Media Backgrounder

Chronic Lymphocytic Leukaemia (CLL) / Small Lymphocytic Lymphoma (SLL)

What is CLL/SLL?[1,2]

CLL/SLL is generally a slow growing blood cancer that originates from B cells, a type of white blood cell (lymphocyte)

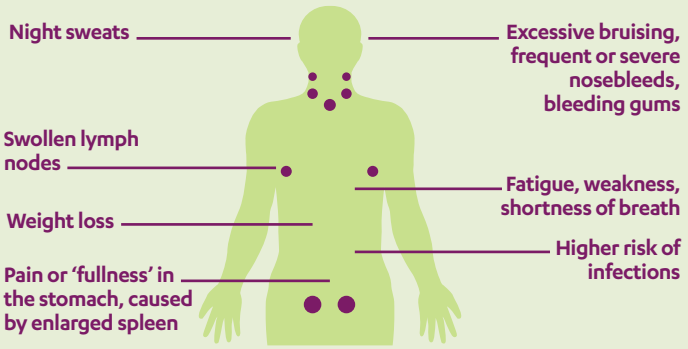
SLL is related to CLL, but whereas CLL cells are found in both the lymphatic system and the blood, SLL is confined to the lymph nodes

B cells are part of the immune system and play an important role in fighting infection in the body. CLL/SLL is the result of a malfunction of B cells which causes them to become malignant and reproduce at an abnormal rate

In malignant B cells there is a malfunction in the cellular signalling pathways which control cell proliferation, adhesion, migration and survival. This causes the malignant B cells to move to and remain within the protective environment of the lymphatic system, such as bone marrow and the lymph nodes. In these environments they build up in large numbers as they continue to proliferate and survive

Signs and Symptoms[3,4]

For some people, CLL/SLL is asymptomatic. However, possible signs of CLL/SLL may include:



Prevalence and Patients[5,6]

The incidence rate in the Western world is approx. four cases a year per 100,000 people

CLL/SLL is more prevalent in men than women

>70

Age at diagnosis

5 years

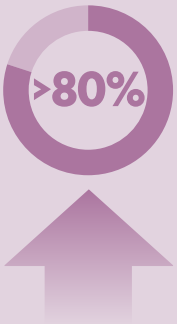
Overall, the period for which 78% of CLL patients will survive after diagnosis

Diagnosis[3,4]

Diagnosis and staging of CLL/SLL may include the following examinations:

Physical examination | Genetic tests | Imaging tests (X-rays or CT scans) | Biopsy | Blood and other laboratory tests

Chromosomal Abnormalities & CLL/SLL[7,8]



of CLL/SLL patients have some form of chromosomal abnormality. These patients may have poor response to conventional treatment, rapid disease progression and short survival

The median predicted survival for patients with the del 17p mutation is just two to three years and for patients with the 11q mutation is six to seven years - significantly less than nine to ten year median predicted survival for CLL/SLL patients without abnormalities

Staging[6,9]

The Binet staging system is most often used in Europe for CLL/SLL

Binet stage A
Fewer than three areas of enlarged lymph nodes without anaemia or thrombocytopenia

Binet stage B
Three or more areas of enlarged lymph nodes

Binet stage C
Enlarged lymph nodes or spleen, low red blood cell count (anaemia) and low platelet count (thrombocytopenia)

Treatment*[10,11,12,13,14]

Patients commonly receive multiple treatments over the course of their disease

Chemotherapy | Radiation therapy | Biologic therapy | Stem cell transplant therapy | Targeted non-chemo agents

CLL/SLL can be a challenging disease to treat. Many patients will relapse or become resistant to treatment

CLL/SLL treatments have improved in recent years. Many promising new therapies are currently being investigated[15]

*All medicines and therapies have side effects; patients should talk to their doctors about which therapies are appropriate for them

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