One of the questions thrown up by the new Guidelines on the Diagnosis and Treatment of CLL is how we should regard those patients who would previously have been regarded as stage 0 CLL, but because of the change in definition must now be called monoclonal B cell lymphocytosis (MBL).

Previously the diagnosis of CLL required a lymphocyte count of 5 x 10^9/L. That has now been changed to a B-lymphocyte count of 5 x 10^9/L. Since the T-lymphocytes can easily comprise 3 x 10^9/L it is obvious that many patients will be downgraded. The questions are many, but most worrying is, “Do the accepted prognostic markers still apply?”

In order to answer this I have done a rough and ready re-calculation of our data in Bournemouth. The answers that I produce will not be appropriate for all cases of MBL, but they will work for cases that were stage 0 CLL and have to be reclassified under the new guidelines.

The results are rough and ready because I have made some basic assumptions on proportions of circulating T and B cells, and as it happens the correct answers in a sample where I have looked at actual results are no more than about 5% out.

So this is what I find: If you now have MBL, but were previously thought to have stage 0 CLL, then your chances of needing treatment for CLL is about 25% by 15 years, if you have mutated IgVH genes. On the hand, if you have unmutated IgVH genes then half such patients require treatment for CLL by 7 years. Despite needing some treatment, only two out of 88 patients with mutated IgVH genes actually died of CLL and both of them after being diagnosed for more than 18 years. Again those with unmutated IgVH genes do not fare so well, but the average survival is still 13 years.

Because so far I don’t have the numbers of cases, it is more difficult to show that those that remain as stage 0 CLL under the new classification continue to be affected by the same old prognostic markers, but if we confine the analysis to deaths from CLL and ignore the deaths from unrelated causes then again the mutational status of the IgVH genes is strongly linked to survival. Unmutated cases have a median survival of 10 years, and there were no CLL-related deaths in the group with mutated IgVH genes.

Bottom line: the new definition of CLL makes no obvious difference to prognostic factors.