ASH 2026 IVIG Utilization Abstract

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Abstract Guidelines

- **Abstract Body:** max. 4500 characters (including spaces)
- **New for 2026:** No tables or figures are permitted

Abstract Topic: 906. Outcomes Research: Lymphoid Malignancies Excluding Plasma Cell Disorders

Abstract Title

Comparative real-world analysis of intravenous immunoglobulin utilization in patients with chronic lymphocytic leukemia/small lymphocytic lymphoma receiving venetoclax–obinutuzumab or zanubrutinib

Authors

Nicole Lamanna,[1] Erin Mulvey,[2] Keri Yang,[3] Mei Xue,[3] Qianhong Fu,[3] Rhys Williams,[3] Nakhle S. Saba[4,5]

Affiliations

[1]Herbert Irving Comprehensive Cancer Center, Columbia University, New York, NY, USA; [2]Weill Cornell Medicine, New York, NY, USA; [3]BeOne Medicines, Ltd, San Carlos, CA, USA; [4]Our Lady of the Lake Cancer Institute, Baton Rouge, LA, USA; [5]LSU School of Medicine, New Orleans, LA, USA

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Introduction

Patients with chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) frequently develop secondary immunodeficiency and remain at increased risk for serious infections leading to increased morbidity and mortality. Intravenous immunoglobulin replacement therapy (IVIG) is commonly used as supportive care. Because treatment-related immune effects may influence IVIG requirements, understanding real-world IVIG utilization across contemporary targeted regimens is important. This study described real-world IVIG utilization patterns, including frequency and timing relative to treatment initiation, completion, and occurrence of serious infections among patients with CLL/SLL treated with fixed-duration combination venetoclax–obinutuzumab (VO) or continuous zanubrutinib monotherapy.

Methods

This retrospective observational study used the US Symphony Integrated Dataverse database to identify adults with at least 2 recorded CLL/SLL diagnosis codes occurring ≥14 days apart who initiated VO (04/01/2016-05/31/2026) or zanubrutinib monotherapy (01/01/2020-05/31/2026). IVIG use was assessed for VO and zanubrutinib after treatment initiation through end of follow-up, with additional analysis of IVIG use after VO completion and zanubrutinib discontinuation. Subgroup analysis was conducted by recorded serious infections, and timing of IVIG use (before/after) relative to first serious infection, defined as receipt of injectable antimicrobials within 15 days of hospitalization. Treatment utilization patterns were examined overall, by first line (1L) CLL therapy vs second or later line (2L+), and baseline characteristics between the cohorts.

Results

A total of 924 VO patients (1L, n=263; 2L+, n=661) and 442 zanubrutinib patients (1L, n=82; 2L+, n=360) received IVIG after treatment initiation (median follow-up: VO, 38.7 months; zanubrutinib, 24.6 months). Baseline characteristics were generally comparable, although zanubrutinib patients were older than VO patients (median, 74 vs 69 years; *P*<.0001). Overall IVIG use after treatment initiation was significantly higher with VO vs zanubrutinib (18.0% vs 5.6%; *P*<.0001) and increased in 2L+ more than 1L in both cohorts (VO: 27.9% vs 8.1%; zanubrutinib: 9.5% vs 2.4%, respectively; *P*<.0001). Among IVIG recipients, the mean number of IVIG administrations after treatment initiation was significantly higher with VO vs zanubrutinib (14.2 vs 10.5; *P*<.0001), with the greatest difference observed in the 2L+ setting. Among patients with serious infections, first IVIG use before first serious infection occurred more commonly with VO than zanubrutinib (12.1% vs 6.6%), particularly in 2L+ (13.0% vs 7.2%). VO patients with first IVIG before first serious infection also had a higher frequency of IVIG use (mean: VO, 20.2 vs zanubrutinib, 13.5). Among patients with serious infections, first IVIG use after the first serious infection was observed in 9.3% of VO and 5.4% of zanubrutinib patients; subsequent IVIG use was less frequent in these patients (mean administrations: 9.0 and 7.3, respectively). While 21.4% of VO patients and 12.0% of zanubrutinib patients had serious infections, most IVIG recipients had no recorded serious infection (VO, 78.6%; zanubrutinib, 88.0%), yet IVIG use remained substantial (mean use: 13.8 vs 10.4, respectively). Notably, 12.1% of VO patients continued IVIG use after VO completion and 2.7% of zanubrutinib patients continued IVIG use after treatment discontinuation.

Conclusions

This real-world study described patterns of IVIG utilization among patients receiving VO and continuous zanubrutinib, with greater IVIG use observed among patients receiving VO, including more frequent administration and continued IVIG use following treatment completion. These utilization patterns are potentially consistent with the deeper B-cell depletion associated with obinutuzumab-containing therapy, which may increase the need for immune supportive care. Because quantitative immunoglobulin levels were not available in this database, prospective studies incorporating laboratory measures of immune status are warranted to better define optimal IVIG use and supportive care strategies in CLL/SLL.