

# Coping with Chronic Lymphocytic Leukaemia (CLL)

Putting you  
**in control**  
of your life



Patient information

# What is CLL?

Your doctor will have told you that you have a condition that affects your blood called CLL.

CLL is short for Chronic Lymphocytic Leukaemia.

It is a disease that affects the cells in your blood that help you fight viral and bacterial infection. These cells are called LYMPHOCYTES and form part of the group of blood cells called White Blood Cells.

There are two types of lymphocyte: B - cells and T - cells which circulate in both the blood system and the lymphatic system (the lymphatic system picks up waste material around the body, cleanses it and deposits it in the blood). These lymphocytes are produced in the bone marrow. CLL occurs when too many poorly developed and poorly functioning B and T cells are produced at the expense of other cells in the bone marrow, so that the bone marrow can no longer produce enough red blood cells, platelets and healthy white blood cells. As these B and T cells circulate throughout the body, they collect in certain organs of the body like the liver and spleen. These organs enlarge but their normal action is reduced.

About 95% of CLL cases are related to the over production of B cells.

# Signs and Symptoms



Many cases of CLL are discovered when people have a routine blood test. Most of these patients have no symptoms at the time of diagnosis.

However, symptoms sometimes occur so you may experience one or more of the following during early CLL:

- Fatigue
- Enlarged glands
- Abdominal discomfort

Symptoms common in more advanced CLL are:

- Slight low grade fever
- Weight loss
- Anaemia
- Repeated Infections
- Tendency to bruising/bleeding
- Increased sweating

If you develop any of the following symptoms you should see your doctor straight away:

- Fever which persists more than a few days
- Weakness or persistent tiredness
- Swelling in the abdomen
- Bleeding problems (eg heavy periods, blood in the stool, bleeding gums when cleaning teeth)

# Diagnosis

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Your doctor will have referred you to hospital, where a blood sample will be taken. This sample is taken to measure the different types of blood cell present and the level of haemoglobin in your red blood cells.

A blood test in a patient with CLL is likely to show a high white cell count, a low red cell count and a low haemoglobin level (anaemia). If this happens, you may be asked to have a bone marrow biopsy. Here, a sample of bone marrow is taken from the back of the hip bone under local anaesthetic. This will help to confirm your condition.

CLL is neither contagious nor hereditary, although it is 10 times more likely to occur amongst the Caucasian (white) population than the Afro-Caribbean population. It is rare amongst the Asian population.



## Treatment

CLL is described as CHRONIC. This means that the disease will progress slowly if not treated. It does not refer to the seriousness of the problem.

Most CLL patients do not usually require treatment. They normally just have a 6 monthly check at hospital. However, if a patient develops clinical symptoms, the aim of treatment is to control the disease (called PALLIATIVE treatment). This normally involves being prescribed certain medicines, particularly tablets of Chlorambucil and Prednisolone (oral) or injections of Fludarabine into a vein (intravenous).

As long as the numbers of abnormal cells can be kept under control and the spleen is not significantly enlarged, few or no symptoms occur. You can expect to lead a normal life.





## Further Treatment

Due to reduced immunity, repeated infections may happen. In these circumstances you may have your immunity boosted by intravenous immunoglobulin which works by providing you with the antibodies that your abnormal B-cells can no longer make. This treatment is coupled with prompt use of antibiotics. You may also need to consider vaccination against flu and other infections.

For the very few patients who suffer discomfort, removal of the spleen may be necessary. Radiotherapy (X-rays) may be useful to deal with swollen lymph glands or spleen if these do not respond to the medicines mentioned above. For a small minority whose disease is more difficult to treat and who are younger patients, bone marrow transplantation is a rare treatment option.

However, most patients with CLL do not require such aggressive treatment.

## If in doubt... ..ask!

Remember – for most CLL patients, the prognosis (outcome) for the illness is good. Most patients will never need to be in hospital for their treatment and will be able to lead a virtually normal life.

If you have any questions or worries about CLL, always ask your GP or Consultant, who will be able to set your mind at ease.

**Your consultant is:**

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**Contact phone number:**

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## Don't worry, you're not alone!

For further information, you may wish to contact the Leukaemia Research Fund at the address below:

THE LEUKAEMIA RESEARCH FUND

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## Patient information

A Patient Information Service from:



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