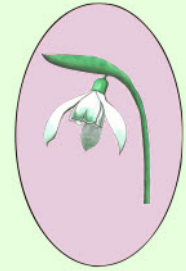


# Galanthus

Newsletter of the CLL Support Association



August 2011

## High Summer

High summer- it is that time of year again- the Proms are being broadcast. No one remembers now that the Promenade concerts were an innovative effort to bring music to the people. Gerard Gilbert wrote last week that 'it's easy to forget what a remarkable institution they are'.

The same applies to CLLSA patient meetings. At the end of the meeting, the happy buzz around the room is that everyone is going home, maybe with a few minor problems solved but the larger knowledge that other people share the same

problems. We learn first hand some of the ways that the medical community plans the way ahead for safer, more effective treatments.

Thanks to all of you who came to Southampton, a great day

Jane Barnard Chairman CLLSA

## Thank You

As treasurer, on behalf of the trustees, I would like to thank everyone who has made a donation in any form to the CLLSA.

Listed below are the various types of donation that we have received:-

Monthly or yearly donations by standing order (this is a great help as we know just how much money we can regularly rely on)

Donations made through any form of fund raising

Donations made either by post or at patient meetings

Donations made through Just Giving

Finally donations made in memory of a loved one or friend

I do hope that I have covered all of the various types of donations and please be assured that each and every one is gratefully received, as this enables us to keep up the good work on your behalf.

Andrea Cockburn  
Treasurer

## Inside this Issue

**Page 1 Thank you from the Treasurer**

**Page 2 Watch and Wait by Nick York**

**Bendamustine / Clinic Visit/**

**Changes to the Trustees**

**Page 3 Reaching Outwards;**

**Interactive CLL resources on**

**Macmillan and Maggie's web sites**

**Midlands Meeting Report**

**Page 4 Southampton Meeting Report**

**Fatigue and CLL**

**Page 5 Self Help; managing your health**

**Page 7 Middlesex Patient Meeting**

**19th September 2011**

**Page 8 Travel Insurance / Events in the CLL**

**Nick York**, Patient volunteer, writes-

### **Aims and Objectives**

Watch and Wait was a new experience for me- it fuelled my anxiety. I could easily understand that a well balanced diet and simple exercise would help me physically. But I was intrigued by the state of mind of people in Watch and Wait, and I went to investigate both, state of mind, and stress relief.

Watch and Wait gives us time for the reality of what is happening to be clear to us. It allows us to remember who we are and what is important to us. Part of this is understanding how time plays a part in all this. If we use time then perhaps time won't use us. Time is not our enemy it can be our ally.

Diagnosis suffocates, bringing with it fear of imminent danger and change to your family's future. That is made worse, when the "fight or flight" reaction wants you to react, but instead slowly shuts you down. Doctors remain calm, appear not to hear you, But in truth, you are on "Watch and Wait" and you do not understand why. In time meeting others, learning about the disease and CLL medicine teaches you what this means.

Now, let us CLL-ers take charge.

As so much of medical speak is formed around abbreviation. Would a change of the term have assisted in my transition? If we have to take ownership of the term and lend it back to the profession every now and then, could we make it our own?

I was doodling with this as a possibility and tried to apply it. For example: Ardent Investigative Monitoring: **AIM**. A positive verb and noun that could immediately change the initial impression of the process. Did you know that synonyms for watch are; gaze at, look at and stare at for example, hardly inspiring.. For wait, they get worse; stay, remain, hang around, linger, stop, kill time, pass the time. Is it any wonder that Watch and Wait can be so hard to deal with in the beginning until you get past the term?

Add a little Self and you have **AIMS**. So with a little Self Education, Reading and Time, it could be a **SERT** that you lose anxiety and stress and are able to enjoy life again?

But then what is in a name, perhaps it may just be learning not to Watch and Wait, and in time just do a little living?

## **Bendamustine**

On tenth of April 2011 **Bendamustine** was accepted by the Scottish Medicines Consortium for first-line treatment of Chronic Lymphocytic Leukaemia (CLL) (Binet stage B or C) in patients for whom fludarabine combination chemotherapy is not appropriate . So now the treatment is available both in England (and Wales, since the Welsh follow NICE guidance if it is available, and Northern Ireland, who do the same ) and in Scotland. For those of us for whom fludarabine does not work, this is great news.

### **Getting the most out of your clinic visit**

Want to get the best out of your clinic or doctors visit?

This article is really helpful.

<http://www.lymphomation.org/doctor-visits-checklist.htm> The article was developed for lymphoma patients, and it might surprise you to find out that that means you in a sense; technically, CLL is not a leukaemia, but a liquid lymphoma. Not quite a pointless fact, since the treatments that work for the 'normal' lymphomas work to some extent for us. But the aims are to get the most out of your consultation- which also helps the doctor and the NHS.

The main points are take your own notes, before you go do a summary of any symptoms, write down questions you need answering and take a trusted friend.

### **Changes to the Trustees**

*Sue Waldie* has retired from the Trustees - Among many other things, Sue was responsible for the both the original governing documents of the CLLSA and for the refinements over time.

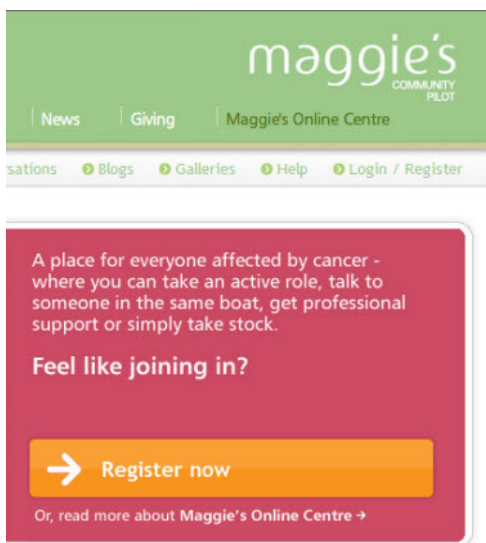
Sue we wish you all the best and hope that you enjoy good health in the future. Thank you for all your good work over the years.

Jane B

# Reaching outwards

Member Nick York has set up the group [CLL, SLL, HCL](http://community.macmillan.org.uk/groups/cll_sll_hcl/default.aspx) at [http://community.macmillan.org.uk/groups/cll\\_sll\\_hcl/default.aspx](http://community.macmillan.org.uk/groups/cll_sll_hcl/default.aspx)

SLL (Small Lymphocytic Lymphoma) and CLL are essentially the same disease. SLL cells hide in your nodes and CLL tends to be more visible in the blood, but both make you just as ill. Hairy Cell Leukaemia (HCL) is a rare and rather more treatable form of CLL. So you might call the group, a 'CLL Variants Club'. Do join us in conversations in the forum or start your own message.



Nick is also setting up a live chat room at Maggie's, currently on a Tuesday evening there is a facility for all in the living with cancer group. A new group will be added for all haematological cancers in the next few weeks, depending on numbers this may start as a monthly meeting. We are hoping that we can eventually hive off at least the chronic forms, as we have different, less time bound but just as worrying concerns.

Join us now at <http://www.maggiescentres.org> and sign up to the Living with Cancer group. Apart from the Tuesday fiestas, there are lots of threads, or start your own.

## Midlands Meeting 5th May 2011

On a sunny day in May members gathered together in Leicestershire for our annual Midlands Meeting. No sooner had we set up the registration desk we welcomed our first arrivals. There were some new faces and some not so new, but everyone soon got together over coffee. The meeting kicked off with an introduction by our Chairman.

Soon after we began our first discussion session. Each table was allocated a different topic and our members chose which discussion they would like to be involved with. The discussions were varied and everyone seemed to be getting to know each other as well as the topics.

It was getting quite warm by the end of the discussions and everyone was ready for a break and some refreshments. A buffet lunch was much appreciated and then we all had a little time to get some fresh air ready for the afternoon session.

Dr Ben Kennedy was then ready to start so we all returned to the conference room to hear his presentation. It was especially useful for our members who had not attended a meeting before and for those attending who had been recently diagnosed. Dr Kennedy then ran a helpful question and answer session.

A representative from Leukaemia and Lymphoma research came along to chat to members and hand out some of her organisations publications. She got involved with the discussions and was also able to stay for Dr Kennedy's presentation which she said was very informative and had taught her a lot about CLL.

Then it was time for refreshments while everyone had a final chat and got ready for the journey home. Thanks to all that attended, especially Dr Kennedy for his presentation and Tricia Gardom who organised the meeting for us.

Sarah Tobin

## Southampton Meeting - Drug Trials and You

There were just over 50 people at the meeting on 15<sup>th</sup> July . Dr Duncombe is an expert in CLL drug trials. Drug trials build on the best treatment available for a specific type of patient, and the standard of care given to the patient is extremely good. Often, drug trials will allow the doctors to give drugs that are known too be effective that are not available on the NHS. If you are coming up to treatment and want to consider a trial, read the attached CLL Trials Newsletter. Then ask your own consultant for a meeting with a doctor at your nearest trials centre.

The Trials newsletter is appended to this Galanthus.

Jane B



## Fatigue and CLL

Several of the attendees at the Southampton meeting were suffering from fatigue due to CLL. Some were frustrated since they were trying to deal with employers or agents who are convinced that the fatigue could not be due to CLL, or that (words to the effect of) 'it will go away soon'.

Some things you can do. When dealing with medics or the Department of Works and Pensions, describe yourself on your worst day. It is not cheating, it is reality. And reality is hard. You have to think how you would cope with trying to be at work on your worst day, not your best day.

Go and make an appointment with the Citizens' Advice Bureau, they will help you fill out the forms so that you get what you need as painlessly as possible.

A quick search gave me the following;

Professor Terry Hamblin, a greatly respected Consultant who founded the UK CLL Forum, the medics' association says in his blog; "I am absolutely convinced that CLL patients get fatigue as a symptom. Trying to find out why is very difficult.... More research into this difficult problem is clearly needed."

<http://mutated-unmutated.blogspot.com/2006/08/fatigue-in-ctl.html>

A recent paper from the British Journal of Haematology- Patients' experience of chronic lymphocytic leukaemia: baseline health-related quality of life results from the LRF CLL4 trial.

<http://www.ncbi.nlm.nih.gov/pubmed/19016733>

'Fatigue was reported by 81% of patients' this is from the Section of Haemato-Oncology, The Institute of Cancer Research, UK, with prestigious authors.

Among the renown and respected organisations that list fatigue as a symptom are;

The Lymphoma Research foundation-

<http://www.lymphoma.org/site/pp.asp?c=bkLTKaOQLmK8E&b=6300147>

Other symptoms of CLL can include, fatigue, shortness of breath, anemia, bruising, night sweats, weight loss and frequent infections.

CLL Global org- <http://www.clglobal.org/CLLintro/age.htm>

And even <http://www.nlm.nih.gov/medlineplus/ency/article/000532.htm> -Medline Plus, A service of the U.S. National Library of Medicine National Institutes of Health.

These are the heavyweights who are weighing in on your side- your fatigue is real, it is not imaginary, it is due to your CLL. No one knows why, but there are some convincing theories.

If you are trying to convince someone that fatigue in CLL is real, these are the references to use. Use these references in any written documents when you say you are suffering from fatigue. Print out and have copies of all of them with you to provide if you are interviewed. All the articles are from expert doctors and organisations.

Insurance companies may choose to ignore anecdotal evidence (you, me and hundreds of other patients saying that this unrelenting fatigue is real for them). These publications and organisations have solid science behind their findings.

Jane B

## **Pain, Fatigue and Stress**

A good start to learn how to deal with these problems

<http://www.lexdis.org.uk/difficulty/5>

# Self Help; managing your health

## Self Help; Managing your health.

***This article has recently been added to the website. It was written by a CLL patient for the CLL patients and for the Carers of people with CLL. For the whole article go to <http://www.cllsupport.org.uk/selfhelp.htm>***

*This article and the CLLSA site is not intended to be a substitute for professional medical care and we would always advise you to check with your doctor if you have any concerns about your condition or treatment.*

These articles cannot cover all the areas that affect your health. The key to staying as well as you are able is to think about your lifestyle and when you do things.

Consider what you read carefully- you may need further advice.

Any one who has been diagnosed with CLL has a damaged immune system. This means that we are more likely to get infections, and less able to fight them than healthy people of the same age.

Words that your doctors may use are immunosuppressed, leucopenia, **myelosuppression**, **pancytopenia**, **thrombocytopenia**, **granulocytopenia** – they are all connected to having a damaged immune system.

To find out about your own immune status and health talk about **your** particular health needs with your hospital (haematology or oncology) doctor and your own GP surgery.

Although we can theorise about how good your immune system is at various times in the CLL journey, think about what you actually need. If you are getting many infections, or your cuts infect easily, or you do not recover well from colds, go back and talk to your doctors to decide what you need to do to stay healthy.

A good site to read about your needs is

[http://www.chemocare.com/managing/low\\_blood\\_counts.asp](http://www.chemocare.com/managing/low_blood_counts.asp)

If you are having treatment for CLL (chemotherapy or other drugs) or you have had a stem cell transplant then you are more at risk from infections than 'ordinary' CLL patients. You will have had clear instructions from your doctors how to protect yourself and when to contact them if you are ill, there are also some links included here.

### Links in this section

Two warnings- always consider what you read carefully, it may not apply to you. Although I have selected the most useful sites that I can find, (April 2011) things change fast over time. As we get more knowledge, the sites may become inaccurate. Some of the sites are commercial; inclusion of their site is not an endorsement of the product. CLLSA has no links with the manufacturers but their sites are currently the best way of providing the facts.

### Risk Management

Some of the facts and links on this page will apply to you, some will not. Risk management is about knowing where the risks are and if you are willing to take them. You have to decide for yourself.

**Take Your Meds**-If you have medications for any condition take them as directed by your medical team.

Take any medicines that you have been given to protect you from infections- (prophylactic medicines).

**Getting Help with your medicines**-For minor ailments you can ask your pharmacist- the pharmacist needs to know all your medications including anything you buy for yourself like indigestion tablets or pain killers. You can ask for help by telephone to the pharmacy.

For other problems-

NHS Direct- 0845 46 47 a **24 hour help line**. Or; <http://www.nhsdirect.nhs.uk/>- if you have not visited the site already, check it out. (April 2011)

GP Surgery- keep the number by your telephone.

### Work with your carer and family.

-Make sure that your carer and your family know what they need to know about your conditions and when they need to help you. Working together you can avoid more problems- more time for everyone to get on with what they enjoy. There are jobs around the home that you should avoid if you are immune suppressed. Pregnant women are also immune suppressed and at risk- see

<http://www.healthline.com/yodocontent/pregnancy/infections.html>.

If a family member is pregnant, then the pregnant woman needs to know her risks as well as you do, and any high risk tasks should be done by a third party.

### Reporting Symptoms- seeing your doctors-

To help your doctors to help you, keep a diary of your symptoms. To see which symptoms are relevant to CLL a good site to read is (add the link from home computer). But record and take the notes of all your symptoms. CLL symptoms include night sweats, and the number of infections that you have had.

This site is about working with your doctor and how you can build on your partnership.

<http://www.lymphomation.org/doctor-visits-checklist.htm>

Take your notes to each visit to the doctors, including your GP. Very occasionally your visits to the surgery or hospital may be recorded on different 'screens' at the surgery or clinic, so while you may be aware that you are had 4 infections in 3 months, the doctor would not be.

Have a **summary ready-'4 infections in 3 months, night sweats every week'** to quickly give the doctor the important part of the picture.

If you are having chemotherapy or a stem cell transplant, you will be given emergency help lines and told when to contact them. Keep the numbers by the phone.

### Don't wait- get help

CLL patients do not have the luxury of being able to wait for a doctors appointment. If you have a temperature, or feel ill, then get in touch with your GP or NHS direct. Do it now, not Monday morning. If you contact any medic, or have to go to accident and emergency for treatment, repeat to every new doctor or nurse that you talk to that you have CLL, and have a damaged immune system.

## Self-help- continued

### What can I ask the NHS for?

At any time, you can ask to see your GP and get referred back to the hospital. If you are not happy about your health, then you could well be saving the NHS time and money by self referring.

If you have trouble with talking in front of a doctor, or disagreeing with a doctor even for your own good, then consider taking a friend to help talk to them with you. You and your doctors are a partnership, and they need your information just as you need the doctors' information.

You can ask for a second opinion on your CLL through your GP or through your hospital doctor. This is available on the NHS.

### Tiredness or Fatigue

If you suffer from tiredness or the fatigue due to cancer or treatment, learn to pace yourself. Getting CLL and getting tired is not your fault- if you can pace yourself, you can get the most out of life.

### Vaccinations

Although CLL patients may not get the full protection from vaccines, it is recommended that are vaccinated.

- Influenza vaccine -is recommended annually before the influenza season.
- Pneumococcal vaccine is recommended for all patients.
- Babies and children in the household should receive inactivated (injection form) of polio vaccine rather than the oral (live virus) vaccine. Consult the child's doctor (paediatrician).

CLL patients should never have live vaccines- do not have shingles vaccine or chicken pox vaccine they are live vaccines, as are some others.

If you have had a stem cell transplant, then your new immune system will need to 'learn to recognise' all infections from new- a list for recommended and forbidden vaccines that applies to all stem cell transplant and all CLL patents is [http://www.royalfree.org.uk/pip\\_admin/docs/vaccinations\\_](http://www.royalfree.org.uk/pip_admin/docs/vaccinations_)

Your own immune status must be determined by your own doctors. There are no rules that say that a new CLL patient does not have a damaged immune system or that at 6 months after chemotherapy your immune system will have recovered. Unfortunately, there are many people who have damaged immune systems many years after chemotherapy.

If you have not had a stem cell transplant, you will probably still have immunity from any vaccinations that you have had before. We all need new 'flu vaccine every year as the 'flu virus changes.

Professor Terry Hamblin has written a great deal about vaccines and CLL patients- his blog is at <http://mutated-unmuated.blogspot.com/> and is searchable.

He also posts on ACOR <http://cll.acor.org/pp%20vaccines.htm>

*This article continues on the web site- next; Out and About, Food, and Travel.  
JB.*

# THE NEXT PATIENT MEETING - the LAST IN 2011

**Brentford, Middlesex Meeting 19th September 2011:**

**CLLSA would like to invite you to a Members' meeting of the CLLSA at**



**GSK House,  
980 Great West Road,  
Brentford, Middlesex,  
TW8 9GS**

GlaxoSmithKline

The full programme and details will follow, but we would appreciate it if you would tell us now if you want to attend.

Please include the names of all people wishing to attend, and any special dietary requirements.

Contact the trustees' Personal Assistant at [membership@cllsupport.org.uk](mailto:membership@cllsupport.org.uk).

Or Telephone the Free phone membership line, 08009774396 and leave a message,

Or write to CLL Support Association, 39- 40 Eagle Street, London, WC1R 4TH

## **Travel Insurance**

We have recently added this link to our website

<http://www.cancerhelp.org.uk/coping-with-cancer/coping-practically/travel/travel-insurance>

## **It is not all rain this summer**

Tell us about the events you want to share- who are you proud of?

Weddings, births, anniversaries, any happy event- cheer us all up.

Please send the names and details to Sarah at [membership@cllsupport.org.uk](mailto:membership@cllsupport.org.uk)

We will check back with you before we go to press .

We have taken the opportunity to reproduce a copy of the CLL Trials Newsletter (May 2011) which was distributed to the attendees of the Southampton Meeting.

This can be found on the next 4 pages and is copyright CLL Trials 2011



*Our thanks to Roche for funding*

### **Our 24 hour membership telephone numbers are:**

0207 644 3052

0800 977 4396



Postal Address  
CLL Support Association c/o 39/40  
Eagle Street, London, WC1R 4TH.

[www.cllsupport.org.uk](http://www.cllsupport.org.uk)

### **Disclaimer**

The content of this newsletter is for information only. It is not intended to be a substitute for professional medical care and we would always advise you to check with your doctor if you have any concerns about your condition or treatment. We make every effort to ensure that the content of the newsletter is accurate and up to date, but we accept no liability in relation to typographical errors or third-party information. Although we attempt to link only to appropriate organisations, we cannot accept responsibility for the

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# CLL Trials Newsletter

ADMIRE, ARCTIC, CLL207, COSMIC, CLL201, CHOP-OR, RIAItO, CLL210 and RESPeCT

May 2011

## Trials open to recruitment

### ADMIRE

CI: Professor Peter Hillmen

Does the **AD**dition of **M**itoxantrone **I**mprove **RE**sponse to FCR chemotherapy in patients with CLL: A randomised phase IIB trial of fludarabine, cyclophosphamide and rituximab (FCR) with or without mitoxantrone (M) in previously untreated CLL

#### Trial Design

Phase II, multi-centre, randomised, controlled open-label, parallel group

Principal objective is to compare the complete response (CR) rates as defined by IWCLL criteria in each treatment group

218 patient over 30 months (including the 12 month trial extension)

Funded by Roche Products Limited **rituximab provided free of charge**

Sponsor: Leeds Teaching Hospitals NHS Trust

#### Current Status

Opened to recruitment in June 2009

**30** centres open to recruitment. 1 centre in set-up

**126** patients recruited

Congratulations and many thanks to the top 2 recruiting centres:

**East Kent Hospitals NHS Trust** (12 pts)

**University Hospital of Wales, Cardiff** (10 pts)

### ARCTIC

CI: Professor Peter Hillmen

**Attenuated dose Rituximab with ChemoTherapy In CLL: A randomised phase IIB trial in previously untreated patients with CLL to compare fludarabine, cyclophosphamide and rituximab (FCR) with FC, mitoxantrone (M) and low dose rituximab (FCM-miniR)**

#### Trial Design

Phase II, multi-centre, randomised, controlled open-label, parallel group

Principal objective is to compare the complete response (CR) rates as defined by IWCLL criteria in each treatment group

206 patient over 18 months (currently applying for an 18 month trial extension)

Funded by the Health Technology Assessment Programme (HTA)

Sponsor: Leeds Teaching Hospitals NHS Trust

#### Current Status

Opened to recruitment in November 2009

**23** centres open to recruitment . 3 centres in set-up

**83** patients recruited

Congratulations and many thanks to the top 2 recruiting centres:

**Oxford Cancer and Haematology Centre** (12 pts)

**Birmingham Heartlands Hospital** (12 pts)

### Recruitment Message ADMIRE and ARCTIC

Recruitment in both trials is currently under target. Please continue to screen **all** potential patients to help reach the recruitment targets. Please remember to complete monthly non-randomisation logs and return them to the CTRU.

### Key Eligibility Criteria for ADMIRE and ARCTIC

B-CLL with a characteristic immunophenotype

Requiring therapy by the IWCLL criteria

No prior therapy for CLL

WHO performance status of 0,1 or 2

### Escalation of Significant Protocol Deviations

Please ensure that any significant protocol or safety breaches e.g. over or under-dosing errors are notified to the CTRU on both the relevant CRF and as soon as the issue is identified by email or telephone to the Trial Coordinator.

### Timing of Samples in Relation to Consent

Trial consent and BioBank consent forms must be signed by the patient before any samples are obtained and sent to the laboratories. If you have any queries about the timing of samples then please contact the Trial Coordinator for clarification.

### Pharmacovigilance Reporting Procedures

All **and** must be recorded on the Serious Adverse Events form and Suspected Unexpected Serious Adverse Reaction form and faxed to CTRU within **24** hours.

### CRF Completion

Please ensure CRFs are as complete as possible and that they are returned to the CTRU within 2 weeks. This will reduce the amount of data queries and ultimately ensure that the results of trial and future management of patients with CLL are based on robust and reliable data.

### CT Scan Reports

Remember to return a copy with the CRFs at baseline and 3 months post treatment.

### Protocol Versioning

Protocol V4.0 will not be made live due to an error in section 10.3. Please ensure V3.0 of the protocol and associated documents are used until approval is gained for V5.0.

## Trials open to recruitment

### CHOP-OR

CI: Dr Anna Schuh

Single arm NCRI feasibility study of CHOP in combination with ofatumumab, in induction and maintenance for

#### Trial Design

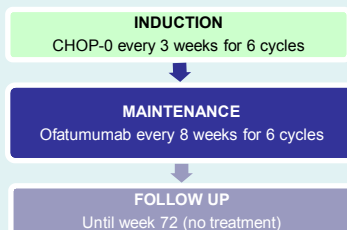
Phase II, multi-centre, open-label, non-randomised feasibility study

Principal objective is the overall response rate to CHOP-O according to the Revised Response Criteria for Malignant Lymphoma

35 patients over 2 years

Funded by GlaxoSmithKline **ofatumumab provided free of charge**

Sponsor: University of Oxford



#### Current Status

Opened to recruitment 28th April 2011. No patients entered yet  
Being set up in 10 centres across the UK  
3 initiation visits held and 2 further initiation visits scheduled

#### Key Eligibility Criteria

Patients with B-CLL and newly diagnosed not previously

ECOG Performance Status of 0, 1, 2 or 3.

## Trials in set-up

### CLL210

CI: Professor Andrew Pettitt

A randomised phase II trial of alemtuzumab, dexamethasone and lenalidomide induction followed by lenalidomide maintenance or no further treatment for high risk CLL

#### Trial Design and Status

Phase II, multi-centre, randomised

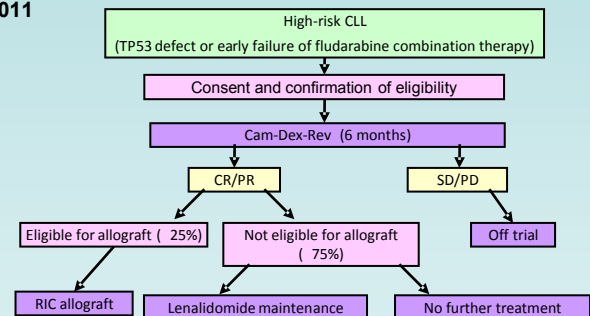
Primary endpoints are the complete response rates after 6 months of induction therapy and the progression-free rate after 2 years of maintenance therapy

85 patients over 24 months

Funded by Celgene **lenalidomide provided free of charge**

CTAAC endorsement received

MHRA and ethics approval gained; expected to open to recruitment in **June 2011**



#### Key Eligibility Criteria

CLL/SLL requiring therapy by IWCLL 2008 criteria

TP53 deletion/mutation affecting at least 20% of CLL cells **or** resistant to fludarabine-containing combination therapy **or** relapse within 12 months of responding to fludarabine containing combination therapy

No prior treatment with alemtuzumab, lenalidomide or high-dose glucocorticoids

No more than 3 previous treatment episodes for CLL

WHO performance status 0-2

### RESPECT

CI: Adrian Bloor

**Revlimid Early Stage Poor prognosis CLL Trial: A single arm phase II study to investigate the use of Lenalidomide in the treatment of patients with early stage CLL associated with poor prognostic factors**

#### Trial Design

Single arm, phase II trial, optimal 2-stage study design.

Primary endpoint is MRD negative complete remission

40 patients over 2 years

Funded by the Leukaemia Research Fund and Celgene **lenalidomide provided free of charge.**

Sponsor: The Christie NHS Foundation Trust

#### Current Status

Opened to recruitment in May 2010

8 centres open to recruitment and 2 centres n set-up

8 patients screened and 1 patient enrolled

#### Key Eligibility Criteria

Previously untreated poor risk Binet stage A CLL. Defined by

Unmutated IgV <sub>H</sub> germline homology)	Del 11q22 (>20%)
CD38 expression (> 7%)	Del 17p13 (>10%)

### COSMIC

CI: Professor Peter Hillmen

**Combination FC plus Ofatumumab at Standard or Mega dose in CLL: A randomised, phase II trial in patients with relapsed CLL who are not refractory to fludarabine-based chemotherapy**

#### Trial Design

Phase II, multi-centre, randomised, controlled open-label, parallel group

Principal objective is to assess the rate of Complete Response (CR or CR(i) by IWCLL criteria) following therapy with Standard Of-FC and Mega Of-FC

78 patients from 18 UK centres.

Funded by GlaxoSmithKline - **ofatumumab will be supplied free of charge by GlaxoSmithKline**

Sponsor: Leeds Teaching Hospitals NHS Trust

#### Current Status

Endorsement by CTAAC/CRUK received

Protocol almost complete and preparations for regulatory /ethical submissions underway

Recruitment expected to commence in September 2011

#### Key Eligibility Criteria

Previous treatment with at least one chemotherapeutic regime

Life expectancy of at least 12 weeks

Considered fit enough to receive fludarabine-based combinations

No prior Ofatumumab

# UK CLL Trials BioBank

CI: Professor Andrew Pettitt

## Progress Update

To date we have stored over 7,200 vials of plasma, serum, saliva and mononuclear cells from blood and bone marrow. The trials that are closed to recruitment that we have material from are:

CLL201  
CLL202  
CLL206  
CLL208

Those trials that are still open to recruitment that we collect samples from are:

ARCTIC  
ADMIRE  
RESPECT  
CHOP-OR

We will also be collecting samples from MABLE when open.

We have so far released samples for 2 projects; Dr Schuh in Oxford and Dr Oscier/ Cragg/ Strefford in Bournemouth/ Southampton. There are also 3 other requests for samples which have been submitted for review.

## BioBank Issues

### Consent

Please ensure that your patients are being consented to the correct version of the patient information sheet and consent form and that a copy of the consent form is sent with the baseline kit. The correct versions that should be used are:

Patient Information Sheet v3.1 (April 2009)  
Consent Form v3.0 (December 2009)

### Sample Faxes

Please remember to send the Sample Notification Fax to the UK CLL Trials Biobank when you are sending samples to the Biobank. This ensures that the Biobank know when samples should be arriving and it allows both the Biobank and CTRU to monitor sample compliance.

### Sending Samples

Please ensure that samples are not sent to the Biobank on a Friday, or the day before a bank holiday. We need to process samples within 24 hours of being taken.

### Questionnaire

To improve the procedures for users we sent a questionnaire out to all research nurses. We would be grateful if you could complete the questionnaire and return to the Biobank (only 16% returned).

## Trials in set-up

### RIAItO

CI: Professor Andrew Pettitt

**A Randomised Investigation of Alternative Ofatumumab-based regimens for less fit patients with CLL**

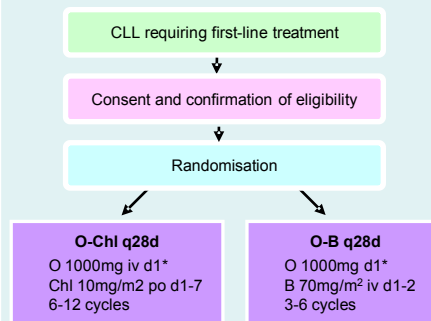
#### Trial Design

Phase III, multi-centre, randomised, open-label

Principal trial objective is to compare O-Chl and O-B in patients considered not fit enough for R-FC with respect to progression free survival.

670 patients over 48 months

Funded jointly by GlaxoSmithKline and Napp  
**ofatumumab and bendamustine provided free of charge**



\* The dose of ofatumumab in cycle 1 is 300mg on day 1 and 1000mg on day 8

#### Current Status

Endorsement by CTAAC confirmed  
Protocol almost complete and preparations for regulatory submissions underway

#### Key Eligibility Criteria

CLL requiring first-line treatment by 2008 IWCLL criteria  
Full dose R-FC inappropriate  
Able to tolerate chlorambucil at the dose used in the LRF CLL4 trial.

## Trials in follow-up

### CLL207

CI: Professor Peter Hillmen

**Eradication of minimal residual disease (MRD) in patients with CLL with alemtuzumab: A phase II study**

#### Trial Design

Phase II, multi-centre, open label, single arm study

Principal objective is to assess the efficacy and safety of subcutaneous alemtuzumab

Funded by Bayer Schering Pharma / Genzyme Therapeutics  
**alemtuzumab provided free of charge**

Sponsor: Leeds Teaching Hospitals NHS Trust

#### Current Status

Closed to recruitment January 2010  
**61** patients registered from 10 UK centres  
**47** patients treated with alemtuzumab  
**11**

**3** patients withdrew / ineligible

#### Follow Up

Data continues to be collected on an annual basis in order to follow patients for disease progression and overall survival. Please ensure you remember to return this valuable data ASAP.

#### Re-treatment

Please remember to notify CTRU ASAP of any patients receiving **re-treatment** with alemtuzumab.

#### Presentations and Publications

The initial results of the primary endpoint analysis were presented at the American Society of Haematology Meeting in December 2010, the British Society for Haematology Meeting in April 2011 and will be presented at the European Haematology Association Congress meeting in June 2011. A publication based on the results of the primary endpoint analysis will be produced during Summer 2011.

## Trials in follow-up

### CLL 201 FCM/FCM-R

CI: Professor Peter Hillmen

**A randomised phase II trial of fludarabine, cyclophosphamide and mitoxantrone (FCM) with or without rituximab in previously treated CLL**

Please ensure that R&D approval for V4.0 of the protocol is in place and that data is returned ASAP.

#### Long Term Follow Up Data

We have extended the follow up period in order to collect overall survival and progression free survival data.

#### Publications

Full trial results are now available in the British Journal of Haematology:  
*Hillmen P et al. A randomised phase II trial of fludarabine, cyclophosphamide and mitoxantrone (FCM) with or without rituximab in previously treated CLL. Br J Haematol. 2011;152(5):570-578*

# Development of the CLL Trials Portfolio (1998 2011)

## Patients fit for FCR

**1998-2004**

LRF CLL4 in untreated CLL

**2005-2007**

NCRI CLL201: FCM-R in relapsed CLL

**2009+**

NCRI ADMIRE Trial  
FCR vs FCM-R in front line CLL

**2010+**

NCRI ARCTIC Trial  
FCR vs FCM-miniR in front line CLL

## Patients unfit for FCR

**2007-2009**

CLL208: Chlorambucil +R in untreated CLL

**2009-2011**

NCRI CLL7: Chlorambucil +/- ofatumumab

**2011+**

NCRI CLL9 (RIAltO): Chlorambucil +/- ofatumumab

## Patients refractory to fludarabine/ p53 deleted

**2003-2005**

CLL202: Cam Flud in refractory CLL

**2007-2009**

NCRI CLL206: CamPred in 17p-CLL

**2011+**

NCRI CLL210: CamDexRev in refractory and 17p-CLL

## Trial Contacts

### ADMIRE and ARCTIC

Sarah Flynn (Trial Coordinator), CTRU, University of Leeds, Leeds, LS2 9JT. Tel: 0113 343 4319 Email: [s.flynn@leeds.ac.uk](mailto:s.flynn@leeds.ac.uk)

**Clinical enquiries:** Professor Peter Hillmen on Tel: 0113 206 8513, Email: [peter.hillmen@nhs.net](mailto:peter.hillmen@nhs.net)

### COSMIC

Sue Bourne (Senior Trial Coordinator), CTRU, University of Leeds, Leeds, LS2 9JT. Tel: 0113 343 4331

Email: [s.bourne@leeds.ac.uk](mailto:s.bourne@leeds.ac.uk)

**Clinical enquiries:** Professor Peter Hillmen, as above

### CLL207

David Phillips (Data Management Assistant), CTRU, University of Leeds, Leeds, LS2 9JT. Tel: 0113 343 4932

Email: [D.Phillips@leeds.ac.uk](mailto:D.Phillips@leeds.ac.uk)

**Clinical enquiries:** Professor Peter Hillmen, as above

### CLL201

Alexandra Smith (Senior Trial Manager), CTRU, University of Leeds, Leeds, LS2 9JT. Tel: 0113 343 1473

Email: [A.F.Smith@leeds.ac.uk](mailto:A.F.Smith@leeds.ac.uk)

**Clinical enquiries:** Professor Peter Hillmen, as above

### RIAltO and CLL210

**All enquiries:** Professor Andrew Pettitt (Chief Investigator and Professor of Haematology),

Division of Haematology, University of Liverpool, Level 2 Duncan Building, Royal Liverpool University Hospital, Liverpool L69 3GA. Tel: 0151 706 4344, Email:

[A.R.Pettitt@liverpool.ac.uk](mailto:A.R.Pettitt@liverpool.ac.uk)

### CHOP-OR

Ceri Davis (Clinical Trial Co-ordinator), OCTO, Department of Clinical Pharmacology, University of Oxford, Old Road Campus, Roosevelt Drive, Oxford, OX3 7DQ. Tel: 01865 617000, Email:

[ceri.davis@clinpharm.ox.ac.uk](mailto:ceri.davis@clinpharm.ox.ac.uk)

**Clinical enquiries:** Dr Anna Schuh on Tel: 01865 235259, Email:

[anna.schuh@imm.ox.ac.uk](mailto:anna.schuh@imm.ox.ac.uk)

### RESPECT

Helen Flight (Clinical Trials Manager), Christie NHS Foundation trust, Wilmslow Road, Manchester, M20 4BX. Tel: 0161 918 7492, Email:

[helen.flight@christie.nhs.uk](mailto:helen.flight@christie.nhs.uk)

**Clinical enquiries:** Dr Adrian Bloor on Tel: 0161 446 3657, Email:


[adrian.bloor@christie.nhs.uk](mailto:adrian.bloor@christie.nhs.uk)

### UK CLL Trials BioBank

Dr Melanie Oates (BioBank Manager), Division of Haematology, Royal Liverpool University Hospital, Prescot Street, Liverpool, L7 8XP. Tel: 0151 706 4311,

Email: [M.Oates@liverpool.ac.uk](mailto:M.Oates@liverpool.ac.uk)



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