

## 2SPD-025: ACALABRUTINIB + OBINUTUZUMAB VERSUS IBRUTINIB + OBINUTUZUMAB AS FIRST LINE IN CHRONIC LYMPHOCYTIC LEUKEMIA

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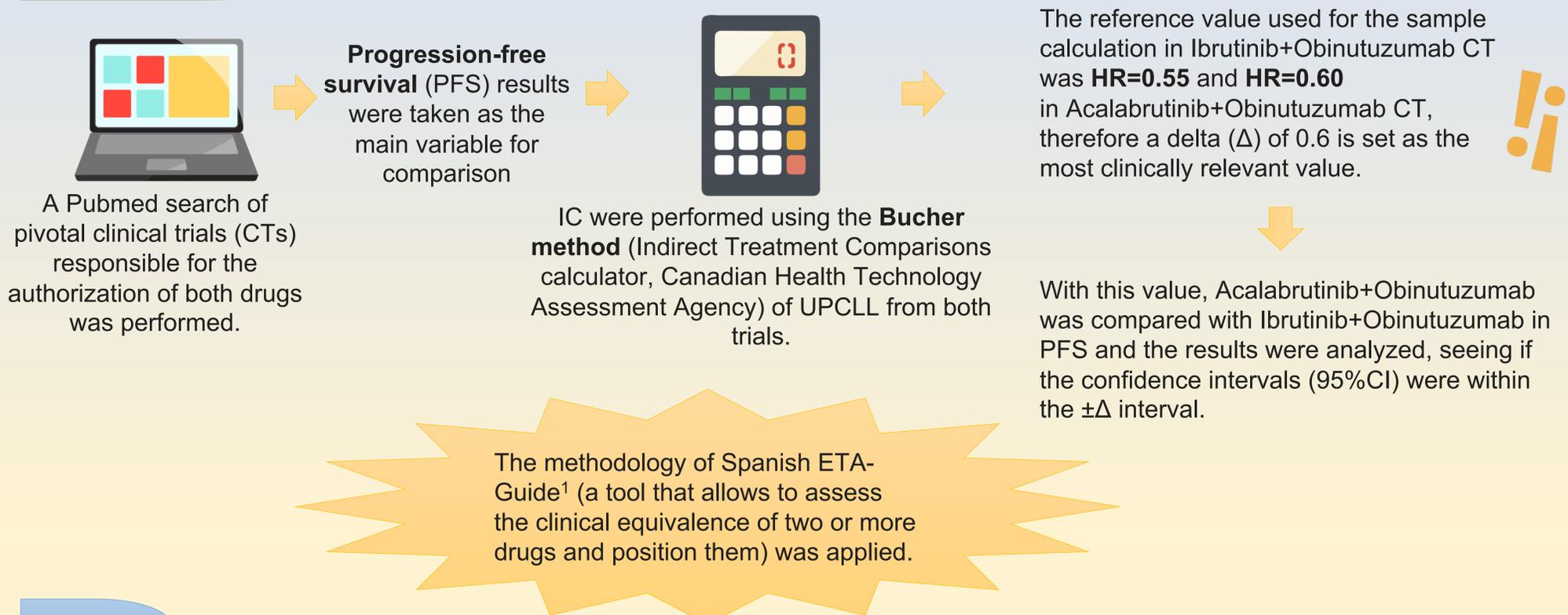
### Background and importance

Acalabrutinib+Obinutuzumab is authorized for the treatment of previously untreated patients with chronic lymphocytic leukemia (UPCLL), such as Ibrutinib. Since comparative studies are not yet available, an indirect comparison (IC) between them could be of special interest.

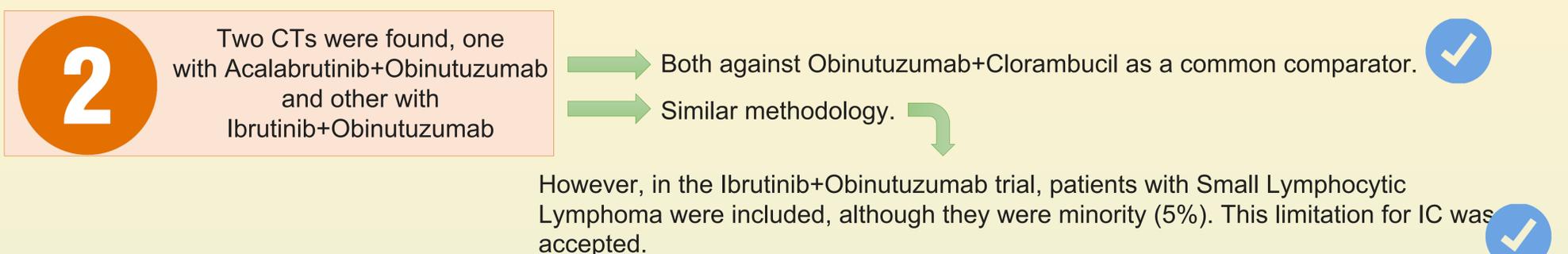
### Aim and objectives

To establish, through an IC versus Obinutuzumab+Clorambucil, whether Acalabrutinib+Obinutuzumab and Ibrutinib+Obinutuzumab can be considered equivalent therapeutic alternatives (ETA) in efficacy in the treatment of UPCLL.

### Material and methods



### Results



After applying the Bucher method, a **HR=0.435 (95%CI 0.218–0.866)** was obtained for Acalabrutinib+Obinutuzumab versus Ibrutinib+Obinutuzumab.

According to ETA-Guide, in the comparative efficacy of both drugs, a D position was obtained: graphically, the 95% CI was positioned almost completely within the  $\pm\Delta$  interval. Therefore, the difference is probably irrelevant. However, as treatment failure involves a serious prejudice for the patient, according to this guide **they would be considered not ETA**.

### Conclusion and relevance

According to the ETA criteria, Acalabrutinib+Obinutuzumab and Ibrutinib+Obinutuzumab could not be considered ETA, since after IC a greater benefit was observed with Acalabrutinib+Obinutuzumab. Nevertheless, safety and efficiency criteria should also be taken into account..

#### References:

1. Clin (Barc). 2014;143(2):85-90