

Chronic Lymphocytic Leukaemia

Epidemiology



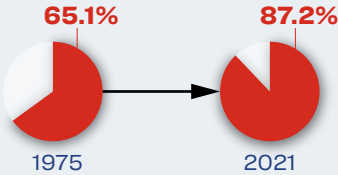
CLL accounts for about 25% to 30% of all leukaemia cases worldwide.¹

In 2021 alone, over 100,000 new cases were reported.¹



Over 700,000 people were living with CLL worldwide in 2021.¹

Five-year relative survival for patients with CLL has steadily increased over time.²



Initial Diagnosis

CLL is mostly asymptomatic at initial diagnosis. However, about 5% to 10% of patients may present with symptoms.³

B symptoms³:



Unexplained fevers (>100.5 °F)^a



Unintentional weight loss^b



Drenching night sweats^c



Extreme fatigue



Early satiety

Common signs³:



Lymphadenopathy



Splenomegaly



Hepatomegaly



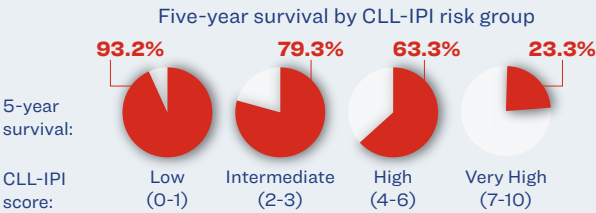
Cutaneous manifestations

Disease Staging and Prognostic Cytogenetic Biomarkers

Rai and Binet Staging Systems⁴

- Rai and Binet staging systems are widely used in clinical practice
- However, they are insufficient for predicting whether a patient's disease will be rapidly progressive or indolent
- Genetic, epigenetic, and molecular markers now constitute the primary focus of prognostic evaluation

The CLL-IPI is a prognostic model that integrates genetic, biochemical, and clinical parameters to classify patients into 4 risk subgroups.⁵



Genetic Marker ⁶⁻⁸	Frequency in Patients With CLL ^{6,8}	Importance ⁶⁻⁸
Altered <i>TP53</i>	5%-12% ^d	Aggressive disease and poor response to CIT
Unmutated <i>IGHV</i>	~40%	Aggressive disease
Del(13q)	35%-55%	Favourable prognosis ^e
Trisomy 12	12%-16%	Intermediate risk ^e
Del(17p)	4%-8.5%	Aggressive disease and poor response to CIT
Del(11q)	17%-18%	Aggressive disease

Treatment Considerations

Diagnosis⁹

- Many patients are asymptomatic at diagnosis when observation is the standard of care
- Consider surveillance when discussing treatment options

First-Line Therapy Options^{9,10}

- Therapy is often necessary once the disease is symptomatic
- Prognostic modelling with the CLL-IPI, along with consideration for functional status, comorbidities, and patient preference, may guide treatment options

R/R Therapy Options⁹⁻¹¹

- Therapy options for R/R CLL are based on the patient's response to previous line(s) of therapy, including timing of progression, tolerance to prior therapy, and patient goals
- Repeat testing of del17p/*TP53* may also help guide later lines of therapy

This material was commissioned by Lilly Medical and is intended to be used by HCPs for medical, scientific, and educational purposes. Material dirigido exclusivamente a profesionales de la salud. Material destinado exclusivamente a profissionais da saúde prescritores e dispensadores de medicamentos.

^aUnexplained fevers (>100.5 °F) for >2 weeks with no evidence of infection. ^bUnintentional weight loss, ≥10% of body weight over the last 6 months. ^cDrenching night sweats without any evidence of infection. ^d~80% of patients with del(17p) also carry *TP53* mutations in the second allele. ^eCo-existing high-risk markers may alter overall prognosis.

CIT=chemoimmunotherapy; CLL=chronic lymphocytic leukaemia; CLL-IPI=Chronic Lymphocytic Leukaemia International Prognostic Index; del(11q)=deletion 11q; del(13q)=deletion 13q; del(17p)=deletion 17p; HCP=healthcare professional; *IGHV*=immunoglobulin heavy chain variable region; R/R=relapsed or refractory; *TP53*=tumour protein p53.

1. Chen C, et al. *Cancer Control*. 2025;32:1-10. 2. Hallek M, Al-Sawaf O. *Am J Hematol*. 2021;96(12):1679-1705. 3. Makkamalla SKR, et al. In: StatPearls [Internet]. StatPearls Publishing; 2023. <https://www.ncbi.nlm.nih.gov/books/NBK470433/> (Accessed June 04, 2026). 4. Stefaniuk P, et al. *Cancer Manag Res*. 2021;13:1459-1476. 5. International CLL-IPI Working Group. *Lancet Oncol*. 2016;17(6):779-790. 6. https://www.ils.org/sites/default/files/file_assets/PS34_CLL_Booklet_2019_FINAL.pdf (Accessed June 04, 2026). 7. Yun X, et al. *Biomark Res*. 2020;8:40. 8. Campo E, et al. *Haematologica*. 2018;103(12):1956-1968. 9. Shadman M. *JAMA*. 2023;329(11):918-932. 10. Hampel PJ, Parikh SA. *Blood Cancer J*. 2022;12(11):161. 11. Hallek M, et al. *Blood*. 2018;131(25):2745-2760.