

Referral framework

All referrals will be assessed by the Visiting Consultant Haematologist.

Please contact Cancer Care Coordinator on 0427 064 367 for urgent reviews.

For advice after hours please contact Emergency Department Broken Hill

Send referral to...

Oncology Unit BHBH

Fax referral to 08 8080 1183

Name of Clinical Condition

- Chronic Lymphocytic Leukemia CLL

Indications for specialist referral

- CLL with presence of red flags

Referral information required

- Symptoms, presence of red flags
- Historical / serial FBC
- Presence of lymphadenopathy/hepatosplenomegaly
- Co-morbidities

Investigations required

- FBC, film review
- Flow cytometry for lymphocyte surface markers
- EUC, Calc, LFT, LDH
- IgG, IgA, IgM
- Serum paraprotein and serum free light chains

Initial management

- If flow cytometry shows clonal lymphocytosis of less than $10 \times 10^9/L$ and no other cytopenias or red flags, repeat FBE in 1 month; if stable, repeat in 3 months, if still little change and no red flags, repeat bloods every 6 months. Urgent haematology referral may not be necessary.

'Red Flag' items

- Rapidly rising lymphocyte count (doubling time of < 6 months)
- Constitutional symptoms - drenching night sweats, fevers $>38^{\circ}$, weight loss $>10\%$ in <6 months, severe lethargy not otherwise explained
- Progressive lymphadenopathy or hepatosplenomegaly
- Cytopenias: Hb <100 , neutrophil < 1.5 , Plt <100
- Recurrent sepsis



How to access care in the event of a 'red flag'

- Send to ED for urgent review and for advice contact Cancer Care Coordinator on 0427 064367

Please fax referral to

- Oncology Unit BHBH 08 8080 1183

Other Information

- Stable CLL patients with no red flags do not need regular haematology review
- For patients with new lymphocytosis, please request flow cytometry. If flow cytometry does not show a clonal B-cell population or abnormal T-cell markers, the lymphocytosis is reactive and haematology referral is not indicated.