FACT OR FICTION? CAUSES & SYMPTOMS

Program Resource Guide

Patient Empowerment Network

COMMON MISCONCEPTIONS IN CLL: FACT OR FICTION?

- CLL is only a disease of the elderly. **FICTION.** CLL is definitely not exclusively a disease of the elderly. The median age of diagnosis is between 65 and 70 years old, but there are many people in midlife who are living with CLL.
- People with CLL should not get a flu shot. **FICTION.** Although the flu shot is less effective in people with CLL, it's still a good idea because patients have a higher risk of infection.
- There is a diet that can fight CLL. **FICTION.** There are no evidence-based diets to treat your CLL. However you should follow a healthy adult diet.

Watch the **Fact or Fiction? Cause and Symptoms** program **here**.

TYPES OF CLL GENETIC TESTS

- **Fluorescence in situ Hybridization** (also known as a FISH test) identies specific genes or chromosome changes.
- **Molecular testing** identifies gene variations or mutations. Types of molecular tests include:
  - Polymerase chain reaction (PCR)
  - DNA Sequencing
  - Next-Generation Sequencing

Your healthcare team can help decide which test is most appropriate for you.

WHAT ARE DOCTORS LOOKING FOR WITH GENETIC TESTING?

Chromosomal Changes

- Deletion 11q
- Deletion 13q
- Deletion 17p
- Trisomy 12

Genetic Mutations

- Notch1 Mutation
- SF3B1 Mutation
- TP53 Mutation

RAI STAGING SYSTEM FOR CLL

- Low Risk - Stage 0
- Intermediate Risk - Stages I and II
- High Risk - Stages III and IV

GLOSSARY OF TERMS

13q Deletion: Associated with a favorable outcome if other abnormalities are not present.

17p Deletion: A chromosomal abnormality found in CLL that can impact prognosis and response to treatment. Patients with a 17p deletion lack a portion of the chromosome that suppresses cancer growth.

IGHV Mutation: CLL patients with mutated IGHV may have a longer time to treatment and can have different responses and duration of responses specific to chemotherapy.

Progression-Free Survival: The period of time during and after treatment, that a patient's disease does not get worse or cause problems.

TP53 Mutation: This mutation may impact disease progression, treatment resistance and outcome for patients with CLL.

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