



Hull University Teaching Hospitals NHS Trust

Hull University Teaching Hospitals and North Lincolnshire NHS Trusts

Haematology Multidisciplinary Team Guideline and Pathway

Chronic Lymphocytic Leukaemia

1 BACKGROUND

The Hull and North Lincolnshire Haematology Multidisciplinary team manages patients with haematological malignancies on three sites, Diana Princess of Wales Hospital Grimsby, the Queens Centre for Haematology and Oncology at Castle Hill Hospital Hull University Teaching Hospitals NHS Trust and Scunthorpe Hospital.

Levels of service provided in these organisations is as defined in the NICE guidance “Haematological Cancers: improving outcomes NG47” 25th May 2016.

Low-to-intermediate intensity chemotherapy is delivered in Grimsby, the Queens Centre Castle Hill Hospital and Scunthorpe Hospital.

High-intensity chemotherapy and autologous stem cell transplantation is delivered at the Queens Centre, Castle Hill Hospital.

Allogeneic stem cell transplantation is delivered in the regional transplant centres in Leeds, Nottingham and Sheffield.

The following chemotherapy regimens for chronic lymphocytic leukaemia (CLL) can be delivered in centres providing low to intermediate chemotherapy. These regimens include FCR, R-chlorambucil, R-bendamustine, Chlorambucil-obinutuzumab, Chlorambucil monotherapy, Ibrutinib, Idelalisib.

Venetoclax will only be given in the high-intensity chemotherapy unit within the Queens centre due to the risk of tumour lysis necessitating close surveillance and the need for on-site access to renal replacement therapies.

2 POLICY / PROCEDURE / GUIDELINE DETAILS

Management of Chronic Lymphocytic Leukaemia (CLL)

CLL will be diagnosed and managed within the Hull and North Lincolnshire MDT in line with the British Committee for Standards in Haematology Guideline Investigation and Management of CLL, 15TH July 2016 update (Oscier D. 2012) and IWCLL guideline, 2008 (Hallek et al. 2008).

The local management of CLL will also take account of the following NICE pathways and guidance.

[Lymphoid Leukaemias](#) NICE pathway.

[Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia](#) (2019) Technology appraisal guidance 561.

[Venetoclax for treating chronic lymphocytic leukaemia](#) (2017) NICE technology appraisal guidance 487

[Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation](#) (2017) NICE technology appraisal guidance 429

[Idelalisib for treating chronic lymphocytic leukaemia](#) (2015) NICE technology appraisal guidance 359

[Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia](#) (2015) NICE technology appraisal guidance 344

[Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia](#) (2015) NICE technology appraisal guidance 343

[Bendamustine for the first-line treatment of chronic lymphocytic leukaemia](#) (2011) NICE technology appraisal guidance 216

[Rituximab for the first-line treatment of chronic lymphocytic leukaemia](#) (2009) NICE technology appraisal guidance 174

[Fludarabine monotherapy for the first-line treatment of chronic lymphocytic leukaemia](#) (2007) NICE technology appraisal guidance 119

1. Diagnosis

All patients should have their diagnoses confirmed by sending peripheral blood and/or bone marrow and/or a biopsy specimen to HMDS, St James Hospital Leeds.

2. Investigations

Other investigations which may be helpful at time of diagnosis or during course of disease:-

Direct Antigen Test, reticulocyte count, serum immunoglobulins, serum electrophoresis.

Bone marrow aspiration and trephine. Only mandated in patients with cytopenias where the aetiology is unclear.

Cytogenetic/molecular assessment for p53 deletions by FISH or gene sequencing should be performed in patients prior to initial and subsequent treatments.

Hepatitis B, C and HIV.

3. Staging

Patients should be staged according to the Rai and Binet systems.

4. Indications for Treatment

According to the IWCLL Guidelines (Hallek et al., 2008).

5. Treatment

First-line

Treatment should be offered within a clinical trial if possible.

First line treatment for fit patients may include Fludarabine Cyclophosphamide and Rituximab. Other options for less fit patients could include chlorambucil as monotherapy or in combination with a CD20 monoclonal antibody or Bendamustine as monotherapy or in combination with Rituximab.

Patients with deletion 17p/p53 mutations should be offered targeted therapies (Ibrutinib, Idelalisib or Venetoclax) in line with current NICE recommendations.

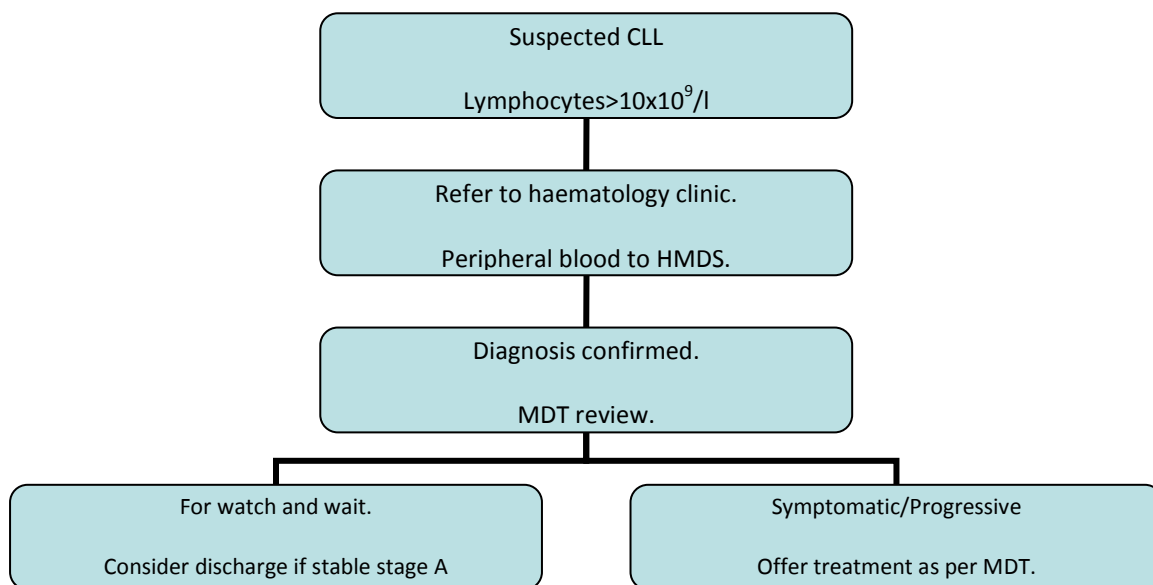
Relapse

There is no standard of care for patients relapsing after front-line chemotherapy. Patients should be offered a clinical trial if available.

Outside of a clinical trial options include treatment with Ibrutinib, Idelalisib-Rituximab, Venetoclax, Venetoclax-Rituximab or retreatment with the original immunochemotherapeutic regimen according to the duration of time since initial treatment, patient fitness and choice.

Patients failing targeted therapies have a poor prognosis and should be considered for a clinical trial either locally or regionally if available.

6. Patient Pathway



3 PROCESS FOR MONITORING COMPLIANCE

Compliance will be audited within the MDT audit programme.

4 REFERENCES

- Hull and North Lincolnshire Haematology MDT operational policy September 2017.
- Haematological cancers: improving outcomes. NICE guideline [NG47]
Published date: May 2016
- [Lymphoid Leukaemias](https://pathways.nice.org.uk/) NICE pathway. <https://pathways.nice.org.uk/>
- Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia (2019) Technology appraisal guidance 561.
- [Venetoclax for treating chronic lymphocytic leukaemia](#) (2017) NICE technology appraisal guidance 487
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- Hallek M, Cheson BD, Catovsky D, Caligaris-Cappio F, Dighiero G, Döhner H, Hillmen P, Keating MJ, Montserrat E, Rai KR, Kipps TJ; International Workshop on Chronic Lymphocytic Leukemia. Guidelines for the diagnosis and treatment of chronic lymphocytic leukemia: a report from the International

Workshop on Chronic Lymphocytic Leukemia updating the National Cancer Institute-Working Group 1996 guidelines. 1. Blood. 2008 Jun 15;111(12):5446-56.

- Oscier D, Dearden C, Eren E, Fegan C, Follows G, Hillmen P, Illidge T, Matutes E, Milligan DW, Pettitt A, Schuh A, Wimperis J; British Committee for Standards in Haematology. Guidelines on the diagnosis, investigation and management of chronic lymphocytic leukaemia. Br J Haematol. 2012 Dec;159(5):541-64.

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