

Treatments for CLL

Chronic lymphocytic leukaemia (CLL) is generally very treatable. The main treatments are usually targeted medicines designed to attack CLL cells. Some people have antibody therapy alongside a targeted medicine. Find out about your treatment options and how supportive care can help you too.

Summary

- There are lots of treatment options for CLL. They are generally very effective.
- Most people have a targeted medicine to treat CLL. These medicines are designed to attack CLL cells. You usually take them as tablets by mouth at home.
- Some people have antibody therapy alongside a targeted medicine. You have this through a drip as a hospital outpatient.
- Most treatments aim to keep your CLL under control so you can get on with your life.
- You may need supportive care to prevent or treat your symptoms or side effects of your treatment. Although these do not treat your CLL, they can help you feel better.

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How is CLL treated?

CLL is generally very treatable, but you might not **need** treatment straight away. Some people don't need treatment for a long time and some people never need treatment. If you don't need treatment straight away, your haematology team will monitor you instead. This is called [active monitoring](#) or 'watch and wait'.

CLL rarely needs urgent treatment because it is usually very slow-growing. If you need treatment, it can be effective. Treatments aim to keep CLL under control for as long as possible, rather than to cure it.

The usual treatments for CLL are:

- Targeted medicines
- Antibody therapies

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You may need several different types of treatment during your illness. You are likely to have long periods of feeling well between courses of treatment.

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Treatment options for CLL

Most people have a targeted medicine as treatment for CLL. Some people have an antibody therapy alongside a targeted medicine.

If you need treatment, your haematology team will work out which treatment is best for you based on:

- Your preferences
- Your age and general health, including other health conditions you may have
- The stage of your CLL, how it is affecting you and the particular genetic changes in your CLL cells
- Side effects of treatment that might affect you
- Any previous treatment you've had, how well you responded to it and how it affected you

Targeted medicines

These medicines target proteins on your CLL cells to kill the cells. They are generally very effective at keeping CLL under control.

Targeted medicines are tablets or capsules that you take by mouth at home. These are the main targeted medicines used to treat CLL:

- [Zanubrutinib](#)
- [Ibrutinib](#)
- [Acalabrutinib](#)
- [Venetoclax](#)
- [Venetoclax with ibrutinib](#)

Antibody therapies

You might have an antibody therapy alongside a targeted medicine. Antibody therapies are antibodies made in a lab. They trigger your immune system to destroy CLL cells.

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You usually have antibody therapy in the hospital as an outpatient. You'll have it through a drip into a vein.

These are the main combinations of targeted medicine and antibody therapy used to treat CLL:

- [Venetoclax with obinutuzumab](#)
- [Venetoclax with rituximab](#) (this combination is only suitable if you've already had at least one other treatment for CLL)

Other treatment options

You may have treatments other than targeted medicines or antibody therapies. It depends on your symptoms, stage of CLL and medical history. Your haematology team will tell you what they recommend for you.

Stem cell transplant

A [stem cell transplant](#) replaces damaged or destroyed blood-forming cells with healthy ones. Stem cells are the cells in your bone marrow that make new blood cells.

Rarely, you might be offered a stem cell transplant if you have a very aggressive form of CLL that hasn't responded to other treatments. A stem cell transplant is an intensive treatment so you must be fit enough to cope with it.

A stem cell transplant starts with chemotherapy to kill as many CLL cells as possible. This also kills your stem cells. You have a stem cell transplant to replace them with healthy stem cells. These are from a matched donor.

The donor stem cells develop into new white blood cells that gradually replace your immune system. Your new immune system can help recognise and attack any CLL cells left in your body.

If your team recommend a stem cell transplant, they will explain the risks and benefits.

Clinical trials

Your doctor may ask if you'd like to take part in a [clinical trial](#). These are research studies to find out what treatments work best for people with CLL.

Clinical trials might test:

- New medicines

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- New ways to use existing medicines, such as different combinations or doses

Your haematology team should explain the risks and benefits of taking part. It is completely up to you whether you'd like to take part and you can withdraw from a trial at any time.

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Supportive care

You might have treatments to help relieve your symptoms or to stop infections. You have supportive care alongside treatments to control your CLL.

Supportive care can include:

- Medicines to prevent or treat infections, such as an antibiotic, antifungal or antiviral medicine
- Medicine to increase your antibody levels, called immunoglobulin replacement therapy
- Vaccinations such as flu, shingles, and COVID
- Medicine to boost your white blood cell count called growth factor (G-CSF)
- Transfusions to treat low blood cell counts, such as red blood cell transfusions or platelet transfusions.

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Need support?

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