Hampshire Hospitals NHS
NHS Foundation Trust

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

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 immuneparesis 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 10^9/L.
- A lymphocyte count of >100 x10^9/L
- A lymphocyte count that doubles over a 6 month period once the lymphocytes are >30 x10^9/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