



FOLLOW-UP GUIDELINES B-Cell Chronic Lymphocytic Leukemia (CLL) June 2015

Clinical practice guidelines have been developed after multi-disciplinary consensus based on best available literature. As the name suggests, these are to be used as a guide only. These guidelines do not replace physician judgment which is based on multiple factors including, but not limited to, the clinical and social scenario, comorbidities, performance status, age, available resources and funding considerations. The Saskatchewan Cancer Agency disclaims all liability for the use of guidelines except as expressly permitted by the Agency. No portion of these guidelines may be copied, displayed for redistribution to third parties for commercial purposes or any non-permitted use without the prior written permission from the Agency.

Recommendations for drug treatment presented in the Cancer Agency guidelines for a cancer site may not reflect provincial cancer drug funding. Please refer to the current Saskatchewan Cancer Agency drug formulary at www.saskcancer.ca for information on cancer drug listing and funding.

Benefits and risk of the proposed should be discussed with patient.

Participating in clinical trials is encouraged when available. Involvement of a multidisciplinary team is strongly recommended.

CLL is a common malignancy with a long natural history and indolent clinical course. It is an incurable malignancy but a treatable condition.

Follow-Up for All Patients

If you are following patient with CLL, we would recommend once every 6 to 12 months history, physical examination and a CBC.

Referral back to the Cancer Centre

Please refer the patient back to cancer clinic for possible treatment if you noted any of the following:

- Massive, progressive or symptomatic splenomegaly.
- Symptomatic progressive lymphadenopathy.
- Evidence of progressive bone marrow failure with development of significant anemia (Hgb less than or equal to 100 g/L), and/or significant thrombocytopenia (less than or equal to $100 \times 10^9/L$) and/or significant neutropenia (Absolute neutrophil count of less than or equal to $1.5 \times 10^9/L$).
- Progressive lymphocytosis.
 1. > 50% over a 2 months period.
 2. Lymphocyte doubling time of < six months.

- Auto-immune anemia and or thrombocytopenia.
- Any of the following disease related symptoms.
 1. Unintentional weight loss.>10%
 2. Unexplained Fever
 3. Drenching night sweats.
 4. Fatigue affecting activities of daily living.