

## **Diagnosis: Chronic lymphocytic leukaemia (CLL)**

Dear Doctor,

We have reviewed the above patient in our haematology clinic and have diagnosed chronic lymphocytic leukaemia (CLL). Patients with early stage, low-risk disease tend to progress very slowly and may not require any treatment for many years, possibly never. The annual risk of significant progression is approximately 4%.

We would like to discharge the patient from regular clinic follow up and would be grateful if you could review the patient 6 monthly to check the following:

- Full blood count
- Check symptoms and examine for lymphadenopathy and hepatosplenomegaly

If there are any of the following changes, we would be grateful if you could refer the patient back to haematology clinic:

- Drop in haemoglobin to  $<105\text{g/dl}$ , or  $>20\text{g/dL}$  below baseline, which is not due to haematinic deficiency.
- Drop in platelets to  $<100 \times 10^9/\text{l}$ .
- Doubling of the lymphocyte count in  $<12$  months (to an absolute value  $>25 \times 10^9/\text{l}$ , and not due to acute transient cause such as infection), or absolute lymphocyte count  $>100 \times 10^9/\text{l}$ .
- Development or progression of hepatomegaly, splenomegaly or lymphadenopathy.
- Unexplained weight loss of  $>10\%$  in 6 months.
- Unexplained fevers or drenching night sweats.
- Low IgG levels with recurrent ( $>3/\text{yr}$ ) proven bacterial infections

Patients should receive:

- Annual influenza vaccination (ideally also household contacts).
- Pneumococcal vaccination: patients should be offered a single dose of Prevenar 13 (PCV13) followed by Pneumovax II (PPV23) at least two months later, irrespective of previous pneumococcal vaccinations. If Pneumovax has already been administered, then wait at least six months afterwards to give Prevenar 13. Going forward, give 5-yearly boosters with Pneumovax II.
- COVID vaccination as per national guidance (ideally also household contacts).
- Live vaccines are not recommended (yellow fever, polio, MMR). Note, the standard varicella zoster vaccine [Zostavax] is a live vaccine, however Shingrix is available as an alternative.