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## Optimizing CLL Care and Quality of Life with Patient-Centered Strategies

### Announcer:

You're listening to *Project Oncology* on ReachMD, and this episode is sponsored by Lilly. Here's your host, Dr. Charles Turck.

### Dr. Turck:

This is *Project Oncology* on ReachMD, and I'm Dr. Charles Turck. Joining me to discuss how we can optimize the care and quality of life of our patients with chronic lymphocytic leukemia, or CLL for short, are Drs. Richard Furman and Javier Pinilla. Dr. Furman is a Professor of Medicine at the Weill Cornell Medical College in New York. Dr. Furman, thanks for being here today.

### Dr. Furman:

Thank you for having me.

### Dr. Turck:

And Dr. Pinilla is a Senior Member, Head of the Lymphoma Service, and Director of Immunotherapy in the Department of Malignant Hematology at the Moffitt Cancer Center in Tampa, Florida. Dr. Pinilla, welcome to the program.

### Dr. Pinilla:

Glad to be here.

### Dr. Turck:

So let's begin by taking a look at some patient-centered strategies for care. Dr. Furman, would you tell us about the role of shared decision-making in CLL care and why it's so important?

### Dr. Furman:

Well, I think it's always very important to involve the patient in any decision-making because the treatment that they're selecting is really going to impact them and their lives. And it's important not just from the perspective of helping them feel empowered and involved in their care, but also because they're the ones that are going to be experiencing the short-term and long-term complications and adverse events related to their treatments. And in this way at least, it helps them select what may or may not fit best with their lifestyles. Importantly, I think in CLL, we have so many therapies that are of such great tolerability and excellent efficacy that the choices have become quite easy. And the selection of therapies often becomes whether or not you want oral or intravenous or whether or not you want one that is a short duration that involves a lot of heavy monitoring upfront versus one that requires very little, and those are things that are quite obvious in terms of the impact on quality of life.

### Dr. Turck:

Well, with that being said, let's turn to you now, Dr. Pinilla. How do you typically approach conversations about shared decision-making with your patients?

### Dr. Pinilla:

It is very important to start a conversation with our patients about the different therapeutic interventions that we have these days for the treatment of CLL. We always have to really think that in many occasions, our patients do not require therapy immediately. So we have time, sometimes months or even years, to really know each of our patients that come to our clinic—do they like to travel, play golf, or be with their families? And all of these things, in my opinion, play an important role when we start these types of conversations.

And that is where we intervene with the different possibilities, different interventions from the therapy point of view. And we know that we have oral therapies that have to be taken for a long time until disease progression, while in another situation, we can also educate and

discuss the potential fixed[MO2] -duration treatment options. These two things are very good, and patients often have very good outcomes. However, some patients may prefer one versus another, and personality may play a very important role.

**Dr. Turck:**

Now in addition to shared decision-making, Dr. Furman, what other tools or resources do you use to help educate and support patients throughout their care journey?

**Dr. Furman:**

Well, I really do spend a lot of time trying to educate my patients because I really do believe educated patients have a better grasp of what's going on, and that helps them deal better with their disease. I introduce them to a lot of the patient organizations that will provide them with additional support and resources for not just understanding their disease, but also give them access to other patients to help build camaraderie and discussion groups that will help them hear from other people about their experiences. There are quite a few online forums and talk lists that can also provide shared experiences for patients to engage in.

One of the unfortunate aspects of all this, and I really do try to emphasize this with a lot of patients, is one patient's experience certainly isn't going to be that of all the other patients. And then of course, a lot of what gets published or publicized, be it online or even what's in a package insert, isn't necessarily what is actually related to the drug. And that often becomes difficult for patients to understand. And that is the one shortcoming in all this. And so I really try to break down each therapy into the drug-related issues, and I write them down on a piece of paper, give it to them, and tell them to focus on those specifically. I tell them to seek out their own answers, but really focus on what I believe to be those drug-related issues.

**Dr. Turck:**

For those just tuning in, you're listening to *Project Oncology* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Drs. Richard Furman and Javier Pinilla about optimizing the care and quality of life of patients with chronic lymphocytic leukemia.

So now that we've discussed how we can take a more patient-centered approach to care, let's focus on how we can improve our patient's quality of life, particularly when it comes to adverse effects associated with CLL treatments. Dr. Pinilla, would you tell us how you set expectations about a therapy's potential effects?

**Dr. Pinilla:**

So Dr. Furman really describes very well that education is a fundamental aspect of our conversation with patients. We really encourage them to go to specific websites, specialized websites, and group chats on CLL, but at the end of the day, we need to filter all this information in our practice, right? We know that when we read prescription information of the different drugs that are readily available for the treatment of chronic lymphocytic leukemia, they may have a very, very long list of side effects. Many of those may or may not really be seen often with our patients. So I think while it's very important to describe the potential side effects that we may see with different approaches—oral medication or intravenous medication—we have to also really set expectations that not a hundred percent of patients may really have these side effects.

And as we know, all medications have potential side effects, but the risk-benefit ratio is the more important aspect of these drugs because these drugs—in general, IV drugs and oral drugs—are able to control the disease in a very, very high percentage. And overall, they are very well tolerated.

However, it is true that some of them may have class effects. We're talking about the classical BTK class effects, with some of them more often seen in the first generation versus the second generation, while the IV drugs may also have different types of side effects in terms of infusion reaction and other potential effects on the immune system, or at least in terms of potential secondary infection. Many patients that we have in our clinics may tolerate these medications with no or very minimal side effects, while others in some cases, and maybe we see this more in the older population, may encounter some issues that can be treated, can be readily managed with dose reduction, or ultimately can be switched to another medication that can be better tolerated for this specific patient.

**Dr. Turck:**

And should a patient experience adverse events, Dr. Furman, how do you work with them and their care team to mitigate and manage those effects?

**Dr. Furman:**

Well, I think the most important thing is just to have very open lines of communications. Any drug can cause anything. And I always try to emphasize the most likely or the most common drug-related adverse events with the patients and what they might expect. I certainly try not to dismiss anything. But I do spend a great deal of time trying to make sure that what they're experiencing may not be drug-related if I don't think it is. At least so that way we can make sure that they're not going to end up depriving themselves of the benefit of

the drug without a good reason. And that, of course, is always the most important thing because if you can't get the patient to take the medication, they're not going to get the benefit of the therapy.

**Dr. Turck:**

Now we're almost out of time for today, but before we close, I'd like to give you the final word, Dr. Pinilla. Do you have any closing thoughts on how we can optimize CLL outcomes while preserving a patient's quality of life?

**Dr. Pinilla:**

At the end of the day as we've been discussing, the patient has to really have a very active role in deciding which path they are going to take because they are the one who's going to sometimes benefit from these great therapies, but sometimes also be the subject of some of the potential, although not really common, side effects. So I think these two important aspects are fundamental when we really discuss these therapies. What we want to preserve is an excellent quality of life that allows patients to really do what they like, in many times, in this retirement age.

**Dr. Turck:**

Well, those are such great comments for us to consider as we come to the end of today's program. And I want to thank my guests, Drs. Richard Furman and Javier Pinilla, for joining me to share how we can better care for our patients with chronic lymphocytic leukemia. Dr. Furman. Dr. Pinilla, it was great having you both on the program.

**Dr. Furman:**

Thank you for having me.

**Dr. Pinilla:**

Thank you. It was a pleasure.

**Announcer:**

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