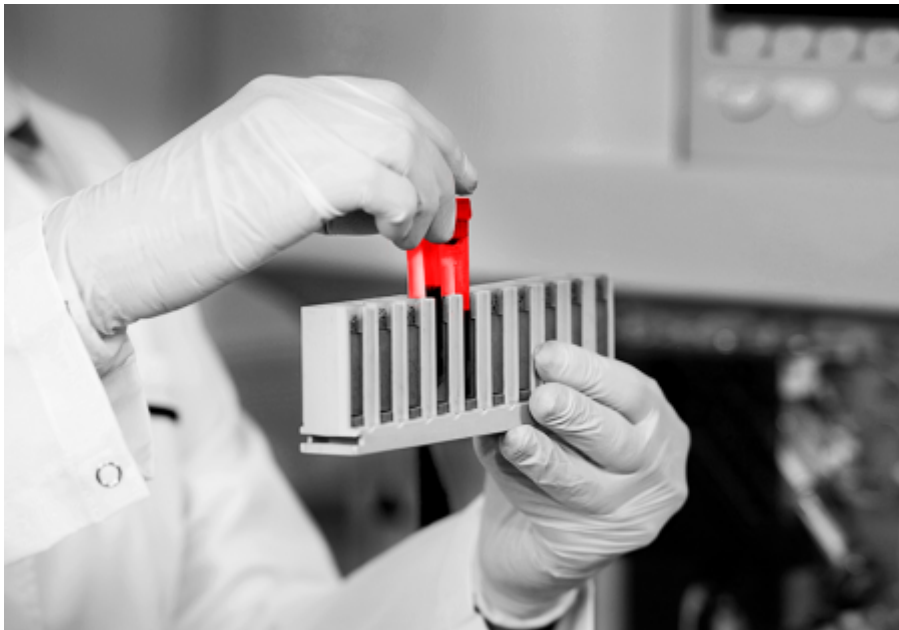


PROGNOSTIC FACTORS

The assessment of disease stage (i.e. Rai and Binet staging systems) maintains its prognostic validity alongside the evaluation of many other clinical and biological factors that have shown to be valuable in forming a prognosis.



Stock photo. Posed by model.

The traditional staging systems still have an important value. However, in recent years we have highlighted some other factors can provide information about the clinical course of the disease and the most appropriate treatment plan for each individual patient.

Key prognostic factors include:

- the time it takes for the lymphocyte count to double;
- the value of the beta-2 microglobulin;
- the expression of the protein ZAP-70 and CD38 on leukemic cells.

As already mentioned, the most important prognostic information is that derived from the knowledge of the biological characteristics of leukemic cells. Some genetic characteristics have shown a predictive significance not only in suggesting how quickly the disease will grow, but also in addressing the most appropriate choice of treatment, once the CLL will need to be treated.

These studies define the biological profile of CLL and should be considered before the initiation of therapy. Among these, the most important ones in current clinical practice are:

- the evaluation of certain cytogenetic abnormalities (FISH analysis);
- measurement of change of the TP53 gene;
- assessment of mutation status of IgVH genes.

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