Chronic lymphocytic leukemia (CLL) is the most commonly diagnosed form of leukemia in the Western world, accounting for approximately 20%–30% of all cases of leukemia. Despite recent medical and scientific advances, the literature on the subjective experience and nursing care of patients diagnosed with CLL remains scarce and sporadic. This article provides a brief overview on the pathophysiology, clinical characteristics, and treatment options of CLL with focus placed on implications for nursing care. Fatigue, the most common symptom reported by patients, and infection, the leading cause of disease-related deaths, also will be addressed. Emerging data examining quality of life and the incidence of anxiety and depression in this patient population will be reviewed, and strategies aimed at addressing the educational needs of patients and family members will be discussed.

Incidence and Epidemiology

CLL remains the most widely diagnosed type of leukemia in the Western world, accounting for about 20%–50% of all leukemia diagnoses (Redaelli, Laskin, Stephens, Botteman, & Pashos, 2004). The true incidence remains unknown, but recent epidemiology and population studies are shedding new light on the subject. The annual age-adjusted incidence of CLL in the United States is reported as 3 cases per 100,000, whereas a Canadian population-based study, which accounted for cancer registry data as well as centralized flow cytometry data, reported an incidence rate as high as 10.5 cases per 100,000 (Banerji et al., 2006; Yee & O’Brien, 2006). Exact occurrence rates may be difficult to determine because asymptomatic patients with low-risk disease who are diagnosed by family practitioners may not require treatment, negating the need for referral to a specialist and possibly keeping them off of cancer registry databases.

CLL has been referred to as a disease of older adults, and recent statistics continue to confirm this characterization; the median age at diagnosis is approximately 60–68 years in the United States and slightly higher in Canada (72 years) (Banerji et al., 2006; Shanafelt & Call, 2004). Eighty-one percent of patients are