Real-world evidence on venetoclax in chronic lymphocytic leukemia: The KROHEM(Croatian cooperative group for hematological diseases experience





Dino Dujmović, Sandra Bašić-Kinda, Ida Ivek, Barbara Dreta, Marija Ivić, Ozren Jakšić, Antonia Mrdeža, Goran Rinčić, Karla Mišura, Slobodanka Kolonić Ostojić, Hrvoje Holik, Ivana Budisavljević, Toni Valković, Antonija Miljak Ivan Zekanović, Ivan Krečak, Nika Popović, Vlatko Pejša, Igor Aurer KBC ZAGREB, KBC DUBRAVA, KBC SESTRE MILOSRDNICE, KBC SPLIT, KBC RIJEKA, OB SLAVONSKI BROD, OB ZADAR, OB ŠIBENIK, OB VARAŽDIN, MEF ZAGREB, MEF RIJEKA, KROHEM

INTRODUCTION

Chronic lymphocytic leukemia (CLL) is the most common form of leukemia in the western adult population. The B cell lymphoma-2 (BCL-2) family proteins play a key role in regulating intrinsic apoptosis and in many cancers have a major impact on tumor survival and therapy resistance. Hence, the role of BCL-2 inhibitors is very beneficial in the treatment of CLL. Venetoclax is the first selective, orally bioavailable BCL-2 inhibitor in use for both frontline and relapse/refractory CLL

In this trial we conducted a multicenter retrospective chart analysis of patients with chronic lymphocytic leukemia treated with venetoclax to describe outcomes and toxicities. From 2017 to 2023 a total of 188 patients were treated in 9 hematological centres in Croatia.

Patients characteristics are shown in table 1.

SEX(male/female) 122/66 AGE(median/range) 66(33-90) NUMBER OF LINES 64(34%) 1.line 60(32%) 2.line 64(34%) in later lines 33(17%) BTK inhibitor PRIOR BTK/anti CD20 THERAPY 83(44%) anti CD20 75 patients (40%) monotherapy while MONOTHERAPY OR COMBINATION 113(60%) in combination with anti CD20 ORR/CR rate(no, pct) 160(84%) / 94(50%)

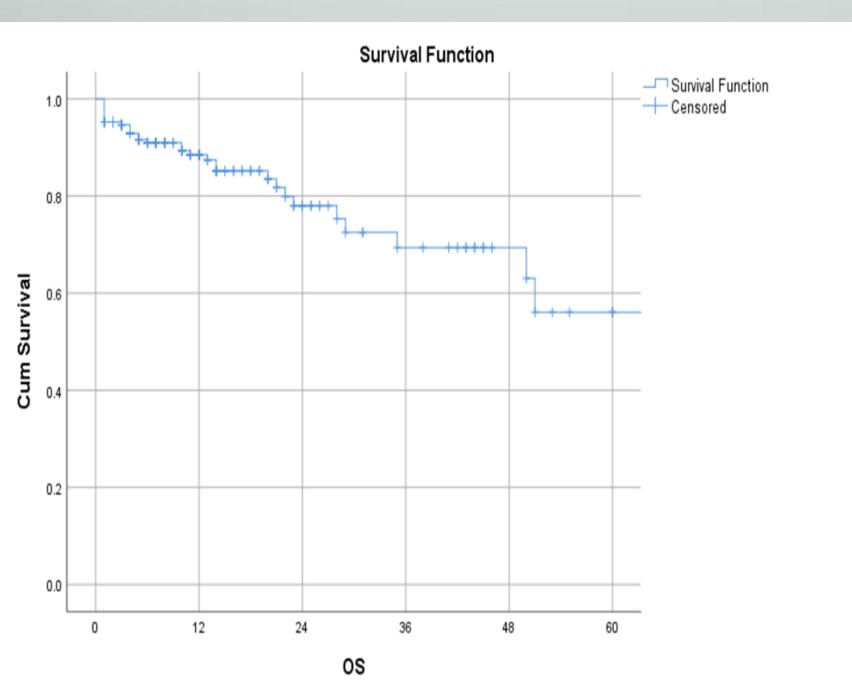
ORR was achieved in 161(85%) patients in all analysed cohorts with 94(50%) patients achieved CR.14(7%) patients were not yet evaluated, 6(3%) did not respond to treatment and died early in treatment and 6(3%) patients progressed during treatment.

Patients treated in first line had an OR rate of 100% and patients treated in a second line had an ORR of 96%.

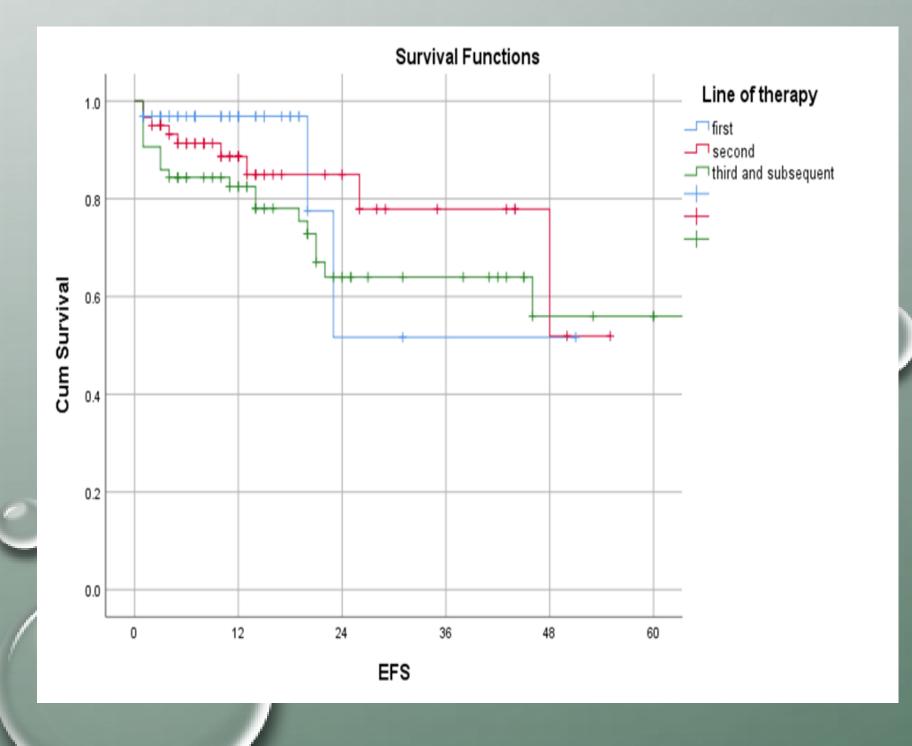
Estimated 2-year OS across all cohorts was 83.5% (median not reached). Figure 1.(EFS) was 83% but when analysed by subgroups patients in first line had an EFS of 93.8%, second line 85% and third and subsequent lines had an EFS of 70.3% with a significant difference (93.8% vs 70.3%, p=0.042). Figure 2.

The most frequent adverse events includedAEs: infections including COVID 19,tumor lysis syndrome, diarrhea, and elevated liver enzymes. Grade III/IV Aes occurred in 86(45%) patients, mostly neutropenia (90%), but only 33(18%) needed hospitalization. 67(35%) had a temporary treatment discontinuation due to adverse events and 53(28%) patients had a dose reduction.

In only 11(6%) patients venetoclax treatment was permanently discontinued due to toxicity. Richters transformation occurred in 18(10%) patients. Of those patients 16 were in second or subsequent lines while 2 patients had a concurrent Richters transformation at the beginning of treatment. Two patients developed secondary malignancy(breast cancer and skin cancer).







Our real-life data tend to confirm that venetoclax used as monotherapy or in combination with rituximab or Obinutuzumab is effective treatment for both untreated and relapse/refractory CLL patients. Adverse events were observed at a similar incidence as in the clinical trials, and the most of AEs. were easily manageable.

FIGURE 2

Dino Dujmović. MD dujmovicdi@gmail.com