

A Qualitative Study to Explore the Patient Experience of Continuous Covalent Bruton Tyrosine Kinase Inhibitors in Chronic Lymphocytic Leukemia: Study Methodology

Lydia Scarfò,¹ Georgina Tickler,² Lianne Barnieh,³ Jennifer Fitzgerald,⁴ Silvy Mardiguian,⁵ Jan Rynne,⁶ Gereon Maenzel,⁷ Christina Karamanidou,⁸ Sara Savar,² Jacqui Bernarde,² Kate Williams,² Talha Munir⁹

¹Università Vita Salute and IRCCS Ospedale San Raffaele, Milano, Italy; ²Acaster Lloyd, London, UK; ³BeOne Medicines Ltd, Paris, France; ⁴BeOne Medicines Ltd, Basel, Switzerland; ⁵BeOne Medicines Ltd, London, UK; ⁶CLL Advocates Network, CLL Ireland, Dublin, Ireland; ⁷Leukämiehilfe RHEIN-MAIN e.V., Rüsselsheim, Germany; ⁸Institute of Applied Biosciences, Centre for Research and Technology (INABICERTH), Thessaloniki, Greece; ⁹Leeds Teaching Hospital, Leeds, UK

CONCLUSIONS

- In this interim analysis, hematologists and patients differed in their perceptions of which side effects of cBTK inhibitors impact patients' day-to-day lives the most and least
 - Hematologists placed greater emphasis on cardiovascular side effects (eg, arrhythmias), while patients considered symptoms such as pain to have the greatest impact on their lives
- This study had some limitations
 - Since patient recruitment is ongoing, this poster presents preliminary findings with a higher proportion of patients on ibrutinib
 - Qualitative research is not intended to be statistically representative, but to provide rich and in-depth insights into disease or treatment experiences from the patient's own perspective
- The disconnect between patient and hematologist perceptions highlights the importance of the patient voice and shared decision-making in the selection of treatments for CLL

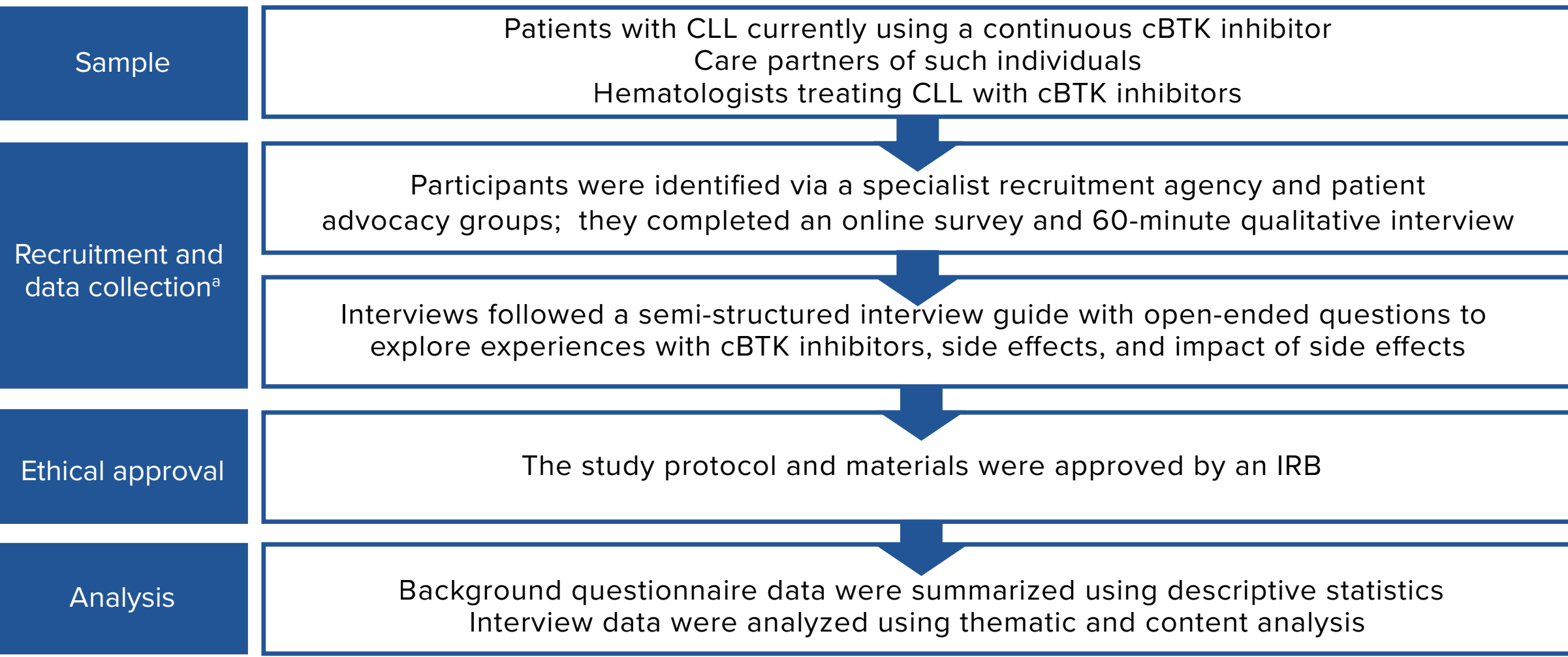
INTRODUCTION

- Covalent Bruton tyrosine kinase (cBTK) inhibitors, including ibrutinib, acalabrutinib, and zanubrutinib, are targeted therapies in chronic lymphocytic leukemia (CLL)¹
- While side effects of cBTK inhibitors have been documented, qualitative data on the experience and impact of side effects from the patient, care partner, and clinician perspective are limited
- This qualitative study aimed to explore the relative impact of side effects associated with continuous cBTK inhibitors as well as the similarities and differences in the patient and hematologist experience of cBTK inhibitors in CLL
- This study is ongoing; the data presented in this poster are based on an interim analysis

METHODS

- Patients with CLL currently using a continuous cBTK inhibitor, care partners, and hematologists treating CLL with cBTK inhibitors were recruited and interviewed; interview responses were analyzed using thematic and content analyses (Figure 1)

Figure 1. Study Design



¹Separate study materials were developed for each population.
Abbreviations: cBTK, covalent Bruton tyrosine kinase; CLL, chronic lymphocytic leukemia; IRB, independent review board.

RESULTS

- Fifteen hematologists across the United Kingdom, Germany, France, Spain, and Italy participated in this study (Table 1)
- To date, 32 patients and 6 care partners (data not presented) have been recruited; however, recruitment is ongoing (Table 2)

Table 1. Clinician Characteristics

Characteristics	Clinicians (n=15)
Country, n (%)	
United Kingdom	3 (20)
Germany	3 (20)
France	3 (20)
Spain	3 (20)
Italy	3 (20)

Clinical characteristics, mean (SD), years	
Time treating patients with CLL	20.8 (6.2)
Time using BTK inhibitors in CLL	9.1 (2.3)

cBTK inhibitors used, n (%)	
Ibrutinib	15 (100)
Acalabrutinib	15 (100)
Zanubrutinib	15 (100)

No. of patients treated over the last year, median (range) ^a	
Ibrutinib	20 (2-120)
Acalabrutinib	10 (5-60)
Zanubrutinib	6 (2-75)

cBTK inhibitors used, n (%)	
Ibrutinib	15 (100)
Acalabrutinib	15 (100)
Zanubrutinib	15 (100)

No. of patients treated over the last year, median (range) ^a	
Ibrutinib	20 (2-120)
Acalabrutinib	10 (5-60)
Zanubrutinib	6 (2-75)

^aIncludes new and routine cases.
Abbreviations: cBTK, covalent Bruton tyrosine kinase; CLL, chronic lymphocytic leukemia.

Table 2. Interim Patient Characteristics

Characteristics	Patients (n=32)
Country, n (%)	
United Kingdom	4 (13)
Germany	11 (34)
France	6 (19)
Spain	6 (19)
Italy	3 (9)
Ireland	2 (6)

Clinical characteristics, mean (SD), years	
Time treating patients with CLL	20.8 (6.2)
Time using BTK inhibitors in CLL	9.1 (2.3)

cBTK inhibitors used, n (%)	
Ibrutinib	15 (100)
Acalabrutinib	15 (100)
Zanubrutinib	15 (100)

No. of patients treated over the last year, median (range) ^a	
Ibrutinib	20 (2-120)
Acalabrutinib	10 (5-60)
Zanubrutinib	6 (2-75)

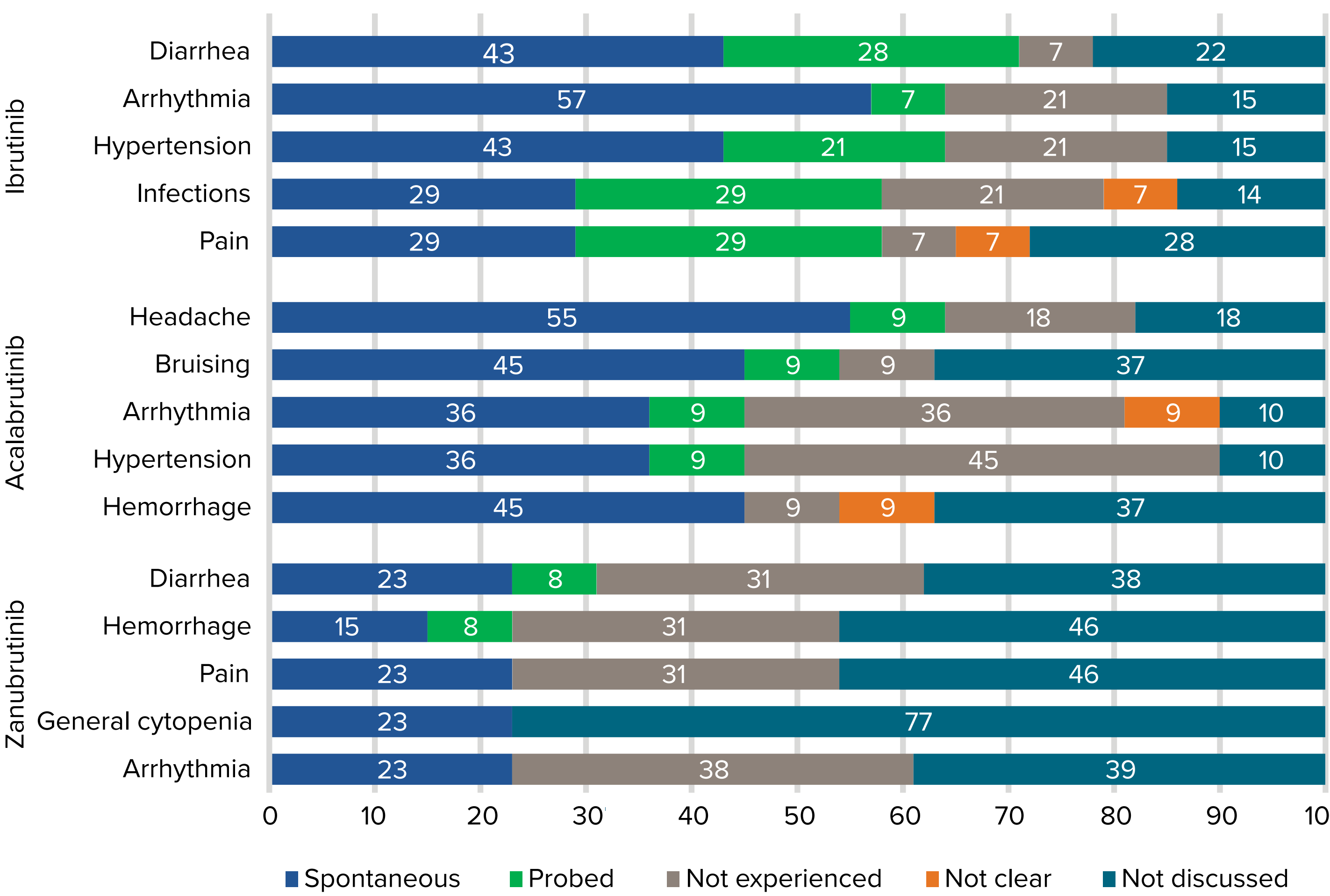
cBTK inhibitors used, n (%)	
Ibrutinib	15 (100)
Acalabrutinib	15 (100)
Zanubrutinib	15 (100)

No. of patients treated over the last year, median (range) ^a	
Ibrutinib	20 (2-120)
Acalabrutinib	10 (5-60)
Zanubrutinib	6 (2-75)

^aIncludes new and routine cases.
Abbreviations: cBTK, covalent Bruton tyrosine kinase; CLL, chronic lymphocytic leukemia.

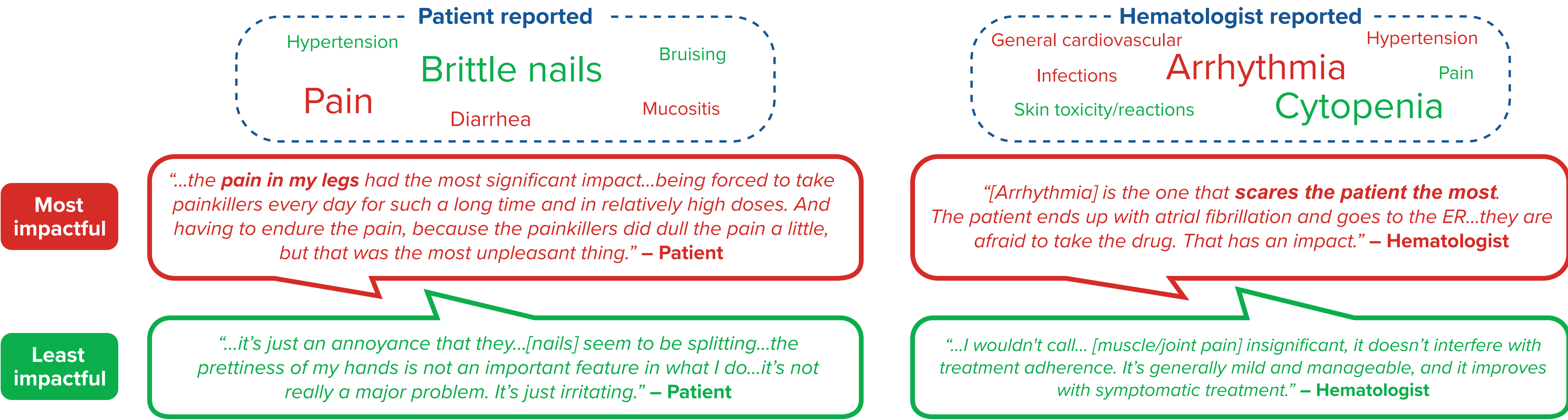
- Hematologists discussed their experience treating CLL with ibrutinib (n=14, 93%), acalabrutinib (n=11, 73%), and zanubrutinib (n=13, 87%)
 - Thirty-six side effects were reported in relation to the three cBTK inhibitors: ibrutinib (n=27), acalabrutinib (n=24), and zanubrutinib (n=24) (Figure 2)
 - The most reported side effect by hematologists for ibrutinib and zanubrutinib was diarrhea (n=10, 71% and n=4, 31%, respectively); for acalabrutinib, it was headache (n=7, 64%) (Figure 2)
- Patients most frequently reported that pain had the greatest impact on their lives (n=10); however, hematologists (n=2) reported pain as one of the least impactful side effects (Figure 3)
- Conversely, hematologists most frequently reported that cardiovascular side effects (eg, hypertension, arrhythmia) impacted patients' lives the most (n=8), whereas patients (n=3) reported that hypertension had minimal impact on their lives (Figure 3)

Figure 2. Side Effects Associated With cBTK Inhibitors Reported by Hematologists



This figure includes the n=5 most reported side effects for each cBTK inhibitor.
Abbreviation: cBTK, covalent Bruton tyrosine kinase.

Figure 3. Most (in Red) and Least (in Green) Impactful cBTK Inhibitor Side Effects for Patients and Hematologists



REFERENCE

1. Alsouqi A, Woyach JA. *Clin Lymphoma Myeloma Leuk*. 2025;25(2):89-95.

ACKNOWLEDGMENTS

The authors thank the patients and their families, investigators, co-investigators, and the study teams at each of the participating centers. This study was sponsored by BeOne Medicines Ltd. Editorial support was provided by Nancy Tang, PharmD, of Nucleus Global, an Inizio company, and supported by BeOne Medicines.

DISCLOSURES

LS: Consulting or advisory role: AbbVie, AstraZeneca, BeOne Medicines Ltd, Johnson & Johnson, Lilly, Merck; Travel, accommodations, expenses: AstraZeneca, BeOne Medicines Ltd, Johnson & Johnson. **LB, JF, SM:** Employment with and may own stock: BeOne Medicines Ltd. **JR:** Consulting: BeOne Medicines Ltd; Honoraria: AbbVie, BeOne Medicines Ltd. **GM:** Travel expenses from Novartis and AstraZeneca. **CK:** Honoraria, travel, accommodations and expenses: BeOne Medicines Ltd, AbbVie; Research funding: AstraZeneca. **TM:** Honoraria: BeOne Medicines Ltd, AstraZeneca, Sobi, Roche, Janssen, AbbVie, Lilly; Consultant: AbbVie, BeOne Medicines Ltd, Sobi, Alexion, Novartis, Janssen, AstraZeneca, Lilly, Roche; Research grants: Janssen, AbbVie; Travel, accommodations, expenses: Alexion, BeOne Medicines Ltd, AbbVie, Janssen, AstraZeneca; Advisory board: AbbVie, BeOne Medicines Ltd, AstraZeneca, Janssen. **GT, SS, JB, KW:** Employment with Acaster Lloyd Consulting Ltd and may hold stock or stock options in the company. Acaster Lloyd Consulting Ltd were commissioned by BeOne Medicines Ltd. to conduct the research summarized in this article.