2 years of zanubrutinib in Germany: a retrospective cohort study

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ABSTRACT

Introduction: Zanubrutinib, a next-generation Bruton tyrosine kinase inhibitor, was approved by the European Medicines Agency for Waldenström macroglobulinaemia in Nov 2021 [1]. Within 2 years, approval was also granted for R/R marginal zone lymphoma (Oct 2022), chronic lymphocytic leukemia (CLL; Nov 2022) and R/R follicular lymphoma (Nov 2023) [1]. Prescription data on zanubrutinib in Germany can provide information on real-world use.

Methods: Anonymized patient-level data from Dec 2021 to Dec 2023 informed this longitudinal, retrospective study (IQVIA healthcare prescription database, covering 80% of German statutory prescriptions). Data from 1,678 patients (pts) receiving zanubrutinib was analyzed by age, dosing, co-medication, pathway and retention. Co-medication was classified as proton pump inhibitors (PPI), cardiovascular drugs including anti-hypertension medication, or anti-coagulants. For pathway analysis, treatment during the 12 months prior to first zanubrutinib therapy was investigated, including use of acalabrutinib, ibrutinib monotherapy or combinations such as bendamustine+rituximab (BR)-dexamethasone (BR-D). For the retention analysis, a gap size of 90 days between end of a prescription and start of a new prescription was allowed.

Results: 37% of pts treated with zanubrutinib were 80-89 years old. Zanubrutinib was prescribed in a daily dose range starting from 60 mg, with 17% of pts receiving 300 to 339 mg daily. 94% of pts were administered a co-medication, of which 51% were cardiovascular drugs, 35% PPI and 28% anti-coagulants. The majority (67%) of pts were treatment-naive at the start of zanubrutinib therapy. 12% of pts had previously been prescribed ibrutinib, 3% prescribed acalabrutinib, the combination of BR-D was prescribed in 2%, while BR was prescribed in 1% of pts. After an observation period of 19 months, 73% of pts were still receiving zanubrutinib.

Conclusions: Both, the high retention rate and the large number of pts with co-medication suggest a good tolerability of the zanubrutinib therapy. The real-world prescription data seem to be consistent with results from pivotal studies.