

# Guidelines for GP referral and further investigations of patients with Stage A Chronic Lymphocytic Leukaemia (CLL)

**Patients diagnosed with Stage A CLL by a Haematologist**  
(and deemed suitable for monitoring in the community)

## 6 monthly GP follow ups

**History** - Fatigue, Infections or B symptoms (Night sweats, fevers, weight loss)  
**Examination** - for Lymphadenopathy and splenomegaly  
**Repeat FBC**

Symptoms or signs infection

Commence Antibiotics

New easy bruising or bleeding or purpuric rash

Urgent FBC

Increase WCC / lymphocytes

Concomitant infection / Acute Illness

Yes

Repeat FBC in 2-4 weeks after symptoms resolved

No

Doubling time >12 months

Continue to monitor as usual

Hb <105g/L  
(>1 occasion and no other cause)

Platelets <100 x 10<sup>9</sup>/L

New, progressive or troublesome B symptoms

New, progressive or troublesome Hepatosplenomegaly or lymphadenopathy

Re-refer to Haematology

Doubling time <12 months

## Vaccines (all CLL patients)

Influenza vaccine (yearly)  
Pneumococcal (Provenar) & HiB vaccines (every 5 years)

**\*\* LIVE Vaccines (Polio, H.Zoster, Yellow fever) are NOT recommended \*\*\***