



When Should You Participate in a CLL Clinical Trial?

William Wierda, MD, PhD
Medical Director, Department of Leukemia, Division of Cancer Medicine
MD Anderson Cancer Center

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Jeff Folloder:

You knew this one was coming.

You're in charge of several clinical trials. When should a CLL patient consider a clinical trial?

Dr. Wierda:

So that's a very important question. One of the comments that I have made and will continue to make is that clinical trials are essential for us. And we in the CLL community and in the oncology community and in medicine in general are very grateful for the courage of patients participating in clinical trials. Without clinical trials, there will be no advances in medicine, there would be no advances in medicine. We have to be able to evaluate new drugs in patients.

We can't get some information, all information from doing animal studies, so clinical trials are critical for what we do. And again we're very grateful for the courage and the involvement of patients who participate in clinical trials.

At MD Anderson we try—and in the CLL program specifically and leukemia department we try to have a clinical trial option for any patient who comes to see us. So we have clinical trials for individuals who have CLL who don't have the standard indications for treatment, but they have high-risk features. So perhaps if they have an unmutated V gene, we have an option for a patient who doesn't have—meet the criteria for treatment, and we want to evaluate whether or not an intervention would delay their time to needing treatment.

For patients who need their first treatment, we have several options for them for clinical trial. And for patients who have previously been treated and have relapsed and active disease, we have a number of new drugs in trials that are in development at our center.

One of the challenges with CLL and doing clinical trials in CLL is that it tends to happen in elder—older patients. The median age at diagnosis is 72. Patients don't usually need treatment when they're newly diagnosed, so the average age at first treatment for CLL is 75 or so. Individuals who are 75 have some limitations in terms of their ability to come back and forth to the doctor, in terms of their ability if they live outside of a large city to go to a city to participate in a clinical trial, so there are some challenges with regard to CLL, and that's why we have seen most of the large studies that we've done, being done in younger people than average.

So our clinical trials, the average age for participants is about 60 to 65, which is younger than, in general, than individuals with the disease. But I think if it's possible, if it's feasible, if it's practical, I would encourage any patient to participate in a clinical trial. And again, that's how—that's how we're able to make progress in treatment for the disease. That's how we were able to develop the FCR regimen. That's how we identified the Bruton's tyrosine kinase as an active agent. So they're—clinical trials are absolutely essential for what we do, and they're absolutely essential for progress in advancing

and improving outcomes for patients who have the disease and ultimately curing the disease. If we don't have clinical trials, we'll never have a cure.

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