Say Goodbye to CLL

In the early part of 2015 the American Society of Clinical Oncology declared the progress in the treatment of CLL as the Cancer Breakthrough of 2014. During this time two new oral agents with great efficacy in previously treated patients with CLL, and in untreated patients with loss of part of chromosome 17, the site of a very important protein called p53, received FDA approval. 2014 also brought about approval of a new antibody against CD20, obinutuzumab (Gazyva). There was also a widening of the indications so that obinutuzumab could be utilized as an anti-CD20 antibody in front-line patients. Both of these studies which led to the approval were paired with chlorambucil (Leukeran), but the value of the chlorambucil is dubious at best.

This year tremendous energy will be put into the development of immune-therapies of CLL. Already the Chimeric Antigen Receptor-T lymphocyte (CAR-T) cells against CLL are being expanded and CAR-T cells against CD19 are showing exciting results. A new CLL drug target identified by MD Anderson Cancer Center and the Fred Hutchinson Cancer Center is currently being explored. In addition, a series of drugs called checkpoint inhibitors, which have proven to be very effective in solid tumors, Hodgkin’s disease, and lymphoma, will be introduced into CLL. A series of other antibodies for natural killer cells and cord blood natural killer cells (NK cells) will be introduced to activate a patient’s own immune system to work against CLL. Thus we have a large number of new, efficacious, and well-tolerated treatments which do not damage the DNA of other tissues in the immune system to apply to the treatment of CLL. I am certain these initiatives will improve the percentage of patients that are free of recurrence of the disease at 10 and 15 years from one patient in three to a significantly greater proportion. There will always be difficult cases but there is no time that we consider it to be more likely that a quantum leap in outcome of CLL will occur than in 2015 and onwards.