Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/supportive-care-cll-infection-risk-comorbidities/54355/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Supportive Care Before CLL Treatment: Infection Risk and Comorbidity Management

Announcer:
This is *Project Oncology* on ReachMD. On this episode, Dr. Kerry Rogers will be sharing supportive care considerations before starting therapy for chronic lymphocytic leukemia, or CLL for short. Dr. Rogers is an Associate Professor in the College of Medicine at the Ohio State University, and she spoke on this subject at the 2026 Society of Hematologic Oncology Annual Meeting. Let's hear from her now.

Dr. Rogers:
I think some of the key supportive care considerations that physicians should think about before starting a patient on a CLL therapy are really some things that are also relevant when patients are not on therapy, and infection risk is a really big one—like how a treatment, especially those that include an anti-CD20 monoclonal antibody, might change their risk of infection.

We all know that even before treatment is even started, patients with CLL live with a higher risk of infections and second cancers due to decreased immune surveillance and that treatment generally increases this risk, even our targeted agent treatments. And we've seen a lot of data with the pandemic about anti-CD20s increasing things like COVID mortality in some of our clinical trials going on at that time.

So I think when treatment is planned, think about how to modify or mitigate people's infection risk with things like prophylactic anti-infectives such as acyclovir, which can reduce shingles risk. Talk to people about risk mitigation, particularly for treatments that might lead to a high risk of viral infections in terms of reducing exposure to respiratory viruses temporarily. Does this treatment have a risk of neutropenia? Discuss the risks associated with that. Neutropenic fever is not really common, but I still think it's important to talk to people about risk from neutropenia.

And then we all know that targeted agents have their own side effects where things like the fluid intake needed for venetoclax dose ramp-up can lead to things like volume overload or decompensation of previously well-compensated mild congestive heart failure. That is something always to discuss with patients. Or if people have hypertension and are starting a BTK inhibitor, think through how taking this new drug might modify their chronic health conditions.

So I think the major areas for supportive care when starting treatment are thinking about how this might modify their already-increased infection risk and if you can do anything to mitigate that with anti-infectives or behavioral interventions or at least just having an open discussion with the patient about that change.

And then definitely look at comorbidities and how some of these targeted agents might interact with their comorbidities to see if anything should be monitored.

Announcer:
That was Dr. Kerry Rogers talking about supportive care for patients with CLL before they start therapy. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!