ANALYSIS OF IBRUTINIB DOSE REDUCTION IN PATIENTS DIAGNOSED WITH CHRONIC LYMPHOCYTIC LEUKAEMIA: ARE WE DOING IT RIGHT? 4CPS-190

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IMPORTANCE OF THE STUDY

The usual oral dosage of ibrutinib in chronic lymphatic leukemia (CLL) is 420 mg every 24h. However, comorbidities, adverse effects and drug interactions require a dose reduction (DR), and the efficacy of treatment may be compromised.

OBJECTIVE

Analyze the reasons of ibrutinib DR and its consequences on disease progression/death.

MATERIAL AND METHODS

Retrospective observational study that includes patients diagnosed with CLL treated with ibrutinib between 09/16/2020-09/16/2022 and not involved in a clinical trial.

The data was obtained from the electronic medical record (Osabide Global) and the electronic prescription program (Onkobide).

Data collection

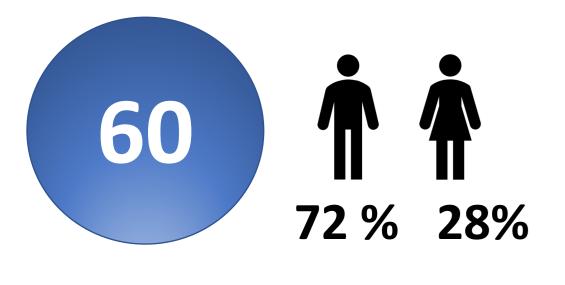
- Demographics (sex and age)
- DR requirements and date
- Disease progression (Y/N) and date
- Death (Y/N) and date
- Treatment suspensions and date

Data calculated

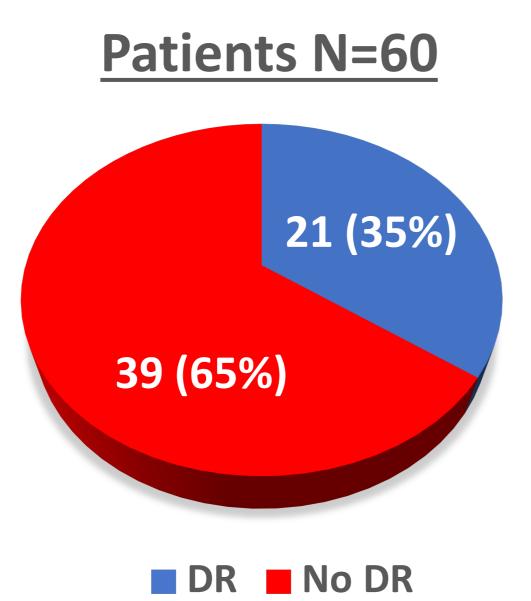
- Percentage patients required DR and reasons, death and progression
- Overall median treatment duration (OMD)

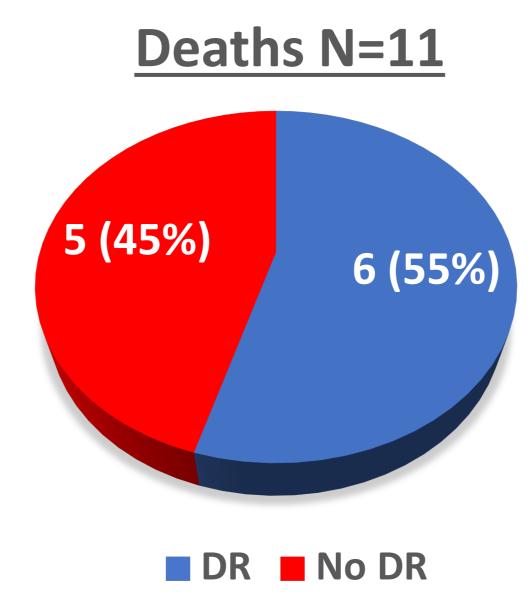
Overall median treatment duration after DR (DAMD)

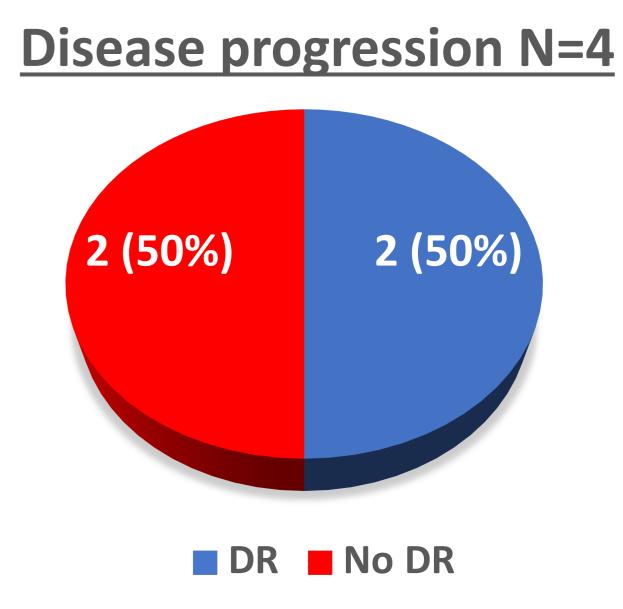
RESULTS



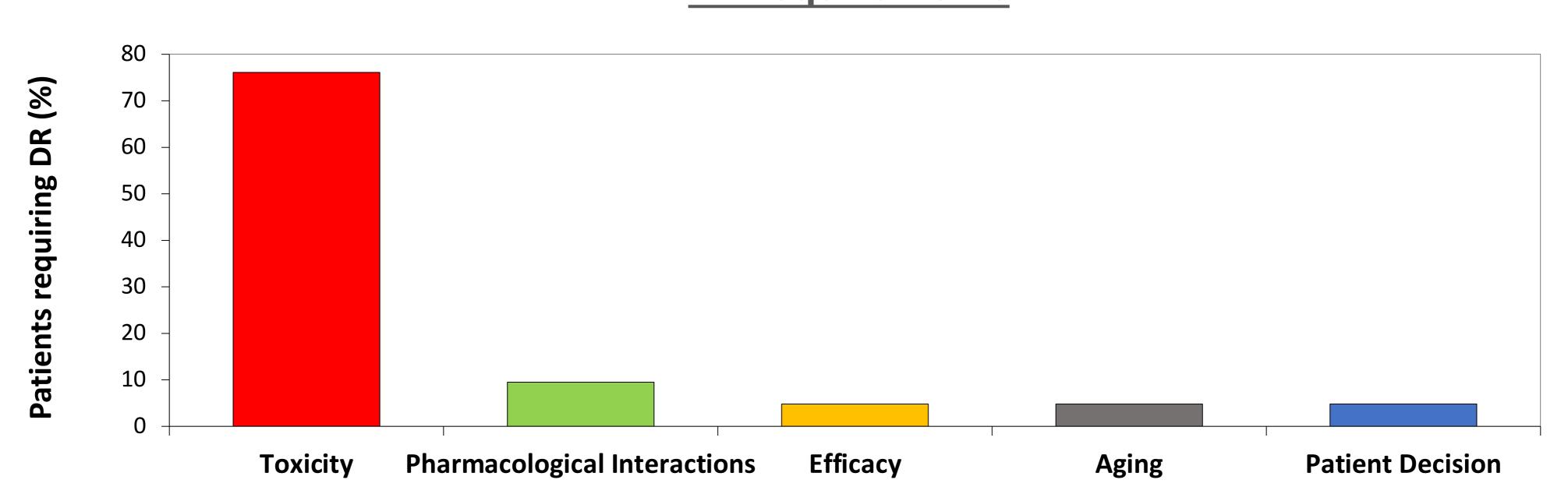
Median age: 72,9 (53-89) OMD: 17 months (0-73) DAMD: 12 months (0-70)







DR requirements



CONCLUSIONS AND RELEVANCE

- The ibrutinib DR does not influence the disease progression or mortality, although the sample size is not enough for a formal statistical analysis.
- Toxicity was identified as the most common reason for DR.
- The OMD and DAMD data presented in this work are lower than those commonly published in the literature due to the technical limitations on the software systems.