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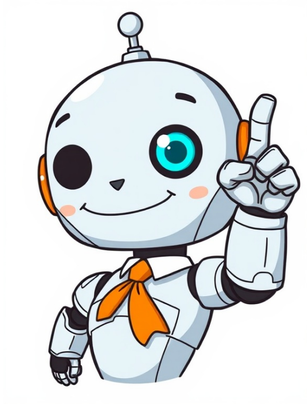

Leukaemia is a type of cancer that affect the blood cells. The body make some abnormol blood cells, which behave diferently from healthy blood cells. There are two types of leukaemia: acute and chronic. Acute leukaemias develop fast and can cause symptomes in few weekes. Chronic leukaemias develop slowe and often have no symptomes in the early stagers.A team of especialistes will meet to discus the best posible treatment for you. The treatment depend on many thinges, such as the type of leukaemia you have and your general health. You may need a combination of treatments. If you have an acute leukaemia, you usually need treatment straight away. You often start by having intensive kemoteri.Some peoples with chronic leukaemia may not need treatment straight away and can be monitored. Others may have treatment with targeted therapy drugs or you may need kemoteri. Your doctor or specialist nurse will explain the diferent treatments and their side efectes. They will also talk to you about thinges to considder when making treatment decission.After treatment, your recovery depend on many thinges. You will have regular check- ups which will include reguler blood tests and sometime other testes. Your check- ups will continure for severall yeares. You can find out more in our information about leukaemia.When you are dealing with leukaemia, you may come acrost alot of new wordes and not know what they meane. Some of these wordes are explained here. If you need more information or support, you can call the Macmillan Support Line free on 0808 808 00 00.Chronic Lymphocytic Leukemia (CLL): Understanding the Stages and Treatment OptionsOur cancer information has been awarded the PIF TICK, a quality mark from the Patient Information Forum, which indicates that we meet their 10 criteria for trustworthy health information. Our goal is to provide clear and concise information about CLL, written in plain English, using short sentences, and incorporating illustrations to explain complex concepts.We strive to use gender-inclusive language and address our readers directly as "you," ensuring everyone feels included. When discussing medical terminology, we use the terms "men" and "women" or "male" and "female" when clinically necessary, such as in reference to parts of the body or statistics about who is affected.CLL is a type of cancer that affects white blood cells in the blood and bone marrow. It often progresses slowly and is diagnosed during routine blood testing. Understanding the stages of CLL can help individuals navigate a diagnosis and make informed treatment decisions.The Rai system is the most common staging system used in the United States, defining stages from 0 to 4 based on factors such as lymph node enlargement and anemia. Stage 0 is considered low risk, while stages 3 and 4 are high risk. The Binet system, more commonly used in Europe, categorizes CLL into three stages (A, B, and C) based on the number of affected lymph tissue groups and anemia or low platelets.In addition to these staging systems, the CLL International Prognostic Index (CLL-IPI) considers genetic factors when assessing an individual's risk. Stage 0 is the earliest and most low-risk stage, characterized by increased lymphocytes in the blood with no other symptoms or signs of disease. Most individuals diagnosed with CLL are found at this stage.###ARTICLEAs CLL progresses, symptoms can arise even without noticeable disease signs. The emergence of these symptoms signals active disease, necessitating treatment. Common CLL symptoms include abdominal pain, bleeding or bruising, chills, fevers, night sweats, and significant fatigue. Unintentional weight loss is also a possibility.The stage of CLL determines the treatment approach. Treatment options vary for each stage, with consultation from an oncologist necessary to select the best course. In stage 0 CLL, no treatment is required; watchful waiting is employed instead. The patient undergoes routine blood work and physical exams every three months to monitor their condition.Stage 1 CLL also has minimal symptoms, and watchful waiting is often sufficient. However, if symptoms do arise, treatment may be initiated. Treatment choices include targeted therapy, immunotherapy, chemotherapy, radiation therapy, and stem cell transplant.Targeted therapy uses medications that target specific pathways affecting CLL growth, offering more precise treatment with fewer side effects compared to chemotherapy. Examples of these medications are Bruton tyrosine kinase inhibitors like Calquence and Imbruvica, as well as antiapoptotic protein B cell lymphoma 2 inhibitors like Venclexta.Immunotherapy employs the bodys immune system to combat CLL, utilizing monoclonal antibodies manufactured from certain proteins on cancer cells. These include Rituxan, Gazyva, and Arzerra. Chemotherapy medications kill rapidly dividing cells but can also harm healthy ones due to its inability to distinguish between healthy and unhealthy cells.Radiation therapy is often used when a small group of enlarged lymph nodes causes symptoms such as pain. Stem cell transplant involves chemotherapy and radiation to wipe out the bone marrow and cancer cells, followed by the infusion of healthy stem cells harvested from the patient or donor.Clinical trials offer an alternative treatment option for CLL. These studies evaluate new treatments and combinations of therapies, requiring regular testing and follow-up appointments to monitor disease progression and assess treatment efficacy.Chronic lymphocytic leukemia (CLL) - a slow-growing cancer that affects blood and bone marrow. Understanding its stages is crucial for determining the best treatment options.Doctors use two main staging systems: Rai and Binet. The Rai system, commonly used in the US, categorizes CLL into low, intermediate, and high risk based on lymphocyte count and organ enlargement. Early stages (0-1) typically have a good prognosis, while advanced stages (3-4) may require more active treatment.Regular testing and follow-up appointments are vital for monitoring disease progression and treatment effectiveness. Knowing the signs and symptoms of CLL can help individuals prepare for appointments and discussions with their oncology team.Both Rai and Binet staging systems consider various factors that can impact a person's outlook, including age, lymphocyte count, organ enlargement, and anemia or thrombocytopenia. Understanding these factors can empower individuals to manage CLL actively and make informed decisions about their care.Support networks are available for people living with CLL, providing a platform to discuss symptoms and receive needed support. By staying connected with healthcare professionals and support groups, individuals can better navigate the challenges of CLL.Chronic Lymphocytic Leukemia (CLL) - Understanding the Stages and RisksManaging Chronic Lymphocytic Leukemia (CLL): Understanding Treatment Options and Lifestyle ChangesGiven the complexity of CLL treatment, it is essential to work closely with your doctor to develop a personalized plan. Initially, people may not notice any symptoms, but as the disease progresses, you may experience fatigue, fever, weight loss, night sweats, and increased infections.Chronic Lymphocytic Leukemia (CLL) Staging and Prognosis ExplainedWhen you're first diagnosed with chronic lymphocytic leukemia, your doctor will run several tests to determine the stage of your cancer. Knowing the stage helps determine what kind of treatment you will receive and the outlook for your diagnosis.Learning more about stages of CLL can help you know what life with this disease might be like and what symptoms you might expect.###ARTICLERoutine blood tests are often ordered to monitor chronic lymphocytic leukemia (CLL) progression. Although symptoms may be few and non-disruptive, they can indicate disease advancement. One individual with stage 0 CLL shared their experience: "I tire more easily than before." In stage 1, lymphocytosis is present along with enlarged lymph nodes; however, liver and spleen sizes remain normal, and blood test results show near-normal red blood cell and platelet counts. Symptoms are minimal, but fatigue and night sweats can occur. A member of MyLeukemiaTeam stated, "Night sweats or a little more tiredness than usual might be noticed." In stage 2, lymphocytosis is present, along with an enlarged spleen; liver and lymph node sizes may vary, and blood test results show near-normal red blood cell and platelet counts. Some individuals may experience abdominal pain due to organ enlargement.Stage 3 CLL presents lymphocytosis, accompanied by some degree of liver, spleen, or lymph node enlargement, low hemoglobin levels (indicating anemia), and normal platelet counts. Symptoms can include fatigue and shortness of breath. "I get tired easily" due to anemia was mentioned by one MyLeukemiaTeam member.In stage 4 CLL, lymphocytosis is present with liver, spleen, or lymph node enlargement, low red blood cell and platelet counts, and high risk of disease progression. Symptoms can include shortness of breath, low-grade fever, weight loss, and bruising/bleeding easily due to a low platelet count.Slow-growing CLL generally has a better prognosis, and people tend to live longer. For those with early-stage, slow-growing CLL, delaying treatment through "watchful waiting" with regular monitoring may be an option, as it allows individuals to avoid potential side effects of treatment. However, if symptoms become bothersome or the cancer shows signs of progression, treatment is advised.Treatment options for CLL depend on various factors, including cancer cell characteristics and genetic mutations. These options may include traditional chemotherapy, immunotherapy, radiation therapy, targeted therapy, and chimeric antigen receptor (CAR) T-cell therapy. Determining which type of treatment to start is a shared decision between the patient and their doctor.For those diagnosed with CLL, understanding the stage of the disease is crucial. The stage helps guide treatment and determine prognosis. Staging systems for CLL include the Rai system and the Binet system. Both systems use blood tests, imaging tests, and physical exams to assess cancer progression. In the Rai system, stages are divided based on lymphocytosis levels and physical exam findings. There are five stages: Rai stage 0 (low risk), Rai stage I and II (intermediate risk), and Rai stage III and IV (high risk). The Binet staging system also considers affected lymphoid tissue groups and anemia or thrombocytopenia.Chronic Lymphocytic Leukemia (CLL) Staging: Understanding the Binet Stage SystemThe spleen's size increases (splenomegaly) and possibly the liver (hepatomegaly), while lymph nodes can be enlarged, but RBCs and platelets are in normal range, indicating an intermediate risk stage. Low RBC count (anemia) is also present, with platelet counts being typical levels. The size of the lymph nodes, liver, or spleen may not always be enlarged.At this high-risk stage, one or more of these organs show signs of enlargement, and low RBC count can cause anemia. Platelets are also low (thrombocytopenia). Doctors in Europe use the Binet staging system, evaluating CLL's impact on five lymphoid tissue groups: neck, groin, underarm, spleen, and liver.The absence of anemia or thrombocytopenia characterizes stage A. Fewer than three lymphoid tissue groups are enlarged. In stage B, RBCs and platelets remain normal, but three or more lymphoid tissue groups are affected. Stage C features the presence of anemia, thrombocytopenia, or both, along with any number of enlarged tissue groups.Answers to common questions about living with CLL include: the 5-year relative survival rate for CLL is 88%. The CLL-IPI assesses individual factors that influence outlook, such as age, genetics, blood testing, and Rai or Binet stage. Although CLL is not curable, many people live years without treatment. Treatment options include targeted drugs, chemotherapy, monoclonal antibodies, radiation, surgery, and stem cell transplants.Doctors use staging systems like the Binet and Rai to evaluate CLL's progression and recommend treatment. These systems help determine how much leukemia is present in the body, guiding treatment decisions. Two common staging systems for CLL are the Binet system (most commonly used in the UK) and the Rai system.This webpage provides CLL (Chronic Lymphocytic Leukaemia) information, drawing from reputable sources such as British Society for Haematology Guidelines and ESMO Clinical Practice Guidelines. For further information on the sources used, please contact us at cancerinformationteam@macmillan.org.uk

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