Is Chemo Safe for CLL Patients With a 17p Deletion?

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Andrew Schorr:
Lucy wrote in. She says, given the 17p, p53 deletion what role does that play in determining the beginning of treatment for the CLL naive patient, and you were just saying probably not FCR or BR.

Dr. Sharman:
Yeah. Boy if somebody had a 17p deletion, I would strongly advise against traditional chemoimmunotherapy. I think it can actually be more harm than good in some cases.

There is a more subtle point though that I would jump onto, which is what factor does it play in first?line therapy. It's not so much the agent. Some people feel like because they've got a 17p they need to jump into treatment sooner rather than later.

I will tell you I have several patients with 17p deleted CLL that I've been able to watch for years and years and years without treatment. The indications for starting therapy really remain the same. If I see somebody clearly heading towards treatment with a 17p, I may start them a little bit earlier, but again some of these folks can be watched and wait quite well.

Andrew Schorr:
Okay. You're a director of research, and we're starting to hear about CRISPR or gene editing.

Dr. Sharman:
Yeah.

Andrew Schorr:
So do you think this gene editing will play a role in CLL?

Dr. Sharman:

Hoo, boy. You know, I think that probably dovetails with the question you didn't ask, which is about CAR?T cells. I think CRISPR, for members of the audience who may not be familiar with it, is a highly efficient, highly directed way of making genetic manipulation within cells, and with a lot of the gene therapy that's been done over the years we sort of randomly insert genetic material into cells to sort of reprogram them. That's sort of the classic way of doing gene therapy. The problem with that is there are parts inside the genome that don't like to be broken, and so the field really was set back a number of years when there were some early cases of leukemia caused by gene therapy.

And so what CRISPR does is it does allow you to make very targeted genetic modifications so that you can precisely put in new genetic material sort of wherever you want it. And I think that in the context of CAR?T therapy there's now goals to make it much more off the shelf than this sort of highly manufactured thing, and that's where I would see CRISPR having the most likely early role.