

Abstract: P1843

Title: REAL-WORLD EFFECTIVENESS OF VENETOCLAX-RITUXIMAB IN BTKI-NAÏVE AND BTKI-EXPERIENCED RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA PATIENTS IN BELGIUM

Abstract Type: e-Poster Presentation

Topic: Chronic lymphocytic leukemia and related disorders - Clinical

Background:

The MURANO clinical trial demonstrated positive outcomes in terms of best overall response rate (ORR), overall survival (OS), and progression-free survival (PFS) in relapsed/refractory chronic lymphocytic leukemia (R/R CLL) patients treated with venetoclax+rituximab (VenR). This trial however only included a limited number of BTKi-experienced patients, and outcomes within this latter population have been largely unexplored.

Aims:

To assess the real-world effectiveness of VenR in Belgium, the AREVECECY study – which also contained a substantial proportion of BTKi-experienced patients – was set up. Here, we present the overall study results and show outcomes of BTK-naïve and BTK-experienced patients.

Methods:

The AREVECECY study was a retrospective chart review on data from R/R CLL patients initiated with VenR in the period September 2019-July 2023. In the study, 117 patients from 9 hospital centers were included.

Results:

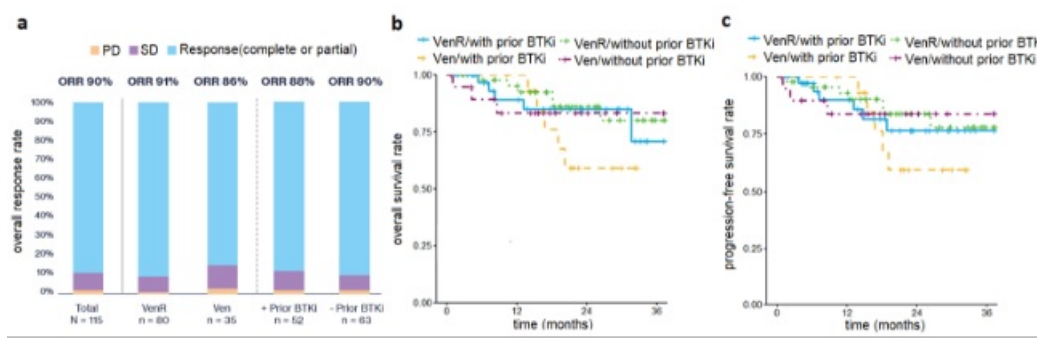
Among the total sample, patients were 71.3 years old and 64% were male. Del(17p) status, TP53 status, and IGHV status were only available in 45.3%, 35.9%, and 21.4% of patients respectively. Patients were treated with an average of 2.78 (range 1-7) prior lines of therapy and the average time since diagnosis was 9.4 years. The mean follow-up time was 19.2 months (SD: 10.5 months). Among the 117 patients, 35 (29.9%) did not receive actual rituximab treatment and COVID-19-related reasons were most stated as reasons for not giving rituximab (25 patients; 71.4%), followed by neutropenia (2 patients; 5.7%). Fifty-three participants (43.6%) were previously treated with a Bruton's Tyrosine Kinase inhibitor (BTKi): 45 patients with Ibrutinib and 6 with Acalabrutinib. In general, BTKi-experienced patients had similar baseline characteristics compared to those that were BTKi-naïve.

The overall response rate (ORR) in the total sample was 90%, and this slightly differed numerically between the rituximab-treated (VenR) and non-rituximab-treated (Ven) patients (VenR: 91%; Ven: 86%). None of the investigated patient characteristics (e.g., age, line of treatment) had a noticeable nor significant effect on ORR in univariate analyses. Interestingly, patients with prior BTKi still had an ORR of 88% (see Figure 1a). Median OS and PFS were not reached. After 12 and 24 months, OS rates in the total group were 92% and 81% respectively (93% and 86% in the VenR group), while PFS rates were 91% and 80% (92% and 81% in the VenR group). Among BTKi-experienced patients, long-term outcomes were slightly worse, i.e. 93% after 12 months and 76% after 24 months for OS; 93% after 12 months and 70% after 24 months for PFS. However, 24-month rates were remarkably better for VenR-receiving BTKi-experienced patients compared to Ven-receiving BTKi-experienced patients: 85% versus 59% for OS and 76% versus 59% for PFS (see Figure 1b, c). In the study, 22 patients (19%) stopped VenR/Ven-treatment due to adverse events of which 1 case was TLS-related.

Summary/Conclusion:

In this real-world setting, with an older patient population compared to the MURANO trial, treatment effectiveness outcomes of VenR-treated patients were in line with these of the MURANO trial. Also BTKi-experienced VenR-treated patients seemed to have favorable outcomes, even on the long-term.

Figure 1. Overall Response Rate (ORR, a), Overall Survival (OS, b) and Progression-Free Survival (PFS, c) for Ven- and VenR-receiving patients with or without prior exposure to BTKi



Keywords: Chronic lymphocytic leukemia, Venetoclax, Real world data, Bruton’s tyrosine kinase inhibitor (BTKi)