

## DISCUSSING CLL TREATMENT GOALS WITH **YOUR DOCTOR**



This guide can help you have meaningful discussions with your doctor about managing your CLL that did not respond to treatment or has returned.

Learning that your CLL did not respond to treatment or has returned can be an emotional and overwhelming time. You probably have many concerns and questions. Understanding your diagnosis and treatment options can be a helpful first step in moving forward in your CLL journey.

To get started, select the section that's most relevant to you and review the questions you may want to discuss with your doctor prior to your next appointment.



### **UNDERSTANDING RELAPSED/REFRACTORY CLL**

#### **The next steps of your CLL journey**

1 What does relapsed or refractory CLL mean? What type do I have?

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2 Is my CLL harder to treat now?

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3 Do I need more testing before I start treatment again?

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### **TREATMENT OPTIONS**

1 What options have become available to me since my last treatment?

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2 Are all treatments given for the same amount of time?

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3 Do different treatment options have different costs?

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4 What side effects should I be prepared for?

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5 Which treatments involve chemotherapy and which treatments are chemo-free?

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6 How will I know if this treatment was successful?

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7 Are there treatment options that can help clear my blood and/or bone marrow of disease?  
Are there treatments that can help my CLL go away?

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**SUPPORT AVAILABLE**

1 Are there actions I can take to emotionally support myself?

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2 What support groups or organizations are there for patients with CLL?

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3 Are there organizations that can help with financial support for treatment and other expenses?

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4 Is it OK for me to seek treatment during COVID-19?

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5 Is it OK for me to visit an infusion center if my treatment requires it?

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 **YOUR CARE TEAM**

**Triage Line**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

**Financial Counselor**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

**Exercise Specialist**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

**Dietitian**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

**Mental Health Counselor**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

**Specialty Pharmacy**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

 **NOTES**

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