CLL CANADA LLC CANADA

eBulletin

June2024

CLL Canada UPDATE - ISSUE 31

In this issue:

1. A Word from the CLL Canada Board Chair 1
2. Is it Beneficial for CLL Patients to Take Vitamin D? 2
3. When CLL Returns 3
4. CLL Canada News 3
5. COVID: Current State and Vaccine Recommendations 4
6. CLL and Other Malignancies 4
7. How to find Clinical Trials in Canada 5

1. A Word from the CLL Canada Board Chair

CLL is incurable, yet there is a group of CLL patients who can be considered cured of the disease after 20 years of remission after treatment.

This group is composed of CLL patients with a mutated IGHV who were treated with FCR. Fludarabine, Cyclophosphamide and Rituximab are a combination of two chemotherapy drugs and a monoclonal antibody. Roughly half of them are still in remission and doing well twenty years later. (Full disclosure: this author is in remission after FCR in 2018)

Yet there are downsides, as pointed out by the article in this eBulletin on secondary cancers: people treated with FCR are at greater risk of myelodysplastic syndrome (MDS) and acute myeloid leukemia (AML). FCR can also be hard on the immune system and the bone marrow.

For these reasons, FCR has fallen by out of favour in recent years with the arrival of targeted therapies (Ibrutinib, Venetoclax, etc.) with fewer side effects.

While these therapies seem to be very effective, none of them have anywhere close to the 20+ year track record of FCR. Looking beyond our borders, FCR is still commonly used in countries that cannot afford targeted therapies.

In a recent commentary in Blood Journal, Dr. Matthew Davids, reflects on what advice to give a young, fit person with a mutated IGHV; the ideal candidate for FCR. This informative and easily readable article compares the performance over time of FCR with targeted therapies.

Targeted therapies are as effective as FCR, or more so, for the period they have been in use, which is a lot less than 20 years. Dr. Davids is optimistic that targeted therapies will prove to be effective in the long term, but that is an opinion, not data.

There are a number of lessons here for CLL patients, the most important of which is to remember that there are always two sides to the CLL treatment coin: advantages and disadvantages; benefits and side effects; good for some patients, not so good for others. As with FCR, with a 50% "cure" accompanied by a risk of developing a secondary blood cancer, both sides of the coin can be significant.

The development of new treatments for CLL gives us hope. Indeed, we are fortunate beneficiaries of the progress of modern medicine, but these are not silver bullets. They have side effects and do not work the same way for all people. We need to know all sides of the coin.

Patients who are well informed about their treatment options are better able to engage in discussion with their medical team to determine their best treatment choice.

We hope that you will find our eBulletin a useful benefit from a club that none of us wanted to join. Send your comments and suggestions to cllcanada.org@gmail.com

Please note that the information in this eBulletin was current as of the date it was published. In science and medicine, information is constantly changing and may become out-of-date as new data emerges.

---

2. Is it Beneficial for CLL Patients to Take Vitamin D?

Many of us wonder if there is any benefit taking vitamin supplements after we are diagnosed with CLL. Studies have shown that low levels of vitamin D are associated with a shorter time to treatment and a lower overall survival for those with CLL. However, can taking vitamin D supplements reverse this effect?

To find out, researchers examined the electronic health records of nearly 3,500 patients comparing those who had taken vitamin D for at least six months. They found that taking vitamin D pills was associated with a longer time to the initiation of treatment for those under age 65, and longer treatment-free survival for CLL patients of any age. See the full article here.

The authors of the article point out that results need to be validated with a clinical trial designed specifically to see if there is a cause-and-effect relationship. Given vitamin D has shown a potential (but unproven) benefit, it is worth discussing with your health care provider. For CLL patients, this could be a win, with not much to lose other than the cost of the vitamin D should the benefit not materialize.

3. When CLL Returns

Treatment of CLL for many patients follows a pattern of watch and wait, treatment, remission, relapse, and retreatment. Fortunately, research has identified many effective treatment options with tolerable safety profiles for patients who have failed one or more previous therapies (known as relapsed/refractory CLL). The challenge is to determine how best to use and sequence these treatments.

A February 2024 article in the *Blood Cancer Journal* provides a good overview outlining current approaches and considerations for treating those with relapsed/refractory CLL. The article discusses assessment of patients, current treatment strategies and sequencing, evidence for the therapies, and emerging new treatments. It also speaks to the importance of effectively managing health conditions not related to CLL, taking measures to prevent infections, monitoring for secondary cancers, and having early discussions about life goals and priorities that may impact treatment choices.

4. CLL Canada News

The 6th CLL Live conference scheduled for April 24-25, 2025has been the focus of our attention in the past few months. We have confirmed some speakers, including Drs. Versha Banerji, Nicole Lamana, William Wierda and Spencer Gibson. Topics to be covered include CLL and current treatments, staying healthy despite CLL and patient advocacy. Registration is expected to open in January 2025. CLL Live will take place in Niagara Falls, Ontario

The CLL Canda website is also getting some attention, starting with the creation of a French version of the CLL Canada website. We are grateful to the volunteers helping on this project. Other improvements to the site will follow the completion of this project.

As usual we have continued to bring the CLL patient voice to health stakeholders in a variety of settings.

5. COVID: Current State and Vaccine Recommendations

While most people have put COVID behind them, the wise CLL patient will remain vigilant since the virus is still present. We remain vulnerable because our immune system is compromised to some degree by CLL. While we can relax the protective measures we took when the pandemic was most active, we should keep watch on the level of activity of the virus in our region.

The Government of Canada has a website, updated every Tuesday, that provides factual and credible reporting on the current number of COVID cases, hospitalization and deaths, variants of concern and testing, and outbreaks across Canada for all regions where data is available.

The most recent report on the site indicates that although most COVID indicators are currently at low levels, some areas are showing signs of a moderate increase.

Vaccination

Given COVID is still with us, many may be wondering what the situation is with vaccines. National Advisory Committee on Immunization (NACI) has released two statements with guidance on vaccination, one for Spring 2024, and the second for Fall 2024.

NACI recommends COVID vaccinations in the spring and six months later in the fall for those who are moderately to severely immunocompromised due to underlying conditions or treatment (which applies to people with CLL). Their recommendation for the minimum time between doses is three months.

So, if you haven't already had your COVID vaccination this spring, now would be a good time to go so you can get your fall vaccine before COVID cases potentially see an increase through the winter months.

6. CLL and Other Malignancies

When diagnosed with CLL, it is common to hear that it is very important to keep on top of other regular cancer screenings, given that those with CLL are known to have a higher risk of developing a secondary cancer compared to the general population.

A recent international study focused on identifying the incidence and types of secondary cancers by analysing the health records of 19,705 patients diagnosed with CLL from 2000 to 2016 from 85 different centers in 28 countries.

About half of these patients had received treatment, mostly with chemotherapy combined with a monoclonal antibody (e.g., Rituximab). Only 600 patients (out of 10,146) had received a newer targeted therapy, either a BTKi (Ibrutinib, etc.) or a BCL2i (Venetoclax).

Some key findings include:

- 16.6% of all patients with CLL developed at least one secondary malignancy after their CLL diagnosis, either another blood cancer or a solid tumour.
- 5 % of the patients had a secondary malignancy diagnosed at the same time as their CLL or before their CLL was diagnosed.
- The most common cancer types were non melanoma skin, blood, prostate, colon and lung. All the rest occurred in less than 10% of the patients.
- Chemotherapy treatment with fludarabine and cyclophosphamide, the F and C in FCR, increased the risk of developing myelodysplastic syndrome (MDS), acute myeloid leukemia (AML). 2.6% of patients treated with FCR developed AML or MDS within 5 years after treatment. No patient taking a targeted therapy developed these illnesses.
- 3.2% of patients developed Richter's Syndrome.

While it is sobering to see these results, a key takeaway for all of us is to remain diligent with our regular cancer screenings, and to report any new symptoms to our doctor right away, to catch any developing secondary cancers early.

7. How to find Clinical Trials in Canada

Clinical trials can offer early access to new treatments and provide options to those who have relapsed after previous treatments.

A Canadian website called *Be the Cure* provides information about health research opportunities that are available across Canada, both clinical trials and other research endeavors where patient participation is sought (e.g. focus groups).

When you land on the home page, select the province in which you want to find research projects. The website shows different opportunities, depending on the province selected.

To find a clinical trial, click on Find Studies. You can select on location or leave location blank to see all clinical trials across Canada. It's important you search by 'chronic lymphocytic leukemia' and not just 'CLL' to see all the available clinical trials in the location you identify.

There is also a newsletter you can sign up for which provides updates on health research opportunities based on the preferences you identify when you sign up.

This site is a great resource for anyone who is looking for what clinical trials are currently running, and those who want to participate in health research in Canada in other ways. Take a minute and check it out!