Understanding
Chronic Lymphocytic Leukemia (CLL)

IN 2010, 2,195 CANADIANS WERE DIAGNOSED WITH CLL.

IN 2010, the overall age-standardized incidence for CLL in Canada was:

6.6/100,000

STRIKES IN THE GOLDEN YEARS – median age of diagnosis is 72

where 75% of these patients are 65 years and older.

3.3/100,000

References:


**What is CLL and how does it develop?**

CLL is a type of leukemia (blood cancer) that starts in the bone marrow and can progress slowly or quickly depending on the form it takes.

The lymphocytes (type of white blood cell) in CLL don’t work as they should and therefore don’t fight infection very well. These cells are called leukemic or CLL cells.

Over time, the CLL cells can accumulate in the bone marrow and blood and can lower the amount of healthy blood cells which can lead to:

- **Increase in infections**
- **Anemia**
- **Easy bruising or bleeding**

**What causes CLL?**

The cause of CLL is still unknown. Although doctors and researchers know that something happens to cause a genetic mutation in the DNA of blood-forming cells.

Patients with CLL may have genetic mutations or chromosomal abnormalities, which can affect prognosis (the course of a disease).

**How is CLL treated?**

There currently is no cure for CLL but there are treatments to help manage it. The goals of treatment are to slow down the growth of CLL cells, provide periods of remission and help the patient feel better.

**Treatment options include:**

- Watchful waiting
- Chemotherapy
- Targeted therapy
- Surgery
- Radiation therapy
- Stem cell transplant

Choice of therapy depends on age, physical exam and lab test results, and overall health.

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**Bone marrow anatomy.** The bone marrow is composed of different types of bone, blood vessels and red and yellow marrow. Stem cells reside in the red marrow and give rise to platelets, white blood cells and red blood cells.