Asymptomatic Individuals with Early-Stage CLL/SLL (Rai Low- or Intermediate-Risk/Stages 0-II; Binet Stage A or B)

Monitor every 3-12 months ("Watch and Wait"):  
- Palpation of lymph nodes, liver, and spleen  
- CBC (includes Differential and Platelets) [6399]

At least 1 of the following treatment indicators:
- ≥1 CLL/SLL symptom:
  - Significant fatigue
  - Unintentional weight loss of ≥10%
  - Persistent high fever without infection
  - Persistent night sweats without infection
- Enlarged lymph node, liver, and/or spleen
- Cytopenia caused by CLL/SLL
- Progressive ↑ in PB lymphocytes without infection

Absence of all criteria for progressive disease
Continue monitoring as above

Symptomatic disease identified; consider treatment

Monitor for progression during and/or after treatment:
- Palpation of lymph nodes, liver, and spleen.
- Comprehensive Hematopathology Report [17734(X)], which will include BM morphology evaluation [3542] and chromosome analysis [14600(X)]. At the discretion of the hematopathologist, it may also include the FISH CLL panel [16864], serum beta-2-microglobulin [852(X)], and serum lactate dehydrogenase [593] (CBC results are submitted together with specimens).

Indicators of Progressive Disease
- New or further enlargement (≥50%) of lymph node, liver, and/or spleen
- Cytopenia caused by CLL/SLL
- ≥50% ↑ in PB lymphocytes over previous test result
- BM and/or lymph node histological changes associated with aggressive lymphoma
- New, adverse chromosomal abnormalities (eg, 11q or 17p deletions)
- ↑ Serum beta-2-microglobulin
- ↑ Serum lactate dehydrogenase

Review treatment strategy

This algorithm is intended as a guide for using Quest Diagnostics laboratory tests to monitor disease progression in individuals with CLL/SLL. The algorithm is based on the National Comprehensive Cancer Network (NCCN) guidelines for non-Hodgkin lymphomas (including CLL and SLL), the European Society for Medical Oncology practice guidelines for CLL and SLL, and the revised National Cancer Institute-sponsored Working Group guidelines for CLL.2,5,6 Individuals receiving treatment should also be monitored for infections and autoimmune cytopenias and for CMV reactivation if treated with alemtuzumab. CLL indicates chronic lymphocytic leukemia; SLL, small lymphocytic lymphoma; CBC, complete blood count; PB, peripheral blood; BM, bone marrow; and FISH, fluorescence in situ hybridization.

This figure was developed by Quest Diagnostics based on references 2, 5, and 6. It is provided for informational purposes only and is not intended as medical advice. A physician’s test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, and assessment of the patient.

Content reviewed 12/2012

Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third party marks - ® and ™ - are the property of their respective owners. © 2012 Quest Diagnostics Incorporated. All rights reserved.