



Which Factors Help Determine a Treatment Path for CLL Patients?

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Jeff Folloder:

Dr. Burke, we've got a whole menu of things that were using for that "personalized medicine" now we've got monoclonal antibodies.

And we've got inhibitors and we've got stem cell transplants and combination therapies. Can you talk just a little bit about some of those options and why one is appropriate for one type of CLL and maybe a different one for a different type of CLL.

Dr. Burke:

Sure, that's a big topic, but then I think it depends a lot on where a patient is in his or her disease. I think when someone is just starting to need treatment for the first time. There are a variety of options that depend as Dr. Wierda was saying on the individual from a combination chemoimmunotherapy regimen like FCR and bendamustine (Treanda) rituximab (Rituxan). Those sort of fall into that category and I would say those treatments are somewhat more difficult and toxic. Then some of the others and might then therefore be used in younger relatively healthier patients.

I think CLL is commonly a disease of elderly patients with half of patients being over age 70 with this disease and those patients, perhaps sometimes less intensive treatments. An example might be a combination of open and choose a man and a chemo pill called chlorambucil (Leukeran), so that might be useful in some elderly patients as a newer targeted drug called bendamustine, which is available for patients who are newly diagnosed as well and could also be applied in younger patients with higher risk that we feel may not benefit as much from chemo as some of the more favorable patients that Dr. Wierda was alluding to there.

So those are sort of examples of initial treatments that one might use in CLL outside the setting of the trial in the relapse setting. There are a number of different options for different patients, including a burden them a combination of a drug called idelalisib (Zydelig) then rituximab and also, I knew were oral drug called venetoclax (Venclexta) commonly used in selected patients with relapsed disease.

And I don't know if you want me going into all the details of who gets what, but I could go on for a long time about that, but there are a lot of different treatment options. And that's why treatment does get individualized for different folks.

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