

S. Thau¹, C.B. Poulsen¹, L.M.Pedersen¹ / ¹Department of Hematology, Zealand University Hospital, Denmark

Contact information:

Sophie Thau: sotha@regionsjaelland.dk
Lars Møller Pedersen: Impn@regionsjaelland.dk

INTRODUCTION

Studies have indicated that patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) are in high risk of developing severe COVID-19. In vitro studies have shown that venetoclax blocks the interaction between the ACE-2 receptor and the SARS-CoV-2 spike glycoprotein. However, COVID-19 related morbidity and mortality in patients treated with venetoclax is unknown.

OBJECTIVES

We investigated the impact of venetoclax on COVID-19 mortality and morbidity in patients with CLL/SLL. Primary outcome was 30-day COVID-19 mortality. COVID-19 severity, hospitalization rate and treatment with antiviral drugs were secondary outcomes.

METHODS

- 108 patients treated with venetoclax at Department of Hematology, Zealand University Hospital were included.
- Patients were diagnosed with CLL/SLL between 1996-2022 and treated with venetoclax between April 2017- December 2022.
- 48 patients tested positive for SARS-CoV-2 on a qRT-PCR test.
- All data was collected from electronic records and the nationwide database of PCR results.

RESULTS

- Baseline characteristics were comparable to a general CLL population.
- 75% of the patients presented with asymptomatic/mild COVID-19, 25% presented with severe/critical COVID-19.
- Only 2 patients deceased within 30 days from positive PCR. The primary causes of death was Richter transformation (DLBCL) and pulmonary cancer.
- The hospitalization rate was 46% with no ICU admissions.
- High CIRS-scores were more frequent in patients with severe COVID-19 (P<0.02).
- COVID-19 morbidity and mortality were similar before and during the Omicron era.
- Patients with COVID-19 during ongoing venetoclax treatment received more intensive treatment with antiviral antibodies (P=0.03), anticoagulants (P=0.03), Piperacillin/Tazobactam (P<0.01) and antiviral drugs (P=0.02) than patients with COVID-19 after discontinuation of venetoclax.

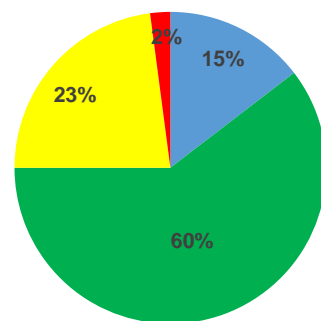
CONCLUSION

Our results suggest that CLL/SLL patients treated with venetoclax generally present with mild COVID-19 and low mortality rates compared to data from studies of general CLL populations. COVID-19 morbidity and mortality are highly associated with other comorbidities.

REFERENCES

1. Scarfò, L., Chatzikonstantinou, T. Ghia, P. et al. (2020). COVID-19 severity and mortality in patients with chronic lymphocytic leukemia: a joint study by ERIC, the European Research Initiative on CLL, and CLL Campus. *Leukemia*, 34(9), 2354–2363.
2. Mato, A. R., Roeker, L. E., Eyre, T. A. et al. (2020). Outcomes of COVID-19 in patients with CLL: a multicenter international experience. *Blood*, 136(10), 1134–1143.
3. Chatzikonstantinou, T., Kapetanakis, A., Ghia, P. et al. (2021). COVID-19 severity and mortality in patients with CLL: an update of the international ERIC and Campus CLL study. *Leukemia*, 35(12), 3444–3454.
4. Fischer, K., Al-Sawaf, O., Hallek, M. et al. (2019). Venetoclax and Obinutuzumab in Patients with CLL and Coexisting Conditions. *N Engl J Med*, 380(23), 2225–2236.
5. Seymour, J. F., Kipps, T. J., Kater, A. P. et al. (2018). Venetoclax-Rituximab in Relapsed or Refractory Chronic Lymphocytic Leukemia. *N Engl J Med*, 378(12), 1107–1120.
6. Eichhorst, B., Niemann, C. U., Tadmor, T. et al. (2023). First-Line Venetoclax Combinations in Chronic Lymphocytic Leukemia. *N Engl J Med*, 388(19), 1739–1754.
7. Chen, C.-C., Zhuang, Z.-J., Hsieh, T.-H. et al. (2022). Venetoclax Decreases the Expression of the Spike Protein through Amino Acids Q493 and S494 in SARS-CoV-2. *Cells*, 11(12).
8. Schønning, K., Dessau, R. B., Voldstedlund, M. et al. (2021). Electronic reporting of diagnostic laboratory test results from all healthcare sectors is a cornerstone of national preparedness and control of COVID-19 in Denmark. *APMIS* 129(7), 438–451.
9. Niemann, C. U., da Cunha-Bang, C., Brieghel, C. (2022). Patients with CLL have a lower risk of death from COVID-19 in the Omicron era. *Blood*, 140(5), 445–450.
10. Glenthøj, A., Jakobsen, L. H., Sengeløv, H., Frederiksen, H. (2021). SARS-CoV-2 infection among patients with haematological disorders: Severity and one-month outcome in 66 Danish patients in a nationwide cohort study. *Eur J Haematol*, 106(1), 72–81.
11. Roberts, A. W., Davids, M. S., Pagel, J. M., Wierda, W. G., & Seymour, J. F. et al. (2016). Targeting BCL2 with Venetoclax in Relapsed Chronic Lymphocytic Leukemia. *N Engl J Med*, 374(4), 311–322.
12. Ruiz-Camps, I., & Aguilar-Company, J. (2021). Risk of infection associated with targeted therapies for solid organ and hematological malignancies. *Adv Infect Dis*, 8, 2049936121989548.
13. Ghosh, S., Bhattacharjee, D., Satpati, P., & Bhabak, K. P. (2022). Venetoclax: a promising repurposed drug against SARS-CoV-2 main protease. *Biomol Struct Dyn*, 40(22), 12088–12099.

COVID-19 severity



■ Asymptomatic ■ Mild
■ Severe ■ Critical

Treatments

