ANALYSIS OF REAL-LIFE USE OF IBRUTINIB AFTER RELAPSE TO CONVENTIONAL CHEMOTHERAPY IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA

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Background and importance

Ibrutinib has revolutionised the treatment of chronic lymphocytic leukaemia (CLL). Clinical trial data showed similar survival between patients randomised to ibrutinib or chemoimmunotherapy with crossover to ibrutinib at progression.

Aim and objectives

Analysis of the real-life use of ibrutinib after relapse to conventional chemotherapy in patients with CLL

Material and methods

Observational retrospective study of all patients treated with ibrutinib from second line from 2017 to the present at a tertiary level hospital.

Clinical variables: sex, age, date of diagnosis, comorbidities, Eastern Cooperative Oncology Group scale (ECOG), the Binet Staging System, cytogenetics (mutation TP53, immunoglobulin heavy-chain variable region gene (*IGHV)*, deletion chromosome 11, 13, 12 and 17), treatment, duration, response (complete, partial) and relapse, progression-free survival (PFS), adverse effects, dose modification or discontinuation.
Data was obtained from electronic prescription with the application Prisma® and electronic health records with Diraya®.

First line: treatments used were chlorambucil (9), fludarabine, cyclophosphamide and rituximab scheme (7), bendamustine and rituximab
Second line: patients without ibrutinib, the treatment more common were bendamustine with rituximab (50%).
All except one patient started at a dose of 420 mg

Results

31 patients were treated with ibrutinib (18 patients in the second line and 13 in the third line).

Median age: 71 years (IQR 65-78), 51.6% male.
Median age of diagnosis: 2012 (IQR 2008-2014).

Mutation TP53 in 16 patients, 15 patients with unmutated IGHV, 24 patients del 11q negative and 18 with del 13q and 17q negative.

Median duration of treatment	32 months
Definitive suspension	7 patients due to cardiac toxicity
Temporary suspensions	4 due to cardiac and gastrointestinal toxicity.
Died of causes other than the disease	4 patients.
Lost response to treatment	No patients
Complete response	14 patients
Partial response	4 patients
Discontinued due to toxicity	7 patients
Dose reduction due to toxicity	11 patients

Conclusion and relevance

The treatment with ibrutinib proved effective in the second or third line of treatment in CLL, although adverse effects require dose adjustments and sometimes discontinuation of treatment