# Abstract: PB2545

# Title: TRIAL IN PROGRESS: PROSPECTIVE STUDY OF FIXED-DURATION IBRUTINIB+VENETOCLAX (IBR+VEN) FOR FIRST-LINE TREATMENT OF PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA IN A REAL-WORLD SETTING: THE REALITY STUDY

**Abstract Type: Publication Only**

**Topic: Chronic lymphocytic leukemia and related disorders - Clinical**


**Background:**

In the phase 3 GLOW study with up to 5y follow-up, fixed-duration (FD) Ibr+Ven showed superior progression-free survival (PFS; 54-mo rate: 66.5% vs 19.5%) and overall survival (OS; 54-mo rate: 84.5% vs 63.7%) vs chlorambucil+obinutuzumab (Clb+O) in patients (pts) with previously untreated chronic lymphocytic leukemia (CLL) who were older or had comorbidities (Moreno et al. ASH 2023). Ibr+Ven also prolonged time to next treatment (TTNT) and reduced the risk of requiring second-line therapy by 82% vs Clb+O (HR 0.185 [95% CI, 0.096-0.355]; $p$<0.0001). In the phase 2 CAPTIVATE study, first-line (1L) Ibr+Ven demonstrated deep and durable responses in pts with CLL, including those with high-risk features (Tam et al. *Blood* 2022). These findings led to regulatory approval of the all-oral, FD combination of Ibr+Ven for 1L treatment (tx) in CLL in many countries/regions, including Europe, UK, and Canada. While clinical benefit of 1L Ibr+Ven has been established in CLL in clinical studies, real-world (RW) evidence is limited. The REALITY study will prospectively investigate clinical and safety outcomes of Ibr+Ven in routine clinical practice.

**Aims:**

To gain insights on tx patterns, tx decision drivers, clinical effectiveness, and safety of 1L Ibr+Ven in** pts with CLL treated in routine clinical practice.

**Methods:**

REALITY is an international, multicenter, prospective observational cohort study in the RW clinical setting. The study will enroll pts with previously untreated CLL from hospitals and medical institutions where Ibr+Ven is routinely used in clinical practice. The decision to start Ibr+Ven tx will be made independently of and prior to pt enrollment in the study. Pts aged ≥18y with a confirmed diagnosis of CLL who have been prescribed Ibr+Ven and sign the informed consent are eligible for inclusion. The dosing schedule is per label, with a 3-cycle lead-in of Ibr** 420 mg/d followed by 12 cycles of Ibr+Ven, with Ven dose ramp-up from 20 to 400 mg over 5 weeks from Cycle 4 (Figure). Primary data sources are medical records and pt and physician questionnaires. Data will be collected at pt visits every 3 tx cycles (~every 12 wks). The study duration will be ~4y, with 1.5y enrollment, up to 15 cycles of Ibr+Ven during the tx phase, and up to 1y follow-up phase. Approximately 200 pts will be enrolled in Europe, Middle East, and Latin America. The primary endpoint** is overall response rate (ORR) by the end of 15 tx** cycles, per physician assessment based on iwCLL 2018 criteria.** Secondary endpoints include: 1) factors associated with physician decision to initiate Ibr+Ven in routine clinical practice; 2) ORR by the end of 3, 6, 9, and 12 tx cycles, duration of response (DOR), PFS, OS, measurable residual disease, and tx interruptions/discontinuation and dose adjustments, time on tx, time to tx discontinuation (TTD), and TTNT; 3) pt-reported outcomes by EORTC QLQ-CLL17; 4) safety: adverse events (AEs), serious AEs, tumor lysis risk, and hospitalization rate for Ven ramp-up; and 5) medical resource utilization. ORR will be summarized with frequency (%), and 2-sided 95% CIs will be calculated using the normal approximation. Time-to-event endpoints (eg, TTD, TTNT, DOR, PFS, OS) will be analyzed using the Kaplan-Meier product limit method to estimate survival distribution and median time to event.

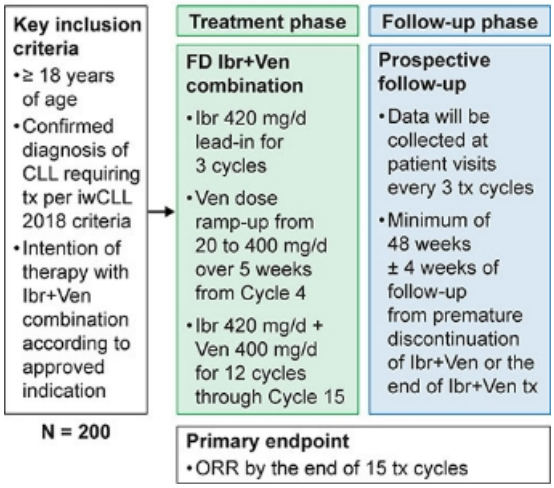
**Results:**

The study is in progress and results will be reported at a future medical congress.

**Summary/Conclusion:**

The REALITY study will provide RW data on the management of pts with CLL treated with Ibr+Ven in routine clinical practice.

**Figure. REALITY: international, multicenter, prospective observational cohort study in a real-world clinical setting**




**Keywords:** ibrutinib, Chronic lymphocytic leukemia, Real world data, Venetoclax