CLL-IPI in MBL and CLL

1. Your patient is a 64-year-old man with MBL and a low chronic lymphocytic leukemia international prognostic index (CLL-IPI) risk score. According to the results of the study by Parikh and colleagues of patients with Rai stage 0 chronic lymphocytic leukemia (CLL) (n = 554) and monoclonal B-cell lymphocytosis (MBL) (n = 415) seen at the Mayo Clinic between 1 January 2001 and 1 October 2018, which of the following statements about the ability of the CLL-IPI to predict time to first therapy (TTFT) and overall survival (OS) in Rai 0 CLL and MBL is correct?

- S-year risk of needing therapy among MBL with low-, intermediate-, and high-/very high–risk CLL-IPI scores was 7%, 14%, and 40%, respectively.
- Estimated 5-year risk for TTFT did not differ between patient groups with low- vs intermediate-risk CLL-IPI.
- Estimated 5-year risk for OS did not differ significantly among patient groups.
- CLL-IPI at the time of initial diagnosis predicted TTFT and OS in individuals with Rai 0 CLL but not in persons with MBL.

2. According to the results of the study by Parikh and colleagues of patients with Rai stage 0 CLL and MBL seen at the Mayo Clinic, which of the following statements about the impact of incorporating absolute B-cell count along with the other individual prognostic factors in the CLL-IPI as additional factors to the CLL-IPI to predict outcomes is correct?

- Absolute B-cell count was not significantly associated with TTFT.
- Absolute B-cell count was not significantly associated with OS.
- Age, serum β2-microglobulin, IGHV mutation, TP53 disruption status, and the absolute B-cell count were significantly associated with shorter OS.
- Age and TP53 disruption were significantly associated with shorter TTFT.

3. According to the results of the study by Parikh and colleagues of patients with Rai stage 0 CLL and MBL seen at the Mayo Clinic, which of the following statements about OS in patients with MBL and Rai 0 CLL compared with the age- and sex-matched general population and the other implications of this study of the predictive ability of CLL-IPI in patients with Rai stage 0 CLL and MBL is correct?

- OS of the entire cohort and of each CLL-IPI risk group for Rai 0 CLL and MBL was similar to that in the age- and sex-matched general population of Minnesota.
- Symptoms in patients with Rai stage 0 CLL were a better predictor of OS than CLL-IPI score.
- The CLL-IPI risk score at the time of diagnosis predicted risk of Richter transformation.
- CLL patients with high/very high CLL-IPI risk score vs low-risk CLL-IPI have a 6-fold higher risk of needing therapy and should be followed more closely for progressive disease.