Purpose

The aim of this poster is to increase awareness of predictive factors and associated molecular aberrations in RT. The poster will provide the diagnostic criteria needed to promote early recognition and intervention by advanced practice providers and clinicians towards improving patient outcomes.

Implications for APPs in Diagnosis of RT

Advanced practice providers (APPs) are often the initial point of contact on patient presentation in the clinic setting and should be cognizant of the following:

- High risk features in CLL that may lead to RT
- Performing a detailed H&P
- Clinical features on presentation, i.e., bulky nodes, fever
- Past treatment history for CLL
- Be vigilant in assessing predictive clinicopathological factors for RT

Conclusions

Richter transformation occurs (2-10%) in advanced stage, previously treated B CLL with a transformation rate of 3% to 25% post treatment. CLL patients who present with clinical signs of RT should evaluated immediately with a PET/CT and possible biopsy if indicated. The intent of this poster presentation is to promote early recognition and diagnosis of RT, improve patient outcomes and decrease mortality in this population.

References

7. Richter syndrome: a pooled analysis of German CLL study group from frontline treatment trials. Leukemia, 24(2), 256-263. https://doi.org/10.1038/s41375-020-0957-9