



## Signs to Start CLL Treatment: Following the “Tempo” of Your Condition

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**Andrew Schorr:**

Hello from Niagara Falls in Ontario, Canada. Andrew Schorr at CLL live with Dr. Nicole Lamanna who is normally in New York City but here we are in Niagara Falls. Thank you for being here. You've been here before.

**Dr. Lamanna:**

Yes, I have.

**Andrew Schorr:**

And just a little while ago Dr. Lamanna sort of gave an orientation to the more than 300 patients and family members from across Canada and the US about CLL because people are at different places in their knowledge.

One of the things that caught me, Nicole, that you said is you said we have all this testing now, blood testing, sometimes bone marrow testing, all kind of cytogenetic, genomic, testing. Are you 13q or 17p? Are you mutated, unmutated? All these things, and yet you said that you have the testing but really what's important is to understand, you used the word the tempo of your CLL. So what is the tempo of your CLL, and why is that important today?

**Dr. Lamanna:**

So I think there are a couple of things that we talked about during the session that are important that there's no doubt that we can do lots of sophisticated testing for folks when they get diagnosed with CLL. This is what you're referring to, all these chromosomal abnormalities and all this mutational stuff—but that doesn't mean—depending on what we find, we're still looking at indications for needing therapy. And so we're still looking at your blood counts, you know, what your physical exam is, how bulky are your lymph nodes.

So regardless of what we know about all these sophisticated tests, if you don't need therapy, we're basing it on the tempo of what your disease is doing. So we're following your blood counts. We're following your physical exam and how quickly things may be growing if you have big, bulky lymph nodes, or if their blood counts are worsening and declining and then you would become more symptomatic perhaps from your blood count perspective.

And so tempo is still going to deem when somebody's going to initiate therapy. I think the chromosomal abnormalities and the mutational testing, though are important and relevant, because depending upon if at the time you do need therapy, we are now becoming more sophisticated, that we may select different types of therapy based on that information.

And so tempo is still going to be the most important factor in terms of when somebody is going to get treatment based on how we're following you. And if you're a person who has been years without needing therapy, then the likelihood is that we can almost predict what those fancy tests would show because you've been, you know, 10 years without needing therapy for your CLL. And so that tempo says a lot.

**Andrew Schorr:**

So it's not freaking out about any number.

**Dr. Lamanna:**

Correct.

**Andrew Schorr:**

Or any deletion.

**Dr. Lamanna:**

Correct.

**Andrew Schorr:**

So there's some people with a 17p deletion...

**Dr. Lamanna:**

Been monitored for years.

**Andrew Schorr:**

...and who are worried about that but yet are still being monitored.

**Dr. Lamanna:**

That's correct. So we can't be knee jerking to, just based on what we may find in some of these sophisticated tests. If somebody doesn't need therapy, they don't need therapy, and obviously there may be something different about them that even though the tests may show that they have a 17p deletion they're just not acting in the norm of what we consider those folks to do. So you still should base therapy on that individual, not based on all these sophisticated tests.

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