

# Chronic Lymphocytic Leukemia (CLL): Treatment Choices



There are many treatment choices for chronic lymphocytic leukemia (CLL). Which one may work best for you? It depends on a number of factors. These include the stage of your CLL and your test results. Other factors include if the CLL is causing symptoms, as well as your age, overall health, and what side effects you'll find acceptable.

## Learning about your treatment choices

You may have questions and concerns about your treatment choices. You may also want to know how you'll feel and function during and after treatment, and if you'll have to change your normal activities.

Your healthcare provider is the best person to answer your questions. They can tell you what your treatment choices are, how well they're expected to work, and what the risks and side effects are. A specific treatment might be recommended. Or, you may be offered more than one treatment choice, and asked to decide which one you'd like to use. It can be hard to make this decision. It's important to take the time you need to make the best decision for you.

## Types of treatment for CLL

Different types of treatment have different goals. Here are some of the common types of treatment and their goals for people with CLL.

### Watchful waiting

This is also called observation or active surveillance. Not everyone needs to be treated right away when CLL is diagnosed. Instead, your healthcare provider watches your blood counts closely before treating you. Treatment can then start when you have symptoms, or the disease is clearly progressing based on changes in your blood counts. Studies have shown that people with limited disease who aren't having any symptoms don't benefit from early treatment. Some people live with CLL for many years before starting treatment. Others may never need treatment during their lifetime.

### Chemotherapy

The goal of chemotherapy (chemo) for CLL is to kill cancer cells and keep them from growing and dividing. You may be treated with just one medicine. Or you may get at least two medicines at a time. This is called combination chemotherapy. You may get chemo as an injection into your blood (IV) or in pill form. It's often given in cycles. Chemotherapy might be combined with targeted therapy. Or it may be done as part of a stem cell transplant.

### Targeted therapy

These medicines take aim at a certain parts of leukemia cells. Targeted therapy is often the first treatment for CLL.

One example used in CLL is monoclonal antibodies. These are versions of immune system proteins that are made in the lab. The proteins are used to try to kill leukemia cells or slow their growth. Another example is a group of medicines called kinase inhibitors. These work by blocking an enzyme called kinase, which stops signals that the CLL cells need to grow. Monoclonal antibody therapy is given through a small, flexible tube put into a vein (IV). A monoclonal antibody is often given with chemotherapy as a standard treatment for CLL. Kinase inhibitors are taken by mouth as pills.

### Stem cell transplant with high-dose chemotherapy

Sometimes stem cell transplant is needed to treat CLL that doesn't respond to regular treatment or comes back after treatment. This treatment uses high doses of chemo that damage the stem cells in your bone marrow. It can only be done if you have a matched donor who will give you stem cells after the chemo. Your donor's blood stem cells are then the "starter" cells for your body to make new, healthy blood cells.

## **Radiation therapy**

This treatment uses strong X-rays to kill cancer cells or prevent their growth. It's not often used to treat CLL, but may be helpful in certain cases. For instance, radiation may be used right before a stem cell transplant to kill all the cancer cells in your body. In rare cases, it may be used to shrink a tumor or an enlarged organ, such as the spleen. Radiation might also be used to treat pain from bone damage caused by the leukemia.

## **Surgery**

A splenectomy is a surgery to remove your spleen. In rare cases, this may be done to treat CLL. It doesn't cure the leukemia, but it can improve symptoms. It can help improve blood cell counts or reduce pressure on other organs caused by a swollen spleen.

## **Clinical trials for new treatments**

Researchers are always finding new ways to treat CLL. These new methods are tested in clinical trials. Talk with your healthcare provider to find out if there are any clinical trials you should think about.

## **Talking with your healthcare providers**

At first, thinking about treatment choices may seem overwhelming. Talk with your healthcare team and loved ones. Make a list of questions. Consider the benefits and possible side effects of each choice. Discuss your concerns with your healthcare providers before making a decision.

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