Low-grade Lymphoproliferative Disorders (CLL, HCL, T-PLL) – Adult

PATIENT PRESENTATION

- Untreated – all stages with therapy indication
- Prior therapy

TREATMENT

- Standard of care:
  - Young/fit GVH – mutated
    - Fludarabine, cyclophosphamide and rituximab (FCR)
  - Young/fit IGVH – unmutated
    - Ibrutinib
  - Elderly/comorbidities
    - Ibrutinib
    - Chlorambucil and obinutuzumab
  - Del(17p) (any age)
    - Ibrutinib

- Relapsed/refractory non-del(17p):
  - Ibrutinib
  - Venetoclax and rituximab
  - Idelalisib and rituximab

- Del(17p):
  - Venetoclax (with or without rituximab)
  - Ibrutinib

- Hairy cell leukemia:
  - Phase II clinical trial of cladribine and rituximab
  - Relapsed:
    - Cladribine or pentostatin plus rituximab
    - Vemurafenib and rituximab
    - Moxetumomab pasudotox-tdlk and rituximab
  - T-cell prolymphocytic leukemia:
    - Alemtuzumab

SURVEILLANCE

- Surveillance as per treatment plan

HCL/T-PLL

CLL = chronic lymphocytic leukemia
HCL = hairy cell leukemia
T-PLL = t-cell prolymphocytic leukemia
IGVH = immunoglobulin heavy-chain variable-region

1 Greater than or equal to 18 years old
2 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
3 Leukemia Newsletter: http://www.mdanderson.org/leukemia

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Note: Consider Clinical Trials as treatment options for eligible patients. Leukemia patients should be referred and treated at a comprehensive cancer center.

Department of Clinical Effectiveness
Approved by The Executive Committee of the Medical Staff 02/26/2019
SUGGESTED READINGS


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