Abstract ID 1550759: **Efficacy and toxicity of ibrutinib in CLL - Croatian experience. A non-interventional, real world study of KroHem**

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Introduction

Ibrutinib has revolutionized the treatment of CLL. Despite being a targeted agent it causes off-target toxicities, most notably cardiac and hemorrhagic. Factors affecting the risk of adverse outcomes are incompletely understood.

Aim

Evaluate the efficacy and toxicity of ibrutinib treatment and risk factors for adverse outcomes.

Patients and methods

We retrospectively collected data on 436 patients who started ibrutinib for CLL between 2015 and 2021.

Patient characteristics

Characteristic	N (%)
Gender M/F	268 (61.5%) / 168 (38.5%)
Age (median/range)	68 y / 36-87 y
Binet stage (A/B/C)*	46 (10.6%) / 209 (43.3%) / 176 (40.6%)
FISH: not done normal del 11 +12 del 13 del 17	85 112 (31.0%) 49 (13.6%) 22 (6.1%) 62 (17.2%) 116 (32.1%)
IgHv mutational status: not done mutated / unmutated	 378 10 (17%) / 48 (83%)
Treatment line: 1st 2nd ≥3rd / median, range	216 (49.5%) 116 (26.6%) 104 (23.9%) / 3, 3-11
Pretreatment cardiac consultation (yes / no)**	132 (30.3%) / 303 (69.7%)
History or pretreatment ECG with cardiac arrhythmia (yes / no)**	54 (12.4%) / 381 (87.6%)
Pretreatment arterial hypertension (yes / no)	223 (51.1%) / 213 (48.9%)

*unknown for 3 patients
**unknown for 1 patient

Outcomes

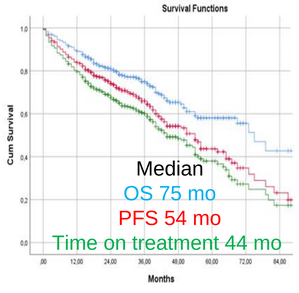
Response rate 92.7%

Median follow-up 29 mo, range 1-95 mo

Alive: 312 pts

Progression-free: 263 pts

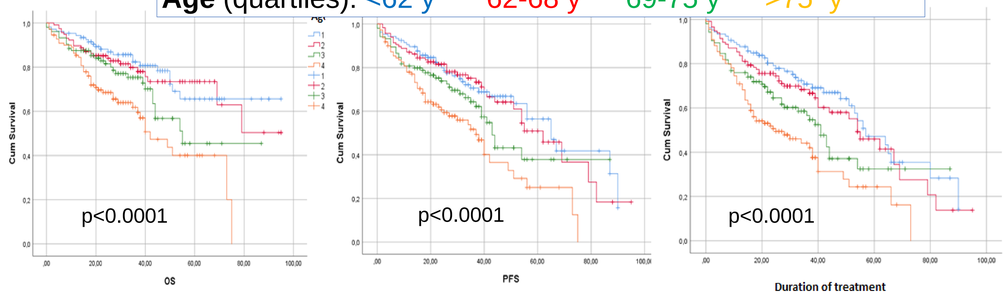
On therapy: 233 pts



Factors in multivariate analysis significantly related to:

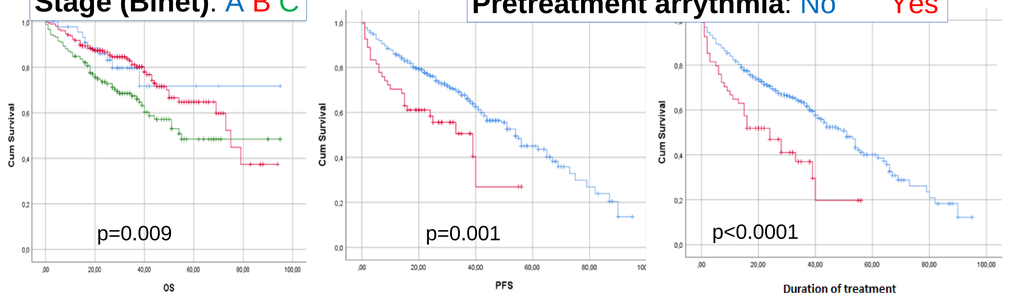
OS PFS Time on therapy

Age (quartiles): <62 y 62-68 y 69-75 y >75 y



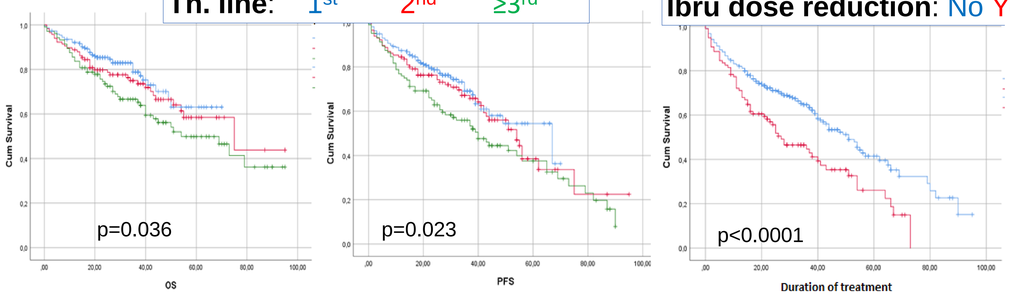
Stage (Binet): A B C

Pretreatment arrythmia: No Yes

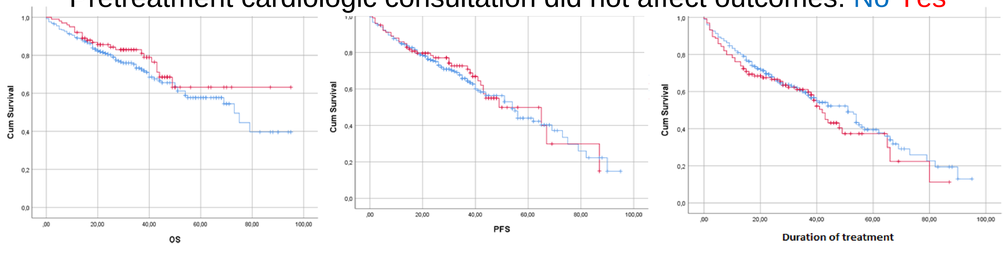


Th. line: 1st 2nd ≥3rd

Ibru dose reduction: No Yes



Pretreatment cardiologic consultation did not affect outcomes: No Yes



Sex, FISH and presence of arterial hypertension were not independently significantly related to any of these outcomes.

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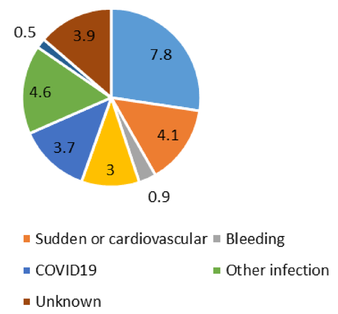
Toxicity

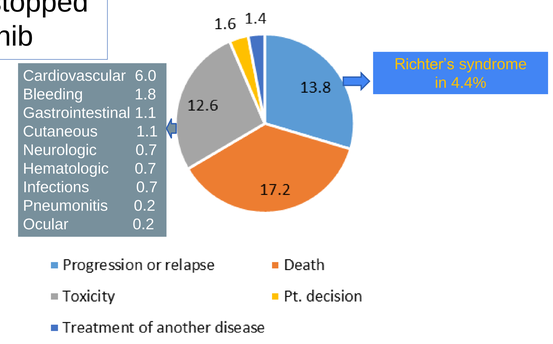
124 (28.4%) pts. died

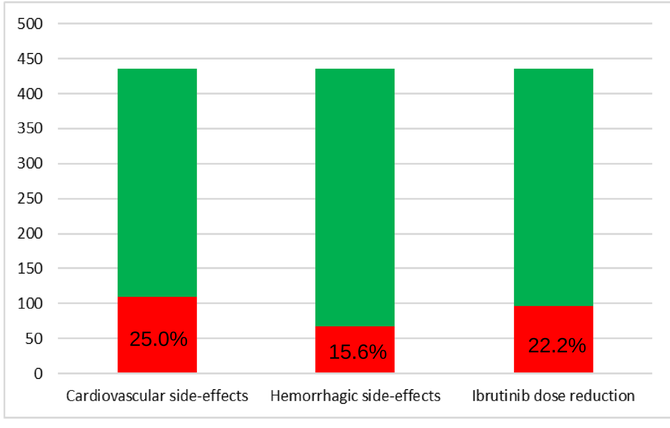
Causes of death (%)



203 (46.6%) pts. stopped ibrutinib

Reasons for stopping th (%)





Conclusions

Our analysis confirms the efficacy of ibrutinib in treatment of CLL.
Patients with cardiac arrhythmias are at an increased risk of having to stop treatment early.
Cca. 4% die of cardiovascular side effects and additional 6% have to stop ibrutinib for same reasons. Routine pretreatment cardiologic consultation is insufficient to reduce this risk.