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CLL Care in the Era of COVID: A Look at Current & Ongoing Impacts of Treatment

Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, sponsored by Abbvie and Genentech, we're joined by Dr. Brian T. Hill, Assistant Professor of Medicine at Case Western Reserve University and Physician in the Department of Hematology and Medical Oncology at Cleveland Clinic. Dr. Hill is here to discuss chronic lymphocytic leukemia care during the COVID-19 pandemic. Let's hear from him now.

Dr. Hill:

Yeah, so the current guidelines for treatment decisions for patients with chronic lymphocytic leukemia rely on a few different clinical factors. These include patient age, functional status, comorbidities, and also a detailed assessment of the molecular risk features of the patient's CLL. Those molecular risks include a so-called FISH panel, which details the chromosomal deletions or duplications of the patient's disease and puts patients into different risk categories, low intermediate or high risk. In addition, patients should have an assessment of their immunoglobulin heavy chain mutation status which will determine if the patient's CLL is so-called mutated or unmutated the IgVH locus and this information can provide details about whether the patients have favorable or unfavorable disease. And this information along with clinical features and patient characteristics will then allow the provider to recommend treatment if patients have an indication for therapy, typically which relies on some combination of oral targeted agent alone or in combination with monoclonal antibodies, CD-20 and in some cases, still, chemo-immunotherapy.

So, the therapeutic decision-making for CLL patients in the COVID-19 pandemic has been challenging. We know that patients with CLL are at increased risk of developing COVID-19 and complications thereof, even in the untreated state. Furthermore, I would say when we have patients with CLL who receive COVID-19 vaccinations we know that even in the untreated state, patients tend to mount a lower antibody response to the COVID-19 vaccine, therefore, leaving them probably at higher risk for developing COVID-19.

In addition, when and if patients require treatment for CLL the impact of COVID-19 is pretty significant now because we know that any treatment we administer, whether it's monoclonal antibody, again CD-20 or targeted agents such as BTK or BCL-2 inhibitors or chemotherapy, any of these agents are likely to compromise the patient's immune function and render them more susceptible to infection with COVID-19 and possibly severity of complications from COVID-19 infection. So, right now we're in a data-free zone in terms of knowing which of these treatments is safest for these patients, and further study is needed to compare the risk of COVID across the different treatment landscapes for CLL.

Yes. Unfortunately, I, think that we are going to be living in a COVID-19 world for probably years to come, or forever. We know that the rates are going down, but the disease is not out of the population and it's unlikely that it's going to be gone forever. So, we'll probably be existing in a world in which COVID-19 is circulating in the population for a very long time, if not indefinitely. So, when we think about the future of managing CLL patients, I think it's important that we keep COVID-19 at the forefront of our discussions and decision-making as we collect more data to help inform which treatments would be best or safest for patients in the COVID-19 era.

Announcer:

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