Patient Power

# CLL Treatment Goals

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**Jeff Folloder:**
So what are we looking for, once we've started treatment? How do we know this stuff is working? I mean, it's easy to say, okay, my CLL is gone. But, that doesn't really encapsulate what's going on. What are all of you looking for when you start treatment? What responses are we looking for? I'll start with Dr. Lamanna, and we're gonna go right down the line on this one.

**Dr. Lamanna:**
Okay. So, obviously, if someone's having symptoms, depending on what those symptoms are from, so if your blood counts are poor, you have big, bulky lymph nodes, the immediate stuff we're looking for is, obviously, the improvement of some of those levels. So an improvement on your blood counts, improvement and shrinking of your lymph nodes, fatigue, those types of things. Those are the immediate proofs, since we're gonna keep going, I'll just pass it on, because otherwise…

**Jeff Folloder:**
…so we have some proofs, and I assume we have some goals, complete remission, partial remission…

**Dr. Keating:**
…no.

**Jeff Folloder:**
No?

**Dr. Keating:**
No, a cure.

**Jeff Folloder:**
A cure. I like that four-letter word a lot.

**Dr. Lamanna:**
I told you he was gonna bring that up.

**Dr. Keating:**
I think everyone that we treat, you say, where I start is, is it possible that this person can be cured? And, what are the factors that get in the way? And, we never really had to think about this very much, until that dreadful thing called chemotherapy, and, or chemoimmunotherapy, which happens to be your friend.

**Jeff Folloder:**
I know.

**Dr. Keating:**
Gets to the point where a third of the patients that we were treating were 17, 18, 19 years out there, without any sign of the leukemia coming back. Now, that may not be cure, but it's not bad. And, the other feature I that we have to continue to challenge what way we want to accept now. Some people, just want to get to the point where they feel well.

Patients who come in say, I know it's really important, but my niece is getting married in three weeks, so do I really need to start treatment? And, others will say, I wanna be transplanted straightaway so that it's gone. And so, you have a different expectation from the patients. I think one of the things that you'll be hearing a lot about, and part of the reason we're doing marrows at the end of various treatments, is what they call minimal residual disease, or undetectable disease, and that's the toughest thing to get rid of in the marrow, at the present time. So there are—if we're trying to eradicate all signs of the disease, we have to get rid of it in the marrow. But I will tell you that I think that in the next four to five years.

We'll be following the progress of CLL like people follow PSA in prostate. And, we'll be measuring DNA strands, etc., that are unique to each patient in the plasma, which will be a measure of the total amount of disease that's there. Now, even then, you won't be able to say, it's not gonna come back. Because my hero, Dr. Fririke, used to say, once you've got one cancer, you're likely to get another one, or perhaps the same one will start up again. And, this is an area of very active research, Dr. Farrijoli is the other cancers that occur in CLL.

**Jeff Folloder:**
So our goal is a cure, we have different levels that we achieve, as we're walking or running towards a cure.