



# New First-Line Options and Emerging Novel Therapies in Chronic Lymphocytic Leukemia (CLL)

## Keynote Lecture

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### Key Slides

#### CLL first line treatment (updated February 2020)

Stage	del(17p) or p53mut	Fitness	IGVH	Therapy
Binet A-B, Rai 0-II, inactive disease	Irrelevant	Irrelevant	Irrelevant	None
Active disease or Binet C or Rai III-IV	Yes	Irrelevant	Irrelevant	Ibrutinib/Acalabrutinib or Venetoclax + Obinutuzumab or Idelalisib + Rituximab (if contraindications for ibrutinib)*
	No	Go go	M	FCR (BR above 65 years) or ibrutinib*
			U	Ibrutinib or FCR (BR above 65 years)*
		Slow go	M	Venetoclax + Obinutuzumab or Chlorambucil + Obinutuzumab or Ibrutinib/Acalabrutinib*
			U	Venetoclax + Obinutuzumab or Ibrutinib/Acalabrutinib or Chlorambucil + Obinutuzumab*

\* Consider and discuss with patient: long-term vs fixed (6-12 m) duration therapy, lack of convincing evidence of overall survival differences, specific side effects of each therapeutic option (myelosuppression, infections, secondary malignancies for CIT; cardiac toxicity, bleeding and autoimmune disease for Ibru; TLS and infections for Ven-Obi; autoimmune disease (diarrhea) and opportunistic infections for Idelalisib).

#### CLL 2L treatment February 2020

Response to 1L Therapy	Fitness	Therapy
Refractory or progress within 3 years	Go go	<b>Change</b> to one of the following options: Ibrutinib, Idelalisib+R, Venetoclax+Rituximab, Chemoimmunotherapy (FCR or BR), Lenalidomide (+R), Alemtuzumab + Dexamethasone. Discuss consolidation with allogeneic SCT.
	Slow go	<b>Change</b> to one of the following options: Ibrutinib, Idelalisib + R, Venetoclax + Rituximab, Alemtuzumab + Dexamethasone, Chemoimmunotherapy (Chlorambucil + Rituximab or Obinutuzumab, BR, FCR-lite), Lenalidomide (+R), high-dose rituximab.
Progress after 3 years	All	Repetition of 1L therapy is possible.