Bristol Myers Squibb®

# Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)

Chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) are different forms of the same disease, but differ in the location of the cancer cells.

CLL and SLL are characterized by the accumulation of malignant B-cells in blood, bone marrow and lymphatic tissues. These dysfunctional cells are unable to prevent infections and can displace healthy platelets, red and white blood cells within the bone marrow.

In CLL, the abnormal B cells build up primarily in the blood and bone marrow.

In SLL, cancer cells are mainly present in the lymph nodes and the spleen.

Generally, CLL and SLL are slow growing and can be treated, however the disease is incurable. Though less common, both CLL and SLL can also be aggressive, meaning they are fast-growing and require more immediate treatment.

## Incidence

CLL and SLL are among the most prevalent hematologic malignancies accounting for about

**19%** of non-Hodgkin lymphoma cases in the United States.

With an estimated

**191,000**

cases of CLL/SLL worldwide, there are expected to be

**20,700** new cases in 2024 in the United States alone.

## Diagnosis

Blood tests are needed to receive accurate diagnosis and determine treatment.

Additional diagnostic measures may include:

- **Molecular typing**
- **Bone marrow tests**
- **Quantitive immunoglobulin tests**

## Prognosis

Median survival for CLL or SLL is **10 years**, but prognosis varies widely depending on how fast-growing the disease is, among other factors.

Some patients may remain asymptomatic for many years.

For symptomatic patients, however, the outlook is dependent on various disease characteristics, underlying comorbidities, and the effectiveness of various lines of therapy.

## Symptoms

Many patients living with CLL or SLL present as asymptomatic (or, within SLL, localized to a single lymph node site). These early-stage, asymptomatic patients often do not require treatment.

CLL or SLL can progress, at which point patients present as symptomatic and are considered to have **active disease**. Among patients with active disease, many will eventually need treatment.

Among these patients, signs and symptoms may include:

- **Unexpected weight loss**
- **Fatigue**
- **Fever**
- **Enlarged lymph nodes**
- **Night sweats**
- **Frequent infections**

## Initial Treatment Options

For patients with active disease, therapy is evaluated by a treatment team of professionals to help with symptom relief and to extend remission and survival. There are several options and combinations available for early-line treatment of CLL or SLL including:

- **Targeted agents, including bruton tyrosine kinase (BTK)- and B-cell lymphoma 2 (BCL-2) inhibitors**
- **Monoclonal antibodies**
- **Chemotherapy**

## Treating Relapsed/Refractory (R/R) CLL/SLL

Despite scientific advances, people with CLL or SLL can relapse or become refractory (R/R) to initial treatments. However, R/R CLL or SLL patients who fail multiple lines of therapy have limited options with no standard of care as the disease progresses and typically have a poor prognosis. Currently both CLL or SLL remain incurable.

To help address this unmet need, new treatment options are being explored and may be available to patients. Several new treatment options, including personalized therapies, have shown promise in the treatment of certain B-cell malignancies.

It is important for people with CLL or SLL to understand their disease, recognize signs of progression, and talk to a healthcare professional about appropriate treatment options.