CLL Global Virtual Town Hall
October 27th, 2026



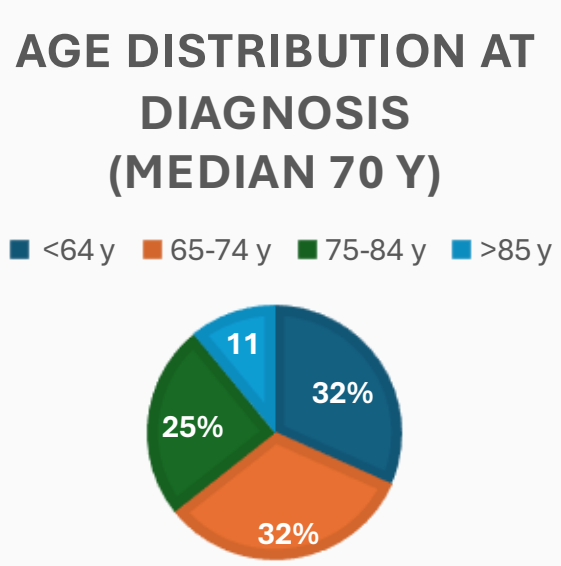
Alessandra Ferrajoli, MD
Professor of Medicine,
Deputy Chair, Department of Leukemia
Patient Safety and Quality Officer, Department of Leukemia
The University of Texas MD Anderson Cancer Center
1515 Holcombe Blvd, Unit 428
Houston, Texas 77030

Chronic Lymphocytic Leukemia (CLL): SEER Data

US 2026(ext): 22,700 new cases of CLL

4.8/100,000 person per year

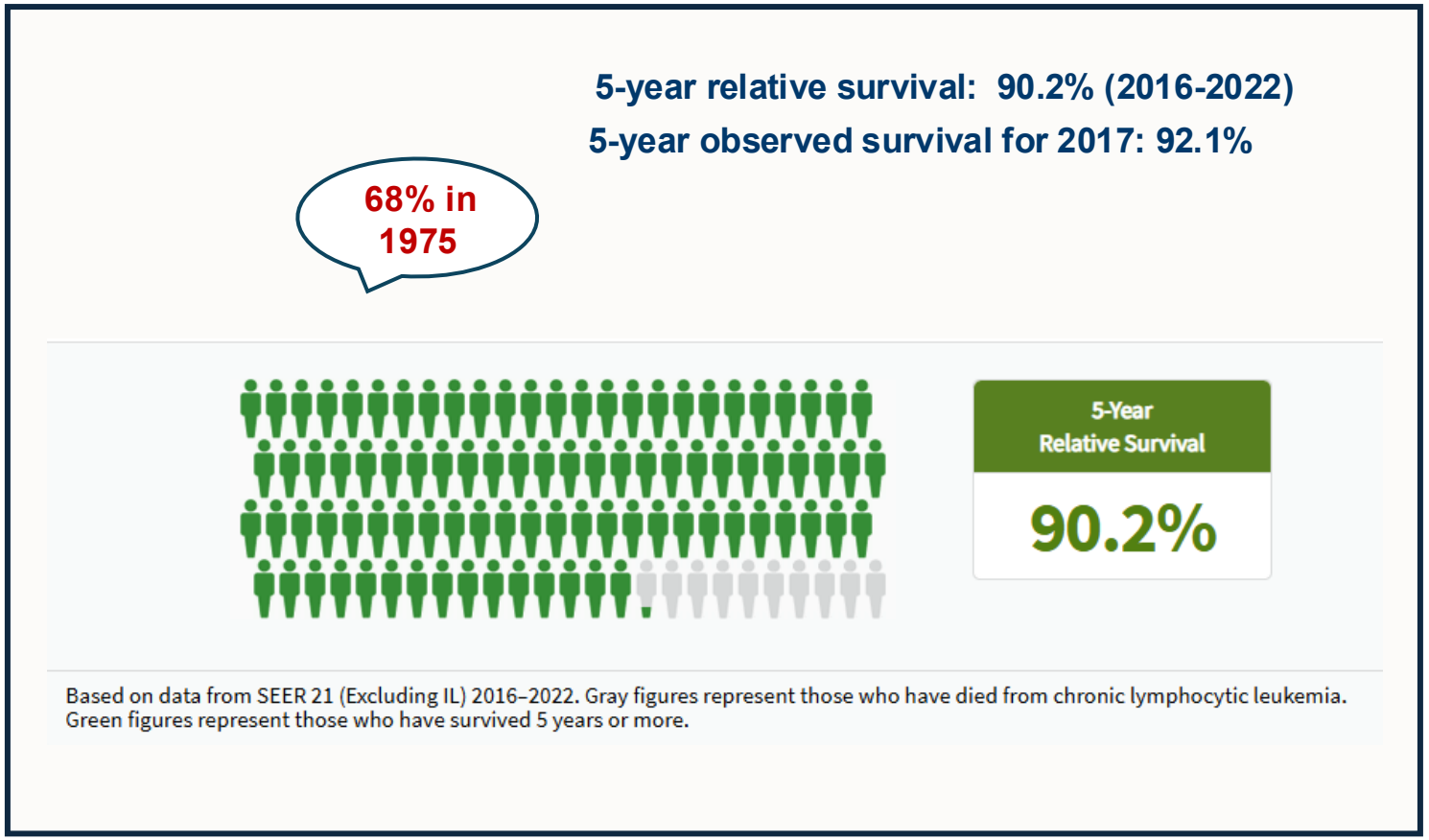
US prevalence (2023) is 235,781



New case per 100,000 Persons		
Male		Female
8.0	White	4.3
4.5	Black	2.3
1.7	Asian/PI	0.9
4.4	American Indian/AN	NS
2.7	Hispanic	1.8
6.4	**ALL RACES**	**3.4**

SEER . Available at: http://seer.cancer.gov/statfacts/html/clyl.html. Accessed 9/15/2026

Chronic Lymphocytic Leukemia (CLL): SEER Data



SEER . Available at: http://seer.cancer.gov/statfacts/html/clyl.html Accessed 09/12/2026

Therapies for CLL: Treatment Evolution

1960s 1970s

Alkylating agents
- Chlorambucil
- Cyclophosphamide

1980s

Purine nucleosides
- Fludarabine
- Pentostatin
- Cladribine

1990s

Combination chemotherapy

2000s

Chemoimmunotherapy
Alemtuzumab
CD20 mAbs
Lenalidomide

2010s

Small-molecule inhibitors (SMI)
- BTK
- BCL2
- PI3K
- Obinutuzumab

2020s

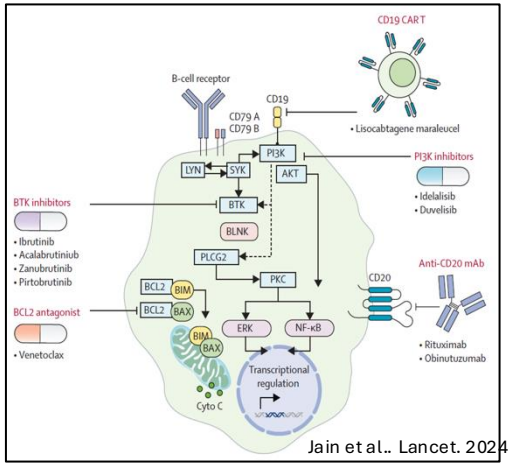
SMI ±
CD20 mAbs
chemotherapy

2024

BTKi+/-
Venetoclax
Pirtobrutinib
CD19 CAR-T

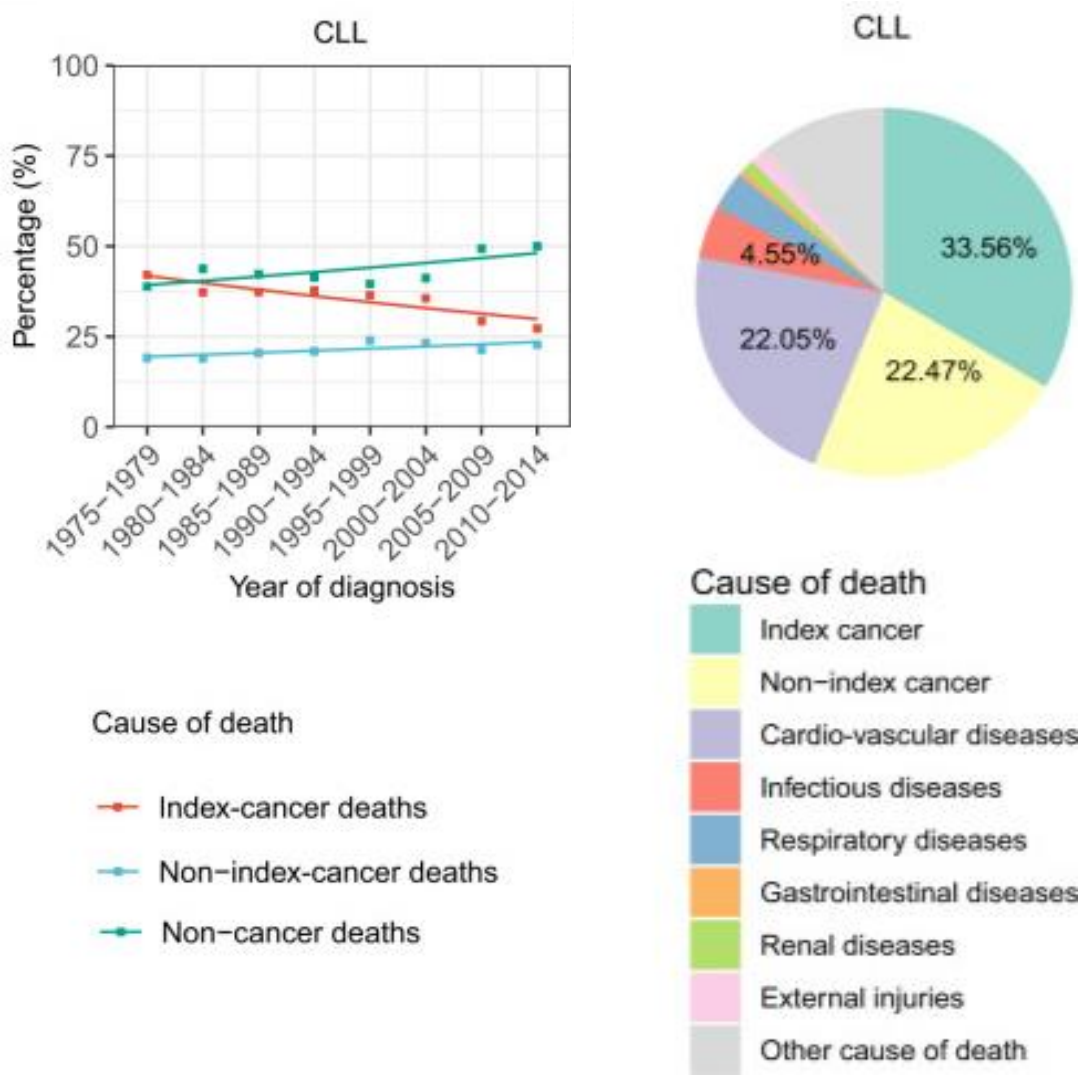
2025-2026

Novel BTKi
Novel BCL2i
CD20 bispecifics
BTK degraders



Jain et al.. Lancet. 2024

Changing Causes of Death in Patients with Hematological Malignancies: SEER 1975-2016



76,594 patients

1980s ↓ CLL-related deaths:

- CLL: 33%
- Other cancers: 23%
- Non-cancer: 44% (CVD 22%)

Chen L. Leukemia, 36(7):1850-1860, 2022



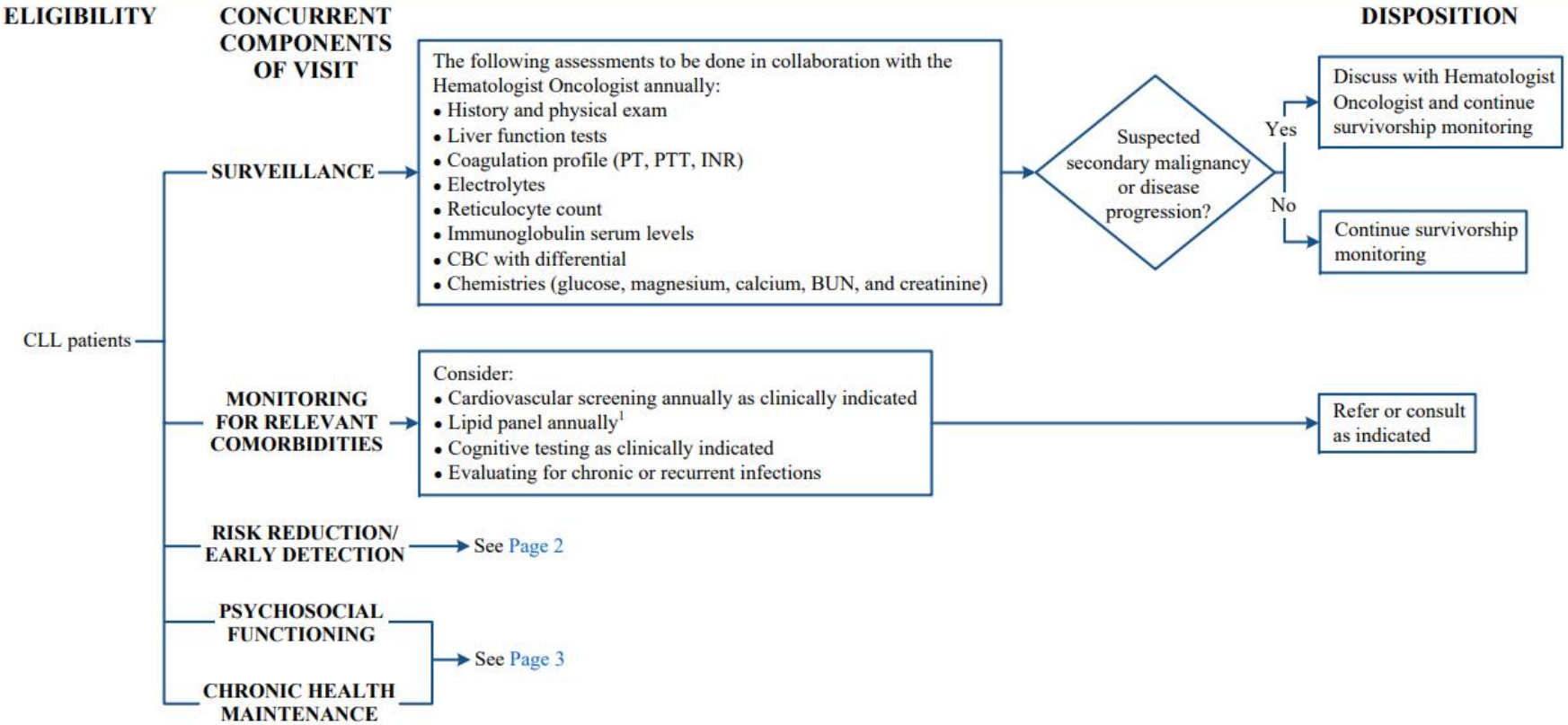
THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Survivorship Clinic – Chronic Lymphocytic Leukemia (CLL)

*The National Cancer Institute defines a person with cancer as a survivor **from the time of diagnosis until the end of life***

Survivorship – Chronic Lymphocytic Leukemia (CLL)

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*



INR = international normalized ratio
PT = prothrombin time
PTT = partial thromboplastin time

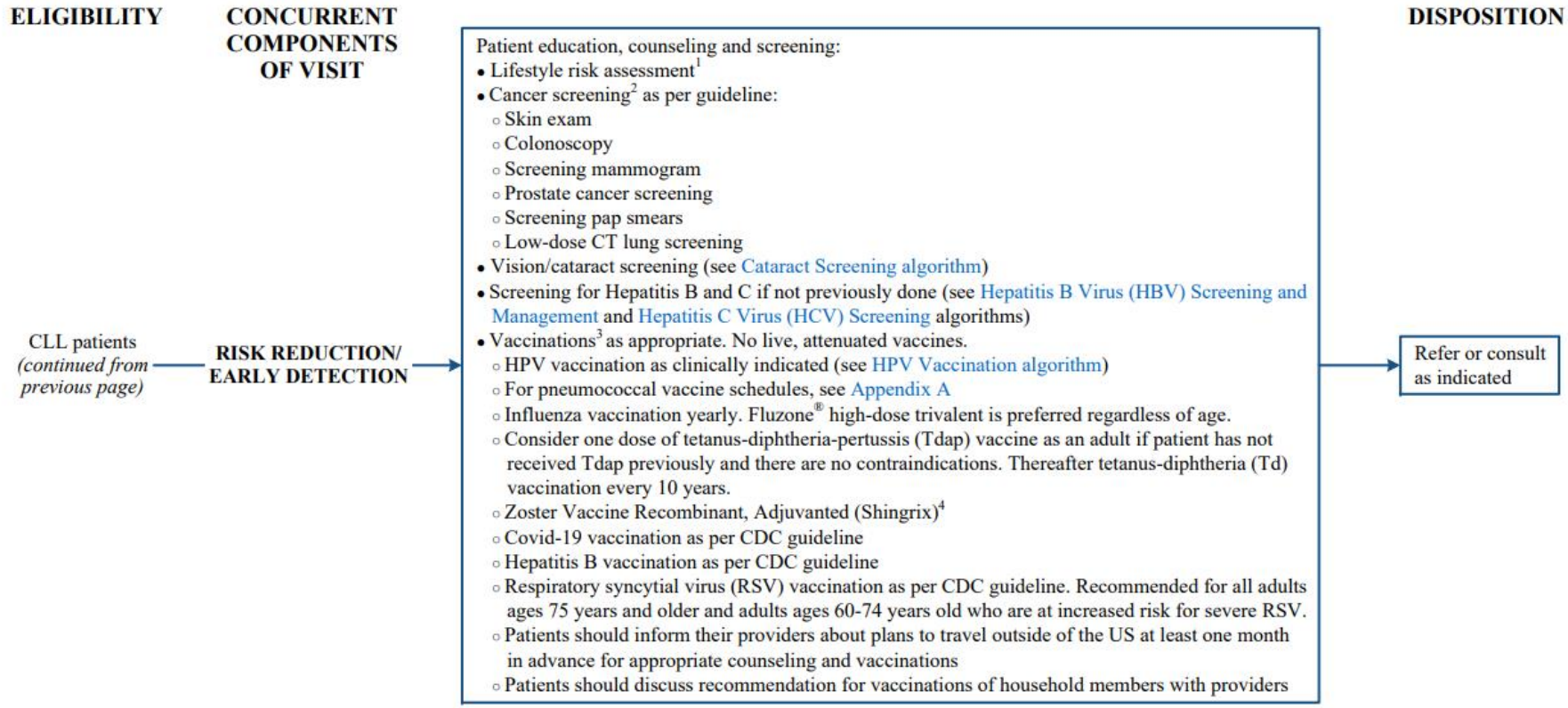
[1] Labs may be monitored by primary care provider (PCP)

Copyright 2025 The University of Texas MD Anderson Cancer Center

Department of Clinical Effectiveness V2
Approved by The Executive Committee of the Medical Staff on 10/21/2025

Survivorship – Chronic Lymphocytic Leukemia (CLL)

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*



[1] See Physical Activity, Nutrition, Obesity Screening and Management, and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[2] Includes breast, cervical, colorectal, lung, prostate, and skin cancer screening
[3] Based on Centers for Disease Control and Prevention (CDC) guidelines and American Society of Clinical Oncology (ASCO) guidelines
[4] Can be administered > 6 months after anti-CD20 monoclonal antibody treatment

Copyright 2025 The University of Texas MD Anderson Cancer Center

Department of Clinical Effectiveness V2
Approved by The Executive Committee of the Medical Staff on 10/21/2025

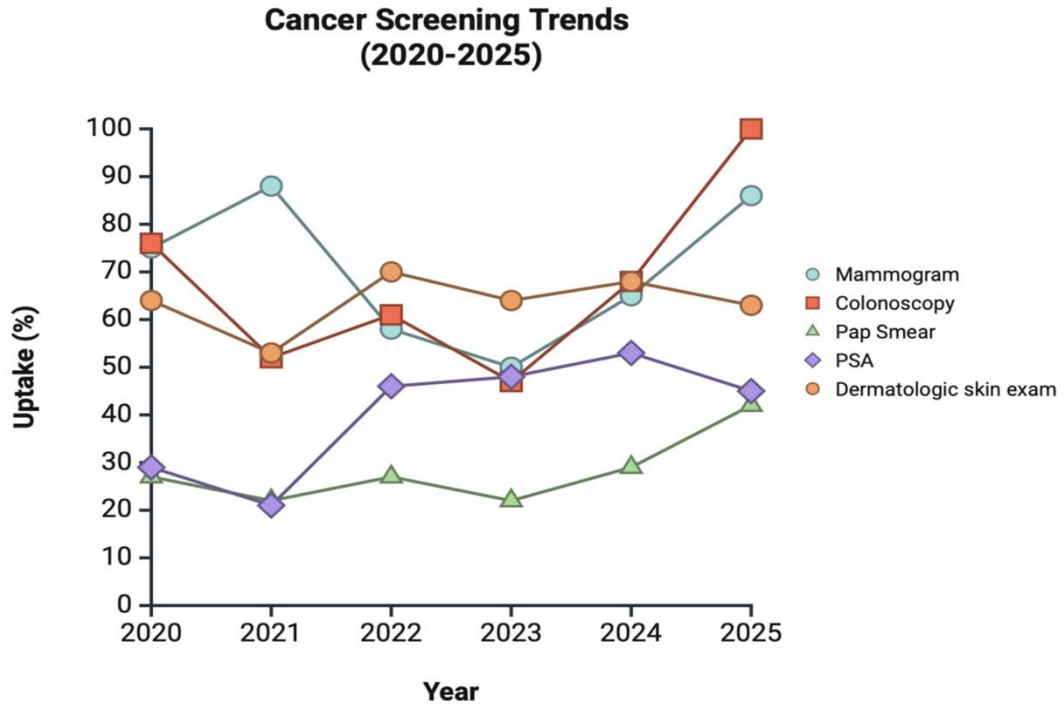
Summary of Cancer Screening Recommendations

Cancer Type	Screening Test	Recommended Age/Frequency	Special Considerations for CLL
Breast Cancer[1]	Mammography ± MRI for high-risk	Annually from age 40; earlier if high-risk	Consider MRI for patients with genetic predisposition or family history, consider continuing screening past age 74.
Cervical Cancer[2]	Pap test ± HPV co-testing	Pap test every 3 years from 21-29, then pap test or HPV co-testing every 3-5 years	Annually for 3 years, then every 3 years with cytology alone until age 30. After 30, continue cytology every 3 years or co-testing with HPV every 3-5 years.
Colorectal Cancer[3]	Colonoscopy, FIT, or gFOBT	Colonoscopy every 10 years from age 45, or earlier if high-risk	Consider continuing screening past age 75
Lung Cancer[4]	Low-dose CT scan	Annually from age 50 if ≥20 pack-years smoking	Ensure shared decision-making due to potential risks of overdiagnosis
Skin Cancer[5]	Full-body skin exam	Skin exam annually	Dermatologist exam every 3-6 months initially, then every 6-12 months
Prostate Cancer[6]	PSA test ± digital rectal exam	Discuss screening at age 50 (45 if high-risk)	Consider continuing screening past age 69

1. NCCN guidelines
2. ASCCP guidelines
3. ACS/NCCN guidelines
4. ACS guidelines
5. NCCN guidelines
6. ACS guidelines

Bharathi V, Ferrajoli A, Cancers:17, 2093, 2025

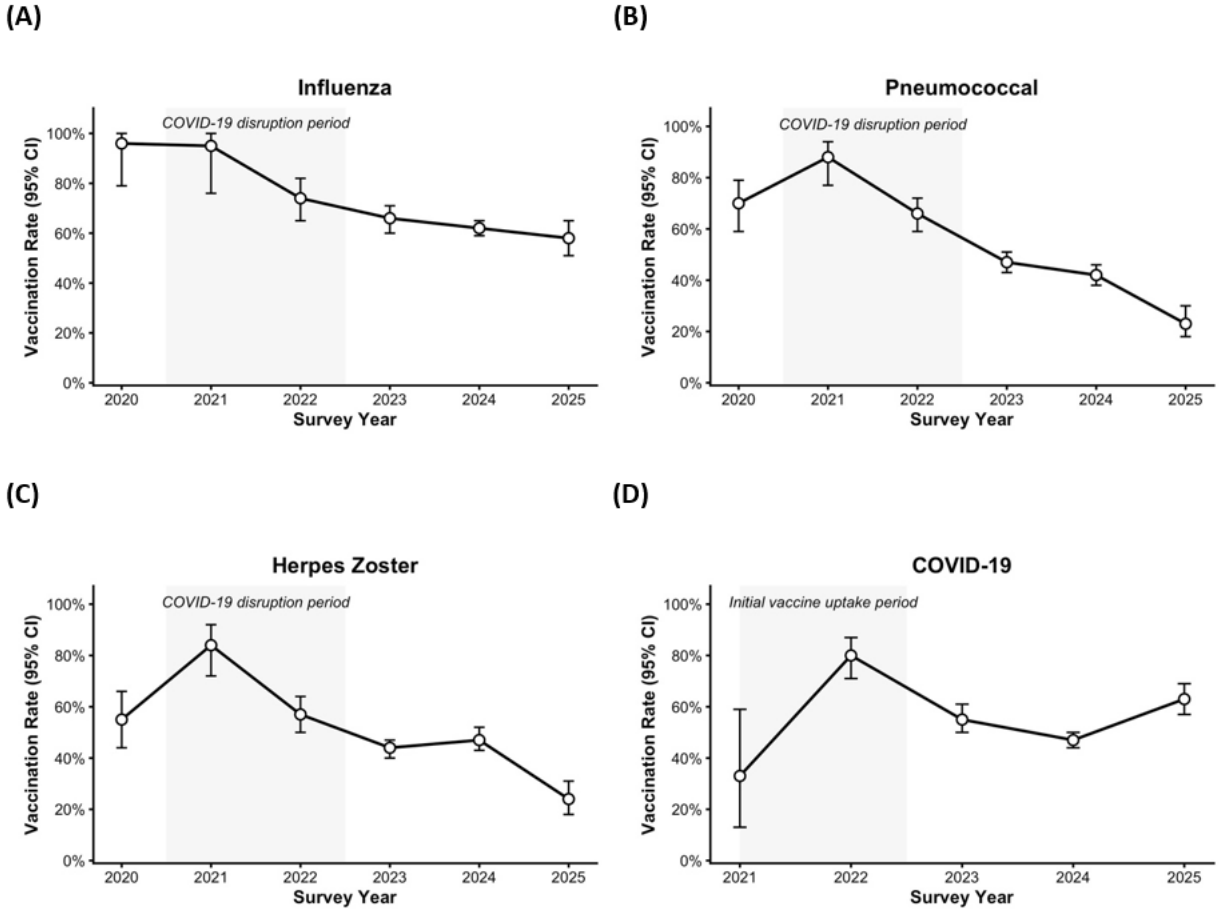
Cancer Screening Trends in 1083 Individuals with CLL



Cancer screening: Declined post-COVID-19 pandemic , but recovery by 2025 — mammography (86%), colonoscopy (100%); modest gains in Pap smear (42%) and prostate (45%). **Skin exams** reported by 67%, increasing with age; racial/ethnic disparities persisted.

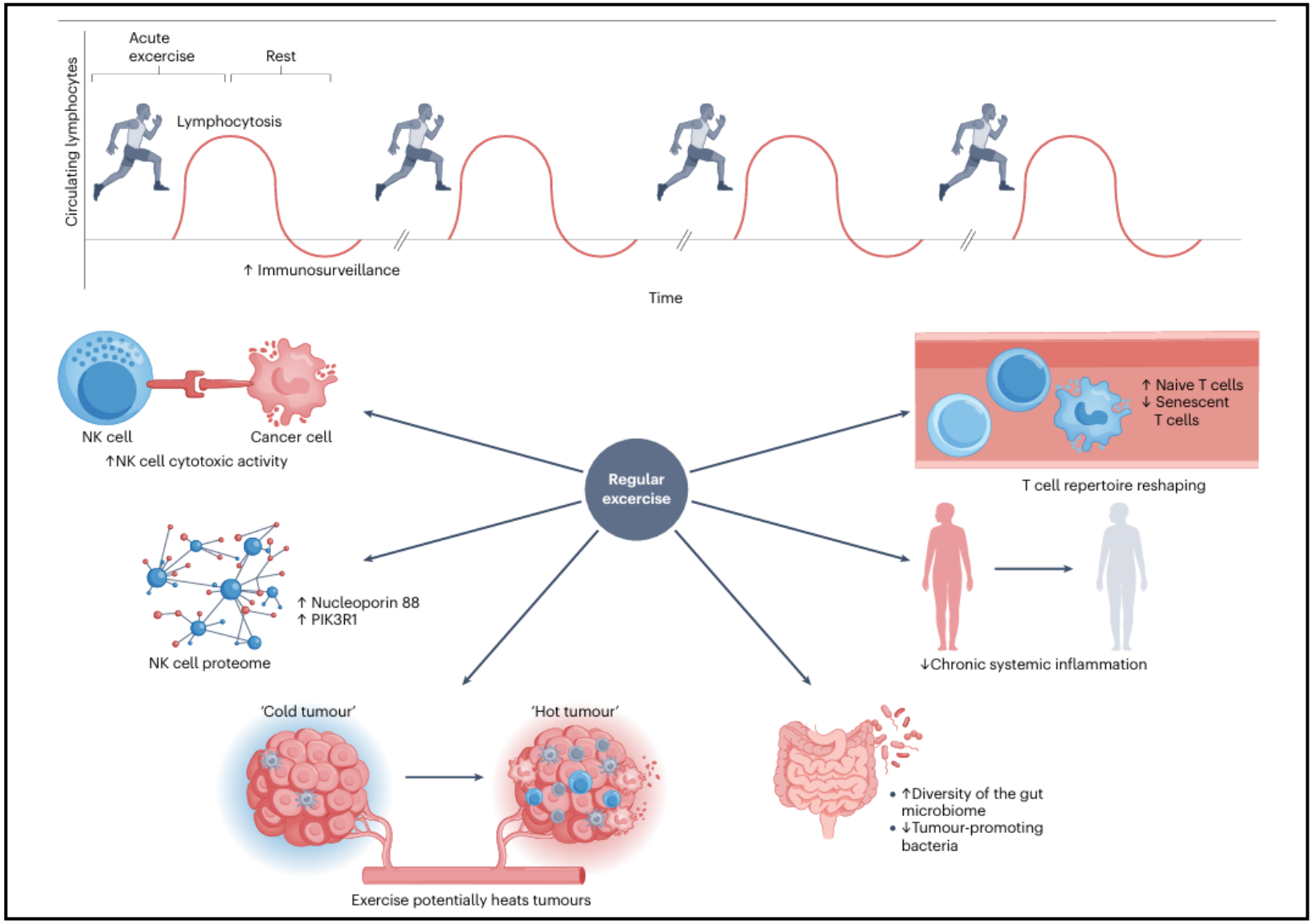
Bharathi V. Blood 146:517-518, 2025 (abstract)

Vaccination Trends in 1083 Individuals with CLL (2019-2025)



Bharathi V. Blood 146:517-518, 2025 (abstract)

Immune Effects of Acute and Regular Exercise



Fiuza-Luces C. Nat Rev Immunol 2024

HEALTH4CLL: Conclusions

Patients with CLL are capable to increasing activity, despite age and fatigue

Coaching, self-monitoring, and reminders resulted in a high study retention

Interventions are effective in increasing activity and can be delivered via distance-based approaches

Potential benefit on the immunosystem

Benefit extended beyond the study time

HEALTH4CLL2 completed accrual and data is being analyzed



Crane J et al. Eur J Haematol. 2023 Jun;110(6):732-74
Lee CY et al .J Cancer Surviv, March 13, 2024

Thank You For Joining!

Contact Us

CLL GLOBAL RESEARCH FOUNDATION®
• CHRONIC LYMPHOCYTIC LEUKEMIA •

Sam Pace
mcpace@cllglobal.org
(713) 745-1861

Visit our website at cllglobal.org
to view slides from today's presentation

Follow us on Facebook at facebook.com/cllglobal
to keep up with the latest CLL news

CLL Global Research Foundation
P.O. Box 301402, Unit 428
Houston, Texas 77230