
Practice Guideline:

Clinical Guide

**Consensus Recommendations for the Management
of Chronic Lymphocytic Leukemia:
Primary Care Guideline**

Effective Date: March 2016

Preface

At CancerCare Manitoba (CCMB) the Clinical Practice Guidelines Initiative (CPGI) seeks to improve patient outcomes in terms of survival and quality of life through the development, dissemination, implementation, and evaluation of guidelines for the management of common clinical scenarios encountered by cancer patients throughout the province.

This clinical guide was approved by the Lymphoproliferative Disorders Disease Site Group.

Purpose

This document is intended as a guide to facilitate an evidence-informed, shared approach for primary care providers in the diagnosis and management of patients with CLL/SLL. This document is intended to supplement the Consensus Recommendations for the Management of Chronic Lymphocytic Leukemia.

For this purpose, it may be used by qualified and licensed healthcare practitioners involved with the care of oncology patients, which may include (but is not limited to): physicians, surgeons, nurses, radiation therapists, pharmacists, psychosocial oncology caregivers, and dieticians at CCMB, CCPN sites, Uniting Primary Care Oncology Network (UPCON) clinics, and WRHA Community Oncology Program sites.

Disclaimer

Use of this clinical guide in any setting should not preclude use of the practitioner's independent clinical judgment; nor should it replace consultation with the appropriate oncology specialty when indicated (example: medical or radiation oncology, pharmacy, nursing, etc.). Clinicians are expected to apply the recommendations within boundaries of professional standards and scope of practice, and according to level of training and experience.

It is the responsibility of the practitioner to develop an individualized disease or symptom management plan for each patient under his/her care, and ideally this should take place within the context of an inter-professional team. The needs and preferences of the patient and the family should always be reflected in the plan of care.

This clinical guide should be viewed as an evidence-informed practice tool, and as such, it does not represent an exhaustive text on the diagnosis and management of patients with CLL/SLL in a primary care setting. Clinicians are advised to use it in their practice concomitantly with information from other evidence-informed sources.

Primary Care Guideline

Tests

The following is a list of essential and useful tests to order before referral to CancerCare Manitoba when a patient has a high lymphocyte count (greater than $5 \times 10^9/L$).

Essential diagnostic tests:

- CBC with differential
- Review of peripheral smear to look for smudge cells
- Flow cytometry
 - CLL patients have greater than 5×10^9 B cells with typical molecular markers (positive for CD19, CD5 and CD23)
 - Testing for ZAP-70 and CD38, which are associated with worse prognosis if positive, can only be performed on a fresh blood sample

Useful tests:

- Reticulocyte count
- Immunoglobulin levels (IgA, IgM, IgG)
- Serum protein electrophoresis (SPEP) biochemistry (electrolytes, creatinine, glucose, LDH, LFT)
- Viral hepatitis screen
- HIV screen
- Direct antiglobulin test (DAT)
- β 2-microglobulin

CT scan, lymph node biopsy, or bone marrow aspirate/biopsy are **not** routinely required for CLL however, may be necessary for MBL and SLL.

Co-Management of Patients with the Hematologist or the CCMB CLL Clinic

Annual testing (performed by the CLL clinic at the first appointment of the calendar year):

- CBC
- Complete biochemistry
- Immunoglobulin levels
- Coombs (direct antiglobulin) test
- Serum electrophoresis
- β 2-microglobulin

Common complications of CLL to be aware of:

1. Autoimmune cytopenias
 - Especially autoimmune hemolytic anemia (AIHA) – if suspected, check LDH, bilirubin, haptoglobin and Coombs (direct antiglobulin) test
 - Patients may also develop immune thrombocytopenia (ITP), immune neutropenia and/or red cell aplasia
2. Immunodeficiency
 - Watch for recurrent sinus/respiratory infections
 - Administer pneumococcal vaccine at diagnosis (a single re-immunization is recommended after 5 years)
 - Administer annual influenza vaccine
 - **Do not** administer live virus vaccines (e.g. shingles vaccine)
3. Development of second malignancies
 - Two-fold increase in CLL patients; especially skin, lung, breast, colon, prostate and lymphoma
 - Patients need:
 - Aggressive screening (e.g. regular full skin exam; strict adherence to usual breast, prostate and colorectal cancer screening guidelines)
 - Education regarding cancer risk reduction (e.g. smoking cessation, sun protection, eating healthy and staying active)
 - Early detection and intervention of suspicious findings (e.g. endoscopy if iron-deficiency anemia discovered; referral to dermatology for suspicious skin lesions)

Indications to call the CCMB Hematologist:

1. Significant interval progression of CLL:
 - Doubling of lymphocyte count and/or lymph node/spleen size within a 6 month period
 - Progressive anemia, neutropenia and/or thrombocytopenia
 - Uncomfortable lymphadenopathy and/or splenomegaly
 - Significant symptoms, such as night sweats, weight loss or fatigue
2. Significant delays in treatment
3. Suspected development of an immune cytopenia
4. Suspected transformation to more aggressive disease (e.g. prolymphocytic leukemia, diffuse large B cell lymphoma, multiple myeloma, Hodgkin's disease or acute leukemia). Patients in transformation are usually symptomatic with rapidly enlarging lymph nodes, fevers, weight loss and an elevated LDH
5. Multiple recurrent bacterial infections. Patients may be a candidate for replacement immunoglobulin therapy (IVIG or SCIG)

References

1. Chronic Lymphocytic Leukemia Clinic. Consensus recommendations for the management of chronic lymphocytic leukemia. CancerCare Manitoba, 2015.

Full guideline available at:

http://www.cancercare.mb.ca/home/health_care_professionals/information_for_health_care_professionals/ccmb_cancer_management_guidelines/clinical_practice_guidelines/

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Clinical Practice Guideline: **Clinical Guide**
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March 2016

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