DOSE REDUCTION OF IBRUTINIB IN CHRONIC LYMPHOCYTIC LEUKEMIA: REAL-WORLD EXPERIENCE IN A PRIMARY HOSPITAL

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BACKGROUND AND IMPORTANCE

Although **ibrutinib (IBR)** is effective across all treatment lines for **chronic lymphocytic leukemia (CLL)**, its use is frequently limited by adverse events leading to discontinuation or dose reduction. Evidence suggests that **lowering the dose may preserve efficacy while improving tolerability.**

AIM AND OBJECTIVES

To describe the **real-world experience of CLL patients treated with reduced doses of IBR** in a tertiary care hospital.

MATERIAL AND METHODS

- Retrospective observational study.
- CLL patients treated with IBR who required dose reduction (420 mg/day).

RESULTS

N: 70 patients → 56 patients **(80%)** **IBR dose reduction** → physician decision (50%), toxicity (43%), interactions (7%).

	FULL DOSE	DOSE REDUCTIONS
PFS	4.6 years (95% CI: 3.2–6)	5.2 years (95% CI: 3.2–6)

No statistically significant difference

Annual cost savings → €705,180

CONCLUSION AND RELEVANCE

01 **IBR dose reduction in CLL patients appears to maintain clinical efficacy** while improving tolerability and reducing costs.

02 Further studies are warranted to confirm these findings.