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**Chronic Lymphocytic Leukaemia (CLL): Recommendations for GP Monitoring**

**Presentation**

* Your patient has been diagnosed with CLL.
* This is the most common haematological malignancy in the western world with 1 in 200 patients developing it at some point in their life.
* It is a blood and bone marrow condition that usually progresses slowly over a number of years with the accumulation of these abnormal cells in the bone marrow and lymph glands.
* It is this accumulation of cells which can often be detected by changes in the person’s blood or on physical examination.
* About 10-25% patient with CLL never need any treatment but do need to be monitored for any change.

**Clinical Findings**

Your patient does not require treatment at present. This will usually be because your patient has Binet stage A CLL (see below). We would be grateful if you could monitor every 6 months with a full blood count together with a clinical assessment for signs and symptoms that could be due to progressive CLL. These include:

* Progressive lymphadenopathy or splenomegaly
* Systemic symptoms of weight loss, drenching sweats, unexplained fevers or fatigue

**Binet staging system**

Binet staging system is used to describe the stage of the CLL. Patients with Stage A disease can often be safely managed in general practice. Patients with stage B and C disease will usually be actively monitored or treated at hospital.

**Stage A** – fewer than 3 groups of enlarged lymph nodes detected with no anaemia or thrombocytopenia.

**Stage B** – More than 3 groups of enlarged lymph nodes with no anaemia or thrombocytopenia.

**Stage C** – Enlarged lymph nodes or spleen and anaemia or thrombocytopenia.



**Investigations**

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| 6 monthly investigations | Investigations to consider |
| FBC | Infection screen (if fever / new sweats) |
| U+E / LFTs | Lactate dehydrogenase |
| History and examination | Immunoglobulins (if recurrent infection) |
|  | Haematinics (if new anaemia) |
|  | Haemolysis screen: please discuss if concerns about associated haemolytic anaemia. |

**Management**

**Vaccinations**

Patients with CLL should receive the annual flu vaccination and should be kept up to date with vaccinations for pneumococcus, haemophilus and meningococcus with repeats every 5 years. Please withhold vaccinations post treatment until lymphocyte count is > 1 or > 6 months post chemotherapy.

**Please do not give these patients any live vaccines including the shingles vaccine.**

Patients with CLL can be prone to getting chest infections due to underlying immunoparesis with some patients developing bronchiectasis. These patients should be managed with the haematologist and respiratory teams.

**Referral**

Indications for referral back to hospital include

* Progressive fall in patients’ blood counts (without other cause): Hb < 100 g/L or Platelets < 100 x 109/L.
* A lymphocyte count of >100 x109/L
* A lymphocyte count that doubles over a 6 month period once the lymphocytes are >30 x109/L
* New lymphadenopathy in > 3 regions
* Rapidly enlarging lymph nodes
* Persistent symptoms of fatigue/anorexia/weight loss (>10% in 6 months)
* Drenching night sweats (changing linen > 2 times a week for >2 weeks), recurrent infections or unexplained fevers.

**References**