Yoga for Your Lymphocytes?

By Ruben Mesa, MD

Drinking green tea, overcoming fatigue, improving quality of life (QOL) — these are admirable goals when checking into a luxury spa, but increasingly they are being discussed in the context of caring for patients with hematologic malignancies. In this weekend's Education Session on Chronic Lymphocytic Leukemia (CLL), a broad-based approach to patient care is on the menu. CLL is the most common leukemia in the United States, and the incidence increases with age. The rapidly aging baby boomers will mean the number of CLL patients we see in our practices will only increase (along with more patients with MDS). Interest in the topic was significant, as many society members made the long trek, coffee in hand, early in the morning to the Georgia Ballroom 1 and 2 for the CLL Education Session.

Dr. Neil Kay (Mayo Clinic) anchored the program with a talk titled "Comprehensive Management of the CLL Patient: A Holistic Approach." Does this mean yoga, incense, and magnetic bracelets instead of chlorambucil, rituximab, or fludarabine? Not at all, reassures Dr. Kay. "Holistic therapy," he explained, "is trying to incorporate recent advances in prognostication and therapy for CLL with sensitivity to the natural history and QOL issues found in this disease." Maintaining and improving QOL is a major concern for CLL patients, and was the focus of an important trial by Dr. Kay and his colleague Dr. Tait Shanafelt. In a study of 1,500 CLL patients, they found a significant impact on QOL even at the earliest stages of disease. "The stress of knowing you have this incurable illness may have a psychological impact under-appreciated by physicians," describes Dr. Shanafelt. Is this same phenomenon as common amongst our other patients with early-stage hematologic malignancies?

So, what does holistic therapy mean for the practitioner? "The right therapy, for the right patient, at the right time of their illness, is where our science is leading us," explains Dr. Kay. Might the right therapy include something other than chemotherapy or immunotherapy? All avenues remain open; the most predominant compound in green tea, epigallocatechin (EGCG), has been found to be clinically active in CLL, and is currently undergoing a phase II clinical trial led by Dr. Shanafelt and colleagues.

The "holistic approach" to CLL must also combine optimal supportive care of patients currently requiring therapy and improved understanding of the pathogenesis to guide the development of better targeted therapies. Dr. Vicki Morrison, of the VA Medical Center and University of Minnesota, explored the significant challenges of managing and preventing infections in CLL patients. Finally, Dr. Lynn Goldin, from the NIH, discussed familial CLL with a focus on the pathogenetic insights, incidence, and genetics of this syndrome. "The ability to conduct large-scale genomics studies will play a role in detecting susceptibility genes for CLL," explained Dr. Goldin. CLL clearly has come a long way from "Take two Leukeran and call me in the morning." The CLL Education Session will repeat today at 7:30 a.m. in Georgia Ballroom in Building C. (Bring your coffee and running shoes; it's a hike well worth the trip.)