

Prognostic index may identify chronic lymphocytic leukemia patients who will not need treatment

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?2-microglobulin (>4 mg/L: 1 point), IGHV mutation status (unmutated: 1 point), and 11q or 17q deletion (1 point) with shorter time to first treatment (TTFT). Five-year TTFT of 2 percent and 7 to 19 percent was seen for low-risk patients by internal validation and by external validation, respectively. The five-year TTFT was 10 percent for the 756 CLL-WONT low-risk patients, including all patients with complete scores, and it was 8 percent for the 704 patients who were low risk according to both CLL-WONT and the international prognostic index in CLL.

"We here present a novel prognostic index, CLL-WONT, enabling identification of patients with very low risk of ever requiring [treatment](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—A composite score can identify patients with chronic lymphocytic leukemia (CLL) with very low risk for requiring treatment, according to a study published online Jan. 14 in the *European Journal of Haematology*.

Christian Brieghel, M.D., Ph.D., from Rigshospitalet in Copenhagen, Denmark, and colleagues developed and validated a prognostic index to identify newly diagnosed CLL patients without need of treatment (WONT) by a training/validation approach based on data from 4,708 patients. Composite scores were derived from weighted hazards to define CLL-WONT [risk](#) groups.

The researchers observed independent associations for age (older than 65 years: 1 point), Binet stage (2 points), lactate dehydrogenase (>205 U/L: 1 point), absolute lymphocyte count (15 to 30 x 10⁹/L: 1 point; >30 x 10⁹/L: 2 points),

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