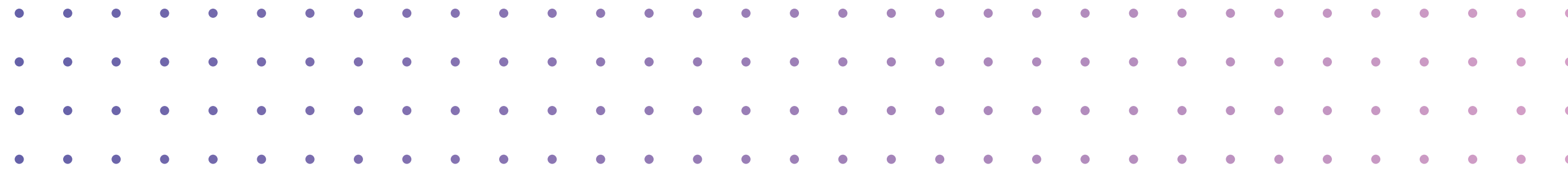


Treatments





Chronic Lymphocytic Leukemia is a type of cancer that doesn't usually need treatment right away. Some patients are under active monitoring and watchful waiting for months or years before starting treatment (see leaflet on "Watch & Wait").

If your doctor notices any changes in your symptoms or blood tests which show that your disease is getting worse, they may recommend starting treatment. Their recommendations will be based on research and internationally recognized guidelines on the management of CLL.

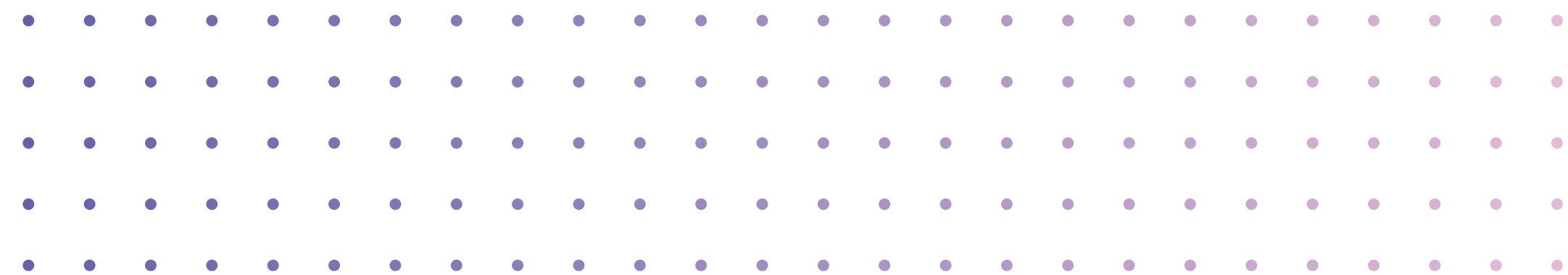
Today there are many different kinds of medication for the treatment of CLL. To get the best results, we can **use these treatments one at a time or in combination.**

You and your doctor can choose between the available treatments, considering:

————— *your overall health and prescribed medications*

your test results and the characteristics of the B lymphocytes

your preferences

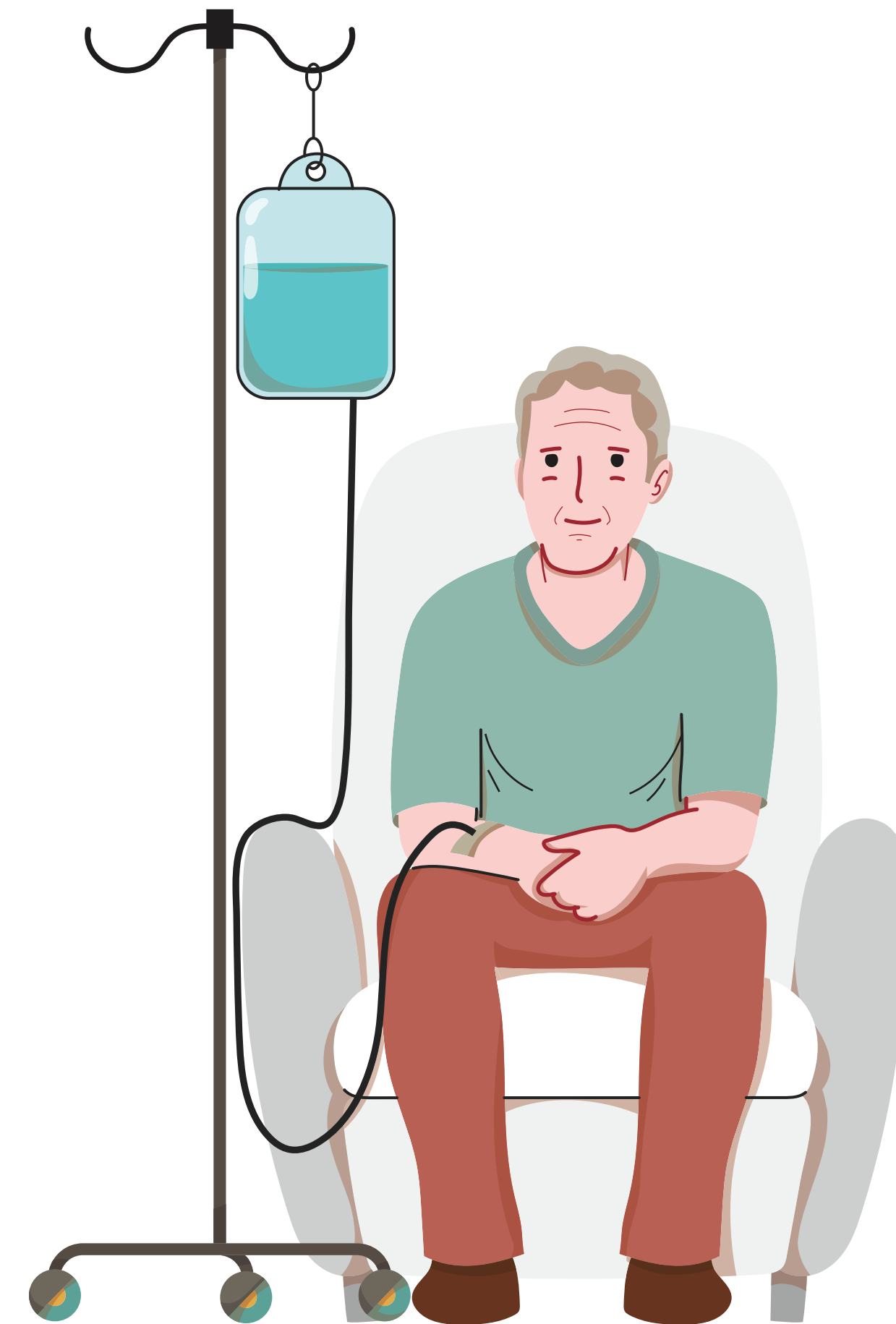


The most usual treatments are presented in brief below.

01. CHEMOTHERAPY

Chemotherapy is an important treatment option available for the management of cancer. The chemotherapy drugs are taken orally or through a vein. We use them in order to reduce the cancer cells. Chemotherapy targets fast-growing cells, like cancer cells. Due to this, it also affects normal fast-growing cells, causing side effects, namely hair loss or nausea. Such cells can be found in the hair follicles, the bone marrow, the mouth, the stomach, and the bowel.

Chemotherapy drugs are not specifically developed for CLL. Therefore, they are not as effective as hoped for. Nevertheless, in order to maximize their effectiveness, they are often combined with other CLL-specific treatments.



02. MONOCLONAL ANTIBODIES

Antibodies are naturally produced in the human body and can be found in the blood. They each recognize and bind to a single target in the same way a key fits into a single lock. In this way, they help the body to fight against specific targets. Taking advantage of the body's natural defense, scientists can now create antibodies that are called monoclonal and act against chosen targets (i.e., cancer cells).

Monoclonal antibodies for the treatment of CLL include Rituximab and Obinutuzumab. These monoclonal antibodies bind to CLL cancer cells and mark them. This process calls the immune system to attack and kill them. The combination of monoclonal antibodies with chemotherapy is called immunochemotherapy.



03. TARGETED THERAPY

Targeted therapy is a new, effective, and promising treatment category. The drugs administered in targeted therapy are given orally every day and include Ibrutinib, Acalabrutinib and Venetoclax.

A key characteristic of cancer cells in CLL is that they are more resilient and live longer than normal cells, due to specific functions. Targeted therapies aim at these cancer cells' functions. As a result, they either make them more vulnerable or lead them to die faster. In both cases, they make it difficult for them to grow and reduce their numbers.

*all of the above therapies
have each changed the trajectory
of CLL treatments & improved
the lives of people with CLL*

This leaflet was created within the context of the "Patient Empowerment" Program, which is designed and implemented by the Institute of Applied Biosciences at the Center for Research and Technology Hellas (INAB|CERTH) and approved by the Hellenic Society of Haematology (HSH) and the European Research Initiative on CLL (ERIC).

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