

REAL-WORLD OUTCOMES IBRUTINIB AND VENETOCLAX COMBINATION THERAPY IN CHRONIC LYMPHOCYTIC LEUKEMIA

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BACKGROUND AND IMPORTANCE

IBRUTINIB

Bruton tyrosine kinase inhibitor

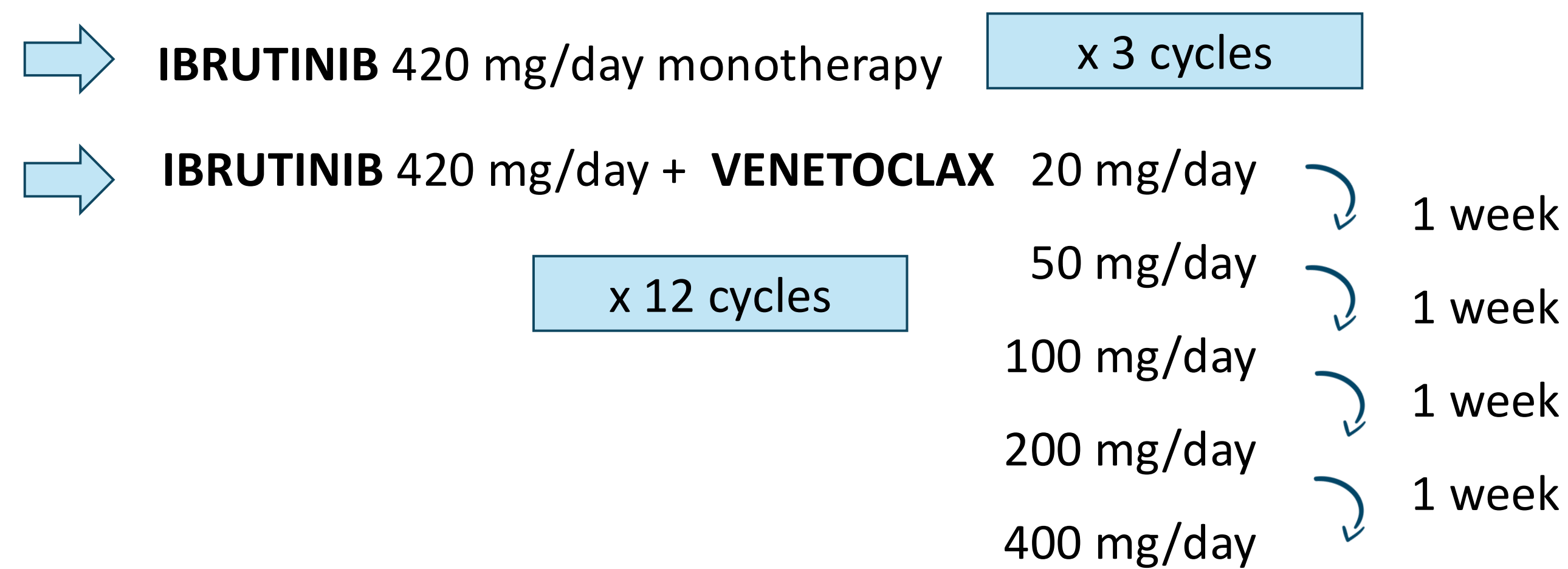
VENETOCLAX

Selective inhibitor of the anti-apoptotic protein BCL-2

IBRUTINIB+VENETOCLAX (I+V)

Ibrutinib mobilizes leukemic cells from lymph nodes to peripheral blood, where they are susceptible to venetoclax-induced apoptosis.

First-line treatment in adults with **chronic lymphocytic leukemia (CLL)**.



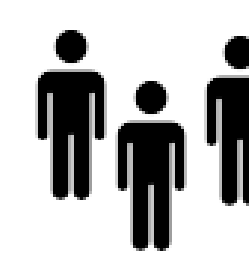
AIM AND OBJETIVES

Given the limited availability of real-world data, this study aimed to evaluate response outcomes of I+V in clinical practice.

MATERIALS AND METHODS



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Adults with LLC fit, naive, no TP53 mutation, no 17p deletion



Responses were evaluated every 3 months, incorporating clinical, hematological, radiological, and minimal residual disease assessments.

Criteria iwCLL2018

RESULTS



n=17
66,5 years (43-84)
33,8% >70 years
31,25% IgVH mutated



Figure 2. Time to achieve a complete response.

Among those who achieved complete response, 33.3% reached it within 3 months from the start, 22.2% at 6 months, 11.11% at 15 months, and 11.11% at 18 months.

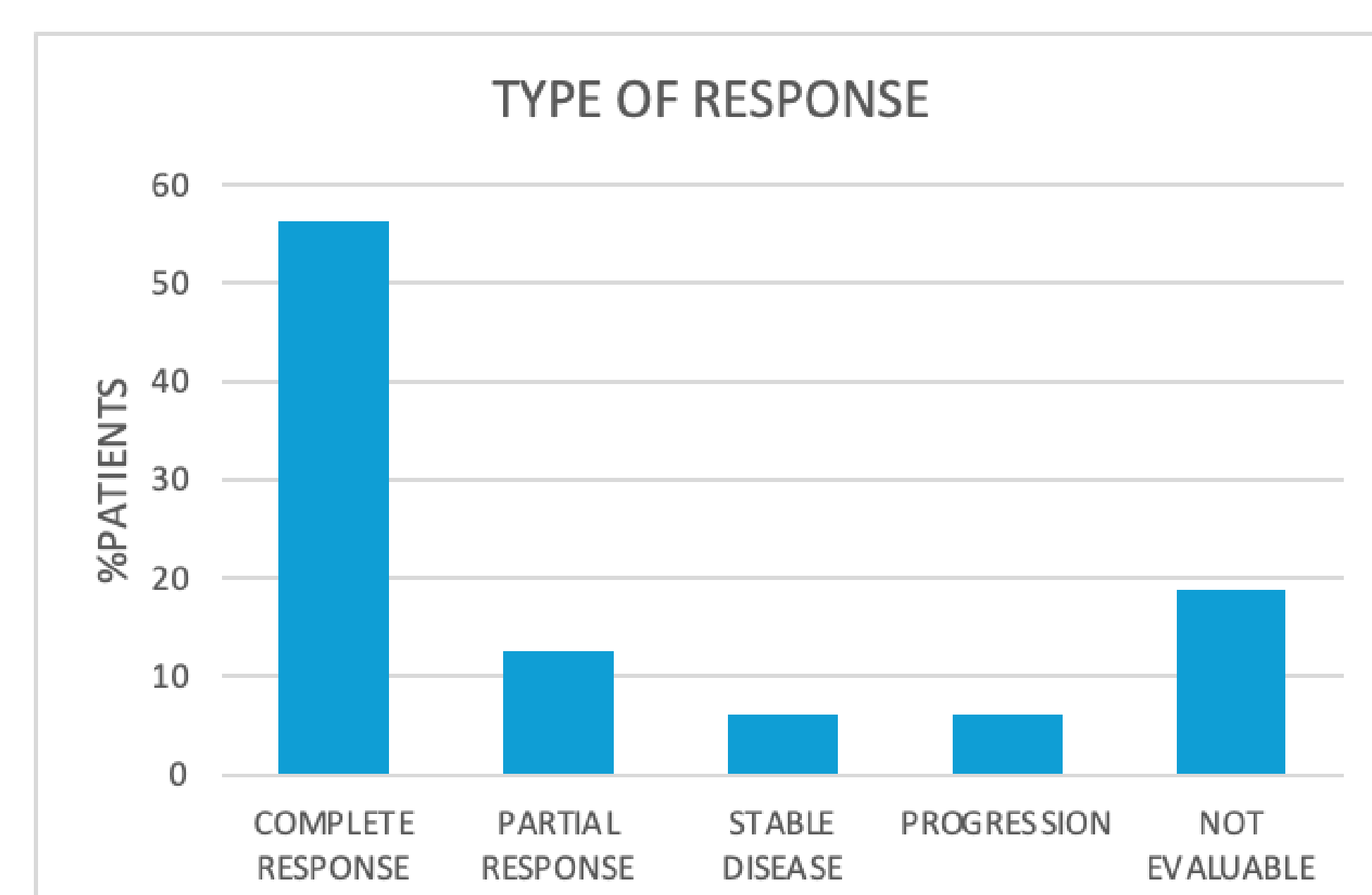


Figure 1. Type of response to treatment at the date of the last response assessment.

9 patients (56.25%) achieved complete response, 2 patients (12.5%) achieved partial response, one patient (6.25%) had stable disease, and one (6.25%) progressed, developing Richter's transformation. At the study cut-off date, it was not possible to assess the response in the two remaining patients (18.75%), as the follow-up time is insufficient.

CONCLUSION AND RELEVANCE

The I+V regimen demonstrated high rates of complete and partial remission, consistent with clinical trial data regarding deep responses, minimal residual disease negativity, and durable survival outcomes. Ongoing follow-up will provide further insights upon treatment completion.

REFERENCES

- Kater AP et al. Fixed-duration ibrutinib–venetoclax in CLL. *N Engl J Med Evid.* 2022;1(7).
- Jain N et al. Ibrutinib–venetoclax first-line CLL. *N Engl J Med.* 2019;380:2095–2103.
- Ortega Menéndez P et al. Ibrutinib+venetoclax real-world CLL. *12th Tendiendo Puentes Congr.* 2024.

