Treatment Patterns and Adverse Events (AEs) in Patients With Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) in France, Italy, and the United Kingdom (UK)

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Objective

Limited modern knowledge of the treatment pathways and AEs in CLL/SLL patients currently exists.

Methods

Data were drawn from the Adelphi CLL Disease Specific Programme™, a cross-sectional survey completed by hematologists and hematologist-oncologists conducted in France, Italy, and the UK between October 2022 and March 2023.

Physicians extracted medical record data for their next eight consulting CLL/SLL patients (three receiving first-line [1L] and five second-line or later [2L+] drug treatment at data collection). Patient treatment history and AE data were described.

Results

157 physicians provided data on 1324 patients, with 40% (n=533) and 60% (n=791) receiving 1L and 2L+ treatment at data collection.

Overall, fludarabine, cyclophosphamide, and rituximab (FCR; 26%), ibrutinib (20%), and bendamustine plus rituximab (17%) were the most common 1L treatments. At data collection, most 1L patients received ibrutinib (28%), acalabrutinib (16%), and obinutuzumab (16%), while most 2L+ patients received FCR at 1L (34%) and ibrutinib (41%), venetoclax (29%), and rituximab (22%) at second line (2L). For patients who discontinued 1L primary therapy (n=818), the top three reasons for cessation were regimen completion/disease remission (86%), disease progression (16%), and treatment intolerance (4%). This was mirrored in patients who discontinued 2L primary therapy (n=106; 49%, 37%, and 8%, respectively).

At data collection, 28% (n=148) of 1L patients and 21% (n=168) of 2L+ patients experienced AEs. The top AEs experienced by 1L patients were anemia (30%), nausea (24%), and fatigue (23%). In 2L+ patients, these were neutropenia (26%), anemia (23%), and fatigue (22%).

Conclusions

Disease remission/regimen completion, disease progression, and treatment intolerance were common reasons for treatment discontinuation. Approximately a quarter of patients experienced AEs during data collection. Mostly these were anemia, fatigue, neutropenia, and nausea. Treatments with increased tolerability are warranted, and further research understanding the severity of AEs in the real world is needed.