Abstract 1229: A Study of Frontline Therapy in Adults ≥ 80 years with CLL

Authors: Mazie Tsang[1], Paul Hampel[2], Kari Rabe[2], Wei Ding[2], Jose Leis[1], Saad Kenderian[2], Yucai Wang[2], Eli Muchtar[2], Amber Koehler[2], Curtis Hanson[2], Min Shi[2], Susan Slager[2], Neil Kay[2], Sameer Parikh[2]
[1]Mayo Clinic, Phoenix, AZ; [2]Mayo Clinic, Rochester, MN

Background:

- Median age at CLL diagnosis is 71 years
- Adults aged ≥ 80 years with CLL are under-represented in clinical trials

Methods:

- Retrospective cohort study of adults aged ≥ 80 years at time of frontline treatment
- Data source: Mayo Clinic CLL Database
- Kaplan-Meier analysis for overall survival and cumulative incidence for time to next treatment

Results:

Pre-treatment (N=216)	N (%) or Median [range]
Age	83 (80-95)
Sex	
Male	146 (68)
Labs	
Absolute lymphocyte count (x10^9/L)	33.8 [0.4-360.5]
White blood cell count (x10^9/L)	42.8 [2.2-610]
Hemoglobin (g/dL)	11.4 [6.3-16.3]
Platelet count (x10^9/L)	144 [3-748]
FISH, pretreated	
Missing	90
Normal	28 (22.2)
13q-	38 (30.2)
Trisomy 12	29 (23.0)
11q-	20 (15.9)
17p-	11 (8.7)
IGHV mutation status	
Missing	115
Unmutated	59 (58.4)
CLL-IPI Risk Group	
Missing	142
Low	1 (1.4)
Intermediate	10 (13.5)
High	54 (73.0)
Very High	9 (12.2)

Novel agents (such as BTK inhibitors and venetoclax) used in the frontline treatment for adults aged ≥ 80 years with CLL improves overall survival

MAYO CLINIC | Comprehensive Cancer Center

Contact: tsang.mazie@mayo.edu

Figure 1: Frontline novel agents are associated with a longer time to next treatment in older adults

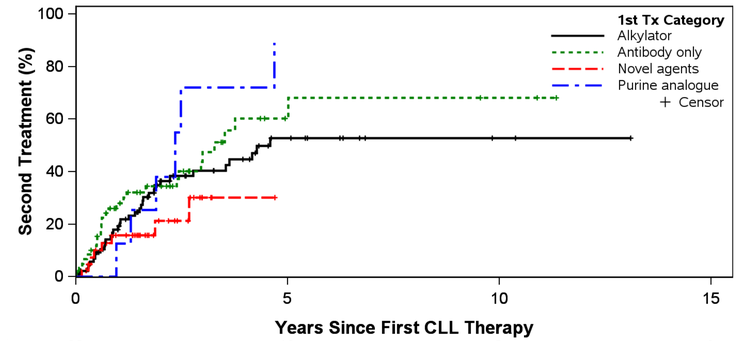
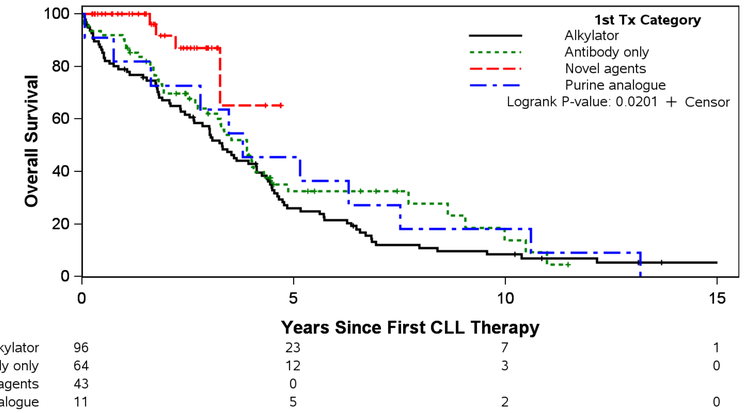


Figure 2: Novel agents improve overall survival in the frontline setting for older adults



- No difference in OS among novel agents (BTK inhibitors vs venetoclax)
- Causes of death: progressive CLL (n=63), infections (n=12), other cancer (n=11), non-CLL reasons (n=21)
- Older age (HR 1.5) and treatment with non-novel agents (HR 3.2) were associated with shorter OS, p<0.05