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Role of New Clinical, Biologic Factors and Prognostic Systems in the Clinical Management of Chronic Lymphocytic Leukemia

Guest Editor:

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Message from the Guest Editor

Dear Colleagues,

Chronic lymphocytic leukemia (CLL), the most common adult leukemia, is a clinically heterogeneous disease with an indolent course in some patients, while others show an aggressive disease and poor survival. More than 40 years ago, Rai and Binet developed a staging system that is still one of the mainstays to predict the outcome of CLL patients.

Recent advances in the knowledge of the biology of CLL have led to identifying some prognostic biomarkers that can better predict the outcome of patients. The most reliable prognostic markers, widely used in clinical practice, are the immunoglobulin heavy chain variable (*IGHV*) gene mutational status, *TP53* mutations, and cytogenetic aberrations identified by fluorescence in situ hybridization (FISH;11q−, 13q−, +12 and 17p−). Some of these biomarkers, *TP53* aberrations, and the IGHV gene mutational status, can also drive treatment decisions. A multitude of other biomarkers, such as CD38, CD49d, and ZAP70 expression, *NOTCH1, SF3B1*, and *BIRC3* gene mutations, have also revealed a prognostic effect in CLL.

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Message from the Editor-in-Chief

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