



Highlights From the 2017 iwCLL Meeting

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Jeff Folloder:

I'm here with Dr. William Wierda from Houston's MD Anderson Cancer Center. You just attended iwCLL. What are you excited about?

Dr. Wierda:

So there were a number of topics that were discussed at iwCLL and a number of new data that were reviewed and discussed. I think the general trends that we're seeing that people are excited about are we're working away from chemotherapy and moving into an era of small molecule inhibitors. We're having discussions about combinations of small molecule inhibitors.

There was a lot of discussion about achieving minimal residual disease-free complete remissions as a treatment end point and that perhaps being a strategy to give patients a treatment-free period. So they may get a combination of small molecule inhibitors for a defined treatment period in remission and then are in remission for many, hopefully many years and then eventually perhaps need to be retreated. So getting away from chemotherapy, maximizing efficacy of the small molecule inhibitors to achieve MRD-negative remissions that hopefully will give patients extended treatment-free periods.

There was discussion about Richter's transformation, how little we know about Richter's transformation and what we do know about how to manage it. It's an area that there's a lot of focused attention on research-wise and therapeutic-wise, and I ran a symposium where the topic was personalizing or individualizing treatment for patients with CLL. And the emphasis in that session was to review the prognostic factors and have a discussion about predictive markers, predictive markers being markers that correlate with doing well with a specific treatment or a specific treatment maybe not being the best choice treatment given the specific characteristic.

So what we will see and we are seeing moving forward is a more individualized and personalized strategy for management, and that's based on chromosome abnormalities, and I think we'll also see that transitioning into gene mutations, specific gene mutations and making those correlations with individual treatments.

Jeff Folloder:

At iwCLL was there an undercurrent that we might finally be looking at a cure for CLL?

Dr. Wierda:

There was a lot of discussion, and the discussion was certainly directed at cure, and there's a big sentiment that we're transitioning and working towards that end point. We have a lot of very, very effective agents that are oral now. They're very well tolerated. They apply to not only the younger, fit patients but also the older patients, and the majority of patients

now are getting into good, deep remissions with those newer treatments and treatment strategies. So I think for sure the direction and the enthusiasm now is working towards curative strategies and doing the clinical trials that get at that end point.

Jeff Folloder:

Thank you, Dr. Wierda.

Dr. Wierda:

Thank you, Jeff.

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