About Dr. Ann LaCasce

Ann LaCasce, MD is a lymphoma specialist at Dana-Farber Cancer Institute in Boston. Her research focuses on the development of clinical trials using novel agents in non-Hodgkin’s and Hodgkin’s lymphoma. She is a member of the Alliance Lymphoma Core Committee which develops and executes clinical trials on a national level.

Institutional Affiliation
Director, Dana-Farber/Partners CancerCare Hematology-Medical Oncology Fellowship Program
Senior Physician, Associate Professor of Medicine, Harvard Medical School

Education
Tufts University School of Medicine

Residency
Brigham and Women’s Hospital

Fellowship
Dana-Farber/Partners Cancer Care

Awards
Chief Medical Resident, Brigham and Women’s Hospital
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Publications

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Summary of Patient Medical History

Thank you for allowing me to review your case and provide my opinion. Before answering your questions and offering my recommendations, let me summarize the relevant medical history and concerns based on what I have learned from the medical records and the questions that were asked. In providing the remainder of my consultative opinion, in an attempt to provide a document that you can easily share with your patient, I will respond as if I were discussing the case directly with your patient.

You are 66 years old and were recently diagnosed with chronic lymphocytic leukemia, or CLL. The diagnosis was made after your primary care physician performed some routine blood tests and discovered that your white blood cell count was elevated. You have consulted with an oncologist who does not believe that treatment is indicated at this point in time and has advised a “watch and wait” approach, with regular visits and testing every two months. You currently feel well but would very much like another opinion on this approach.
Background Information

Before I respond to your specific questions, I'd like to provide you with a bit of background information about chronic lymphocytic leukemia, or CLL. Although you may be familiar with some of what I’m going to tell you, I feel that the information will be helpful in better understanding the recommendations that I make.

Chronic lymphocytic leukemia (or CLL) refers to cancer that involves white blood cells called lymphocytes, the cells which normally help one to fight off infections. CLL arises from B-cell lymphocytes which originate in the bone marrow, the place in the body where blood cells are produced. These abnormal white blood cells divide and accumulate more rapidly than they should. As CLL progresses, the leukemia cells begin to crowd out the normal cells in the bone marrow, including the red blood cells (cells that transport oxygen from the lungs to other parts of the body) and platelets (cells that function to stop bleeding); anemia and easy bruising or bleeding often result. These cells typically spill over into the bloodstream and frequently spread to the lymph nodes, liver and spleen, causing them to become enlarged.

A cancer’s ‘stage’ describes how much cancer is present within the body. CLL is staged based on patients’ blood counts (i.e. how many red blood cells, white blood cells, and platelets they have) and whether or not the liver, spleen and lymph nodes are enlarged. Because CLL tends to grow slowly, patients with early stage disease are typically not treated right away. Instead, they are carefully monitored, and treatment is only initiated if and when their disease progresses. Although CLL is not cured with standard chemotherapy, there are therapies to help control it. In fact, many patients with the disease go decades without experiencing significant symptoms or a deterioration in their overall health. While there are approximately 18,000 cases of CLL diagnosed each year in the United States, because patients typically live for many years, there are more than 125,000 patients in the country living with the disease.

Now, on to your questions.
Patient’s Questions

What causes CLL? Is there anything in my case that you think caused it?

The cause of CLL is not well understood. It is clearly not related to any lifestyle risk factors and there is nothing you did which contributed to the development of the disease. There may be some environmental factors, such as herbicides and pesticides, that increase the risk of CLL. Also, rarely, multiple cases of chronic lymphocytic leukemia (CLL) or related lymphomas are present in a family. We do not, however, recommend that patient’s family members be screened for lymphoma, given the very low likelihood that they will have the disease.

Are we taking the right approach by just monitoring this? Can you explain why we are not treating this with chemotherapy now?

Yes, active surveillance—a term I much prefer to watch and wait—is the widely agreed upon initial approach to patients with chronic lymphocytic leukemia (CLL) who are not experiencing symptoms and do not have a large burden of disease. While we have many very effective treatments for the disease, early treatment has never been shown to lengthen life expectancy in patients with CLL. In fact, there is good evidence to suggest that there is a disadvantage to treating patients too soon, as this may lead to the development of disease which is more difficult to treat in the future. It’s important to keep in mind that CLL is a disease which is not cured with standard chemotherapy, as some of the tumor cells survive treatment and reappear later. Therefore, you are not missing a chance to destroy the disease completely by treating it early.

While taking the “watch and wait” approach, what are we waiting for? What is my doctor looking for that might indicate I need treatment of some kind?

Patients are not treated based on how high their white blood cell (WBC) count rises, but rather on the bone marrow’s ability to continue to make the other normal blood cells, such as red blood cells and platelets. Indications for treatment include a low red blood cell or platelet count, enlarged lymph nodes or a big spleen, and the presence of symptoms. Treatment is also indicated in the rare event that the disease transitions to a fast growing lymphoma.

Patients are typically followed every two to three months for the first year or two after diagnosis, and then, if their disease is stable, appointments can be spread out. Visits consist of taking a history to ask about any symptoms, examining the lymph nodes and spleen, and checking blood counts. We also recommend that all patients have annual skin checks to watch carefully for any skin cancers (basal cell or squamous cell), as these are more common in patients with CLL. Finally, patients should receive a pneumonia vaccine and a flu vaccine yearly and have their vitamin D levels checked, as patients with adequate vitamin D levels tend to do better than those who are deficient.
Recommendations for the Patient

Thank you, PATIENT NAME, for allowing me to participate in your care. In summary:

1. I agree with the plan for active surveillance.
2. Talk to your doctor about prognostic testing. This may give you an indication of how quickly the disease will progress or how it might respond to future treatment.

I hope that you find these recommendations helpful and that they serve as the basis for a productive conversation with your treating team. I wish you good fortune with your health.
References for the Patient

Guidelines from the National Comprehensive Cancer Network: http://www.nccn.org/

Leukemia Lymphoma Society: http://www.lls.org/

National Cancer Institute:

LINKS FOR THE TREATING PHYSICIAN NCCN
Lymphoma Guidelines: http://www.nccn.org/
References for the Treating Physician

NCCN Lymphoma Guidelines: http://www.nccn.org/