

Practical guidelines for managing CLL in COVID-19 pandemic

The points below are for consideration and do not constitute a guideline or firm recommendations for practice. There will understandably be considerable local geographical and patient-specific factors that will influence how individual patients are managed during the COVID pandemic.

For all patients with CLL, a risk benefit analysis needs to be made between the need to manage the underlying CLL and its complications versus the risks of exposure to COVID-19 through physical attendance at hospital or other units, for example local phlebotomy services at GP practices. The following guidelines are to support physicians and patients in the ideal management of each individual patient.

1. Anti COVID vaccines should be encouraged as per government guidance
<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>, NB currently published trials have not included immunocompromised patients nor patients on immunosuppressive treatments. People with a history of severe allergic reactions should not have the Pfizer/BioNTech COVID-19 vaccine. JCVI has advised that it is preferable for adults aged under 30 to be offered an alternative to the AstraZeneca vaccine where available. there is preliminary evidence of impaired SARS -COV2antibody response in CLL patients regardless of whether they are having active therapy or not: <https://ashpublications.org/blood/article/doi/10.1182/blood.2021011568/475742/Efficacy-of-the-BNT162b2-mRNA-COVID-19-Vaccine-in> ; the behavioral discipline regarding social distancing, isolating and shielding as currently recommended should continue. Please direct patients for more information and support to our partner charities: <https://www.cllsupport.org.uk/cll-support-statement-on-covid-19-vaccines/> <https://www.leukaemiacare.org.uk/support-and-information/latest-from-leukaemia-care/blog/covid-vaccine-faqs/>

There is data correlating SARS-CoV2 antibody levels and degree of protection against COVID19 infection, however there is no data to suggest antibody levels should be routinely measured after vaccination in CLL patients.

For patients starting therapy (frontline or relapsed), consider delaying the start of therapy at least 4 weeks after 1st dose of COVID vaccination takes place, if clinically safe and possible.

CLL patients need to have inactive flu vaccines at least two weeks before receiving a COVID vaccine and should isolate from children having the nasal flu vaccination for 7 days.

2. Consider telephone or video conference appointments if feasible.
3. Watch and Wait and query progressing- at the next scheduled appointment perform local blood test with “bleed and go” with f/u telephone consult.
4. Consider anti-microbial prophylaxis (e.g. PJP) for all treatment regimens in CLL.
5. Always test for COVID-19 prior starting the therapy, have low threshold for re-testing. Assess local COVID infection rates.
6. Involve patients into decision making, explain options; especially if level of local COVID infections affects your choice
7. For patients who meet criteria for front line treatment the following additional options to chemo-immunotherapy are now available:
 - A. Venetoclax Obinutuzumab is now available for untreated treatment for all patients.
 - B. Acalabrutinib as monotherapy is recommended as an option for untreated CLL in adults, only if:
There is a 17p deletion or TP53 mutation, or
There is no 17p deletion or TP53 mutation, and FCR, or BR is unsuitable
8. Continue to consider clinical trials if appropriate.

9. If on oral BTKi or Venetoclax- consider initial telephone consult , prescribe medication in advance, “bleed, sign consent and go” on day with immediate prescription pick up or preferably home delivery and locally performed blood tests. To ensure home delivery for vulnerable and elderly patients register on <https://www.gov.uk/coronavirus-extremely-vulnerable>; increase intervals for patients being seen, check shielding advice on government website.
10. Adjust re-starting/holding infusion therapy to current local prevalence of COVID infections (<https://www.nice.org.uk/guidance/ng161/chapter/7-Modifications-to-usual-service>)
11. If initiating relapse therapy, patients should be offered the choice between Ibrutinib, Acalabrutinib and Venetoclax-R , made aware of the risk:benefit profile of each option at this time;
 - a. Important BlueTeq update: Patients who have failed Ibrutinib-monotherapy as part of the frontline NCRI FLAIR trial can now receive Ven+R as second-line therapy
 - b. Acalabrutinib as monotherapy is recommended as an option for previously treated CLL in adults
12. If patient develops COVID-19 infection, consider interrupting CLL therapy until resolution of the infection
13. COVID-19 prediction models. QCOVID is a risk prediction model for covid-19 related mortality for use in the general population (doi:[10.1136/bmj.m3731](https://doi.org/10.1136/bmj.m3731)), whereas the 4C mortality score is for use on admission to hospital (doi:[10.1136/bmj.m3339](https://doi.org/10.1136/bmj.m3339)).
14. Shielding advice: CLL patients should be considered on the clinically extremely vulnerable subgroup and should follow guidance <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>.

Our Patient partner charity, CLL Support, is available providing resources, webinars, guides and help for patients and their families. It is free, and available on <https://www.clisupport.org.uk/>, they also have a helpline 08009774396. The handbook contains a comprehensive range of advice vetted by the CLL Forum.

There is also patient support available from Leukaemia Care: Website, patient information booklets, webinars for CLL patients, CLL buddy scheme, on-support groups, nurse helpline, welfare advice and counseling fund <https://www.leukaemiacare.org.uk>.

If there are any queries regarding management and not covered by this guideline, please send the query through the website and we will try to respond in a timely manner.