

### What is T-cell PLL?

T-cell prolymphocytic leukaemia (T-cell PLL) is a rare blood cancer. It develops when white blood cells called T-cells become abnormal and divide uncontrollably. The abnormal cells build up in your bone marrow, lymph nodes and bloodstream.

T-cell PLL is very rare. Around 70 people are diagnosed with it each year in the UK. It can affect people of any age, but it is more common in people over 60. It is also more common in people with a genetic condition called ataxia telangiectasia.

We do not know the exact cause of T-cell PLL. It is not because of anything you have or have not done.

T-cell PLL is usually aggressive and fast-growing. But it can sometimes be slow-growing at first. You might not have symptoms when you are diagnosed. But over time, you might get signs or symptoms like:



**Tummy pain, bloating or discomfort**



**Feeling tired, breathless or dizzy**



**Bruising or bleeding easily**



**Swollen lymph nodes**



**Fever**



**Skin lesions or a reddish rash (this may look different on black or brown skin)**



**Night sweats**



**Losing weight without trying to**



**Swelling around the eyes or in the legs**

T-cell PLL is usually diagnosed from blood tests and sometimes bone marrow tests.

### Treating T-cell PLL

T-cell PLL is very rare, so there are no definite treatment guidelines. Different doctors might use different approaches.

If you have slow-growing T-cell PLL, you may not need treatment straight away. Instead, you will have regular check-ups and blood tests to monitor how T-cell PLL is affecting you. This is called active monitoring.

Most people need to start treatment within 1 to 2 years of being diagnosed.

Your haematology team will explain what treatment they recommend and what you can expect from it. Options include:



- **An antibody therapy** called alemtuzumab. It helps your immune system recognise and destroy cancer cells. You have antibody therapy as an injection or through a drip. You might have it with chemotherapy.
- **Chemotherapy.** Chemotherapy medicines kill cells that are dividing rapidly, such as blood cells. Your team will tell you exactly what medicines they suggest and how you have them.
- **Treatment as part of a clinical trial.** If there is one suitable for you, your team should explain what it involves and the risks and benefits of it.
- **A stem cell transplant.** This is very intensive and only suitable for people fit enough to have it. Your team might recommend a stem cell transplant if you respond well to your first treatment, to try and stop T-cell PLL coming back.

You will also have medicine to prevent or treat symptoms or side effects.

This information is aimed at people in the UK. We do our best to make sure it is accurate and up to date but it should not replace advice or guidance from your health professional.

For [more information about T-cell PLL](#), follow the link. Or search 'T-cell PLL' at [www.leukaemiacare.org.uk](http://www.leukaemiacare.org.uk) or scan the QR code. This also includes links to order free information in print.



**Need help? We offer a range of [support services](#).**  
To find out more, scan the QR code, click the link or search 'support for you' at [leukaemiacare.org.uk](http://leukaemiacare.org.uk)



## Want to talk about T-cell PLL?

- Call our freephone helpline on **08088 010 444** (weekdays 9am to 4.30pm)
- Send a WhatsApp to **07500 068065** (weekdays 9am to 5pm)
- Visit [www.leukaemiacare.org.uk](http://www.leukaemiacare.org.uk)
- Email [support@leukaemiacare.org.uk](mailto:support@leukaemiacare.org.uk)

If you have any feedback or you'd like a list of the sources we used for this factsheet, please get in touch. Email [information@leukaemiacare.org.uk](mailto:information@leukaemiacare.org.uk) or call **08088 010 444**. Or complete our [short survey](#) to let us know what we can improve.



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