

Clinical Management Protocol – Chemotherapy – Chronic Lymphocytic Leukaemia

Protocol for Planning and Treatment

The process to be followed when a course of chemotherapy is required to treat:

CHRONIC LYMPHOCYTIC LEUKAEMIA

Patient information given at each stage following agreed information pathway

1. DIAGNOSIS

All new cases of CLL must be registered at the Haematology MDT meeting

Patients should be entered into and treated within available clinical trial protocols whenever possible.

2. STAGING

Early stage/asymptomatic disease

- Watch and wait

Advanced/progressive disease

- Consider treatment as below.

3. HISTOPATHOLOGY

N/A

4. INVESTIGATIONS

For younger/fitter patients consider testing for 17p deletion prior to treatment.

5. RADIOTHERAPY SURGERY

Referral for radiotherapy may be appropriate for some patients with symptomatic localised disease.

6. CHEMOTHERAPY

1st LINE

For younger/fitter patients

- 1) The combination of rituximab with fludarabine and cyclophosphamide (R-FC) should be considered. This has been approved by the Scottish Medicines Consortium
- 2) If a patient has been found to have 17p deletion then alemtuzumab can be considered for first line treatment. This has been SMC approved. Pre-treatment with high dose methylprednisolone (HDMP) should be considered for patients who present with bulky nodal disease.

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For older/less fit patients:

- Oral chlorambucil

2nd LINE and SUBSEQUENT TREATMENT

- The initial treatment can be repeated if previous good response (eg >12 months).
- R-FC can be used for younger/fitter patients with relapsed or refractory CLL according to recently published SMC guidance.
- Single agent fludarabine can be considered patients who have had a poor response to previous chlorambucil and who are not felt fit enough for R-FC or FC.
- Consider alemtuzumab (+/- HDMP) in fludarabine refractory patients
- Other combinations eg FCM and CHOP can be considered in selected patients after MDT discussion

Allogeneic stem cell transplantation may be an option for a very small number of patients. These patients must be discussed at the MDT before referral to the transplant centre.

7. TREATMENT DEFINITIONS

FCR

Rituximab 375mg/m² Day 0 of cycle 1, then 500mg/m² Day 1 of cycles 2-6, intravenously
Cyclophosphamide 150mg/m² orally Days 1 - 5
Fludarabine 24mg/m² orally Days 1 - 5
Repeated every 28 days

CHLORAMBUCIL

Chlorambucil 10mg/m² OD PO Days for 7 days
Repeated every 28 days

HIGH DOSE METHYLPREDNISOLONE

Methylprednisolone 1g/m² IV daily for 5 days
Repeated every 28 days

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