

# NEW MODALITIES

## for Chronic Lymphocytic Leukemia Management

CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) AFFECTS 35% OF ADULT LEUKEMIA PATIENTS IN WESTERN SOCIETIES. AS NEW DRUG TRIALS COME TO FRUITION, NEW TREATMENTS ARE BEING DISCOVERED.

**I**N PREVIOUS YEARS, CHLORAMBUCIL was the only approved medical therapy for the treatment of CLL. However, in 2000, Kanti Rai, M.D., with the Long Island Jewish Medical Center, published the results of a clinical trial that demonstrated fludarabine's efficacy in treating CLL, thus supplanting chlorambucil as the standard therapy for CLL.

Since then, several new drugs have been added to the CLL armamentarium. These include rituximab, an anti-CD20 monoclonal antibody, which, in combination with fludarabine and cyclophosphamide, has become the present standard therapy for the treatment of CLL.

Even as new modalities have continued to develop, patients with fludarabine-refractory disease or those who could not tolerate fludarabine – which can predispose patients to infection – often had no other treatment options after failing first-line fludarabine-based therapy. However, recent therapeutic advances, including the development of three new drugs – alemtuzumab, ofatumumab and bendamustine – have allowed

patients to benefit from a second line of treatment when fludarabine-based therapies have become ineffective.

**Alemtuzumab**, an anti-CD52 monoclonal antibody therapy, is the second-line therapy for CLL patients with fludarabine-refractory disease. However, it is ineffective in patients with lymph nodes greater than 10cm in size.

**Ofatumumab**, an anti-CD20 drug, was recently approved for use in patients with disease that was refractory to both alemtuzumab and fludarabine.

**Bendamustine**, an alkylating agent, has been approved for treatment of newly diagnosed or previously treated CLL patients based on recent Phase III clinical data. Patients treated with this agent had higher rates of overall response and longer median progression-free survival compared to those treated with chlorambucil.

For patients whose disease does not present a significant threat, watchful waiting may also be employed, as the risks associated with medical treatment may not be warranted.

### A Local Connection

Cancer Care Northwest in Spokane, WA, stays on the leading edge regarding appropriate treatment modalities, thanks to Ndegwa M. Njuguna, M.D., medical oncologist and hematologist. Dr. Njuguna completed his fellowship

at the National Cancer Institute, where he conducted research into treatments for CLL and its associated complications.

“With increased clinical trial enrollment during the last 10 years, physicians have been able to develop prognostic factors that determine which patients can be closely monitored through watchful waiting and which patients must move forward with treatment,” says Dr. Njuguna. “Many therapies will put patients at risk for infection, so as long as the disease profile stays low, we want to wait as long as possible before treating them.”

Cytogenetic markers, IgVH mutational status, as well as the presence of CLL symptoms, can help physicians determine the aggressiveness of the disease and when treatment is necessary.

*To learn more about chronic lymphocytic leukemia treatment and other services available at Cancer Care Northwest, visit [www.cancercarenorthwest.com](http://www.cancercarenorthwest.com). To refer a patient, call (509) 220-1000.*



Ndegwa M. Njuguna, M.D.