



HAVE CLL? GET TESTED

Find what may give you the best chance of a longer, fuller life with chronic lymphocytic leukemia (CLL). Molecular tests can help determine the best treatment for you.

COMMON TESTS

Your CLL is unique to you. Your treatment can be personalized too. Ask your doctor about molecular tests that are offered at no cost to you. They can help classify your CLL risk and determine what treatments are best for you.

FISH TEST The FISH test (fluorescent in situ hybridization) helps identify changes in chromosomes of cancer cells by making them glow.

TP53 TEST Results of this test show if the TP53 gene has a mutation.

IGHV TEST This test determines if your IGHV (immunoglobulin heavy-chain variable region) gene is mutated or unmutated. People with unmutated IGHV status may have a more aggressive form of CLL.

Chromosome or Gene Mutations	Test	Frequency in Patients	Possible Impact on Treatment Response
12+ or trisomy 12	FISH	10 – 20%	Not known. Increased probability of Richter's Transformation, a rare complication.
Deletion 11q	FISH	5 – 20%	Might have poor outcome, but may have a good response to chemoimmunotherapy.
Deletion 13q	FISH	51 – 62%	Good outcome if this is the only cytogenetic change.
Deletion 17p	FISH	3 – 7% of untreated patients	Poor response to chemoimmunotherapy; better response to targeted therapies.
TP53 gene mutation	TP53	TP53 gene is often mutated in patients with deletion 17p, but can be found in others too	Poor response to chemoimmunotherapy; better response to targeted therapies.
IGHV mutation status	IGHV	40%+ of patients diagnosed with CLL will be unmutated	Mutated: Good response to chemoimmunotherapy. Unmutated: Poor response to chemoimmunotherapy; better response to targeted therapies.

Ask your doctor about molecular testing to find out your type of CLL and what treatments are best for you

