLL)?

Chronic lymphocytic leukaemia (CLL) is a type of slow growing leukaemia that affects the white blood cell B-lymphocytes (also known as B-cells). Normally, B lymphocytes make immunoglobulin (also called antibodies) that help protect our bodies against infection and disease. In people with CLL, lymphocytes undergo a malignant (cancerous) change and become leukaemic cells..

How common is CLL?

CLL is the most common leukaemia in adults, with around 1000 people being diagnosed with it in Australia per year. Overall, CLL is a rare disease, accounting for 0.8% of all cancers diagnosed.

Who is at risk of getting CLL?

The risk of developing CLL increases with age. Almost 80 per cent of all new cases are diagnosed in people over the age of 60 years. CLL is rare in people under 40. It occurs more frequently in men than in women..

What causes CLL?

The causes of CLL remain unknown but it is thought to result from damage to one or more of the genes that normally controls blood cell development. A family history may put some people at higher risk of developing CLL.

What are the symptoms of CLL?

Because CLL develops slowly, many people don't have any symptoms, particularly in the early stages and the disease is picked up during a routine blood test. For others, possible symptoms may include:

- swollen lymph nodes (glands) in the neck, under the arms or in the groin, due to collections of lymphocytes in these areas,
- pain or discomfort under the ribs on the left side, due to an enlarged spleen
- anaemia, due to a lack of red cells, causing persistent tiredness, dizziness, paleness, or shortness of breath when physically active
- frequent or repeated infections and slow healing, due to a lack of normal white blood cells
- increased or unexplained bleeding or bruising, due to a very low platelet count
- excessive sweating at night
- unintentional weight loss.

How is CLL diagnosed?

CLL is diagnosed by a full blood count (FBC), analysis of the Immune markers on the blood lymphocytes (flow cytometry) and in some cases a bone marrow biopsy or lymph node biopsy.

How is CLL treated?

In many people CLL is a slow growing or stable disease that has little or no impact on their health and does not benefit from any treatment. Your doctor may advise to 'watch and wait' : regularly reviewing your progress. Around 30% of people diagnosed with CLL never require any treatment for their disease and can survive for many years despite their diagnosis.

For others, the leukaemic cells multiply in an uncontrolled way. Over time this can cause a fall in the number of normal cells in the bone marrow, or large lymph nodes or masses can cause direct or indirect problems with the function of normal body systems.

Treatment is generally indicated when the disease is progressive or causing troublesome symptoms or problems related to high or low blood counts, or very large lymph nodes or masses.

Treatment can be with chemotherapy, which may be in either tablet or intravenous form. Drugs called monoclonal antibodies, for example rituximab (Mabthera®), may be given along with chemotherapy. This drug targets abnormal lymphocytes, allowing chemotherapy to be delivered directly to these cells. The aim of this treatment is to control the CLL and the amount of treatment given will depend on many factors including the CLL itself, the patient and how well treatment is tolerated.

Where can I get further information?

You may find useful information on CLL through the Leukaemia Foundation:

Freecall 1800 620420
Email: info@leukaemia.org.au
Website: www.leukaemia.org.au

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FURTHER QUESTIONS?

The information presented in this fact sheet is intended as a general guide only.

Patients should seek further advice and information about **Chronic lymphocytic leukaemia (CLL)** and their individual condition from their treating haematologist or doctor.

APPOINTMENTS

To make an appointment with a Melbourne Haematology specialist, please phone **03 9386 1360**

For additional information about blood disorders and their treatment, or to find out more about our specialist haematologists, visit the Melbourne Haematology website: www.melbournehaematology.com.au