ANALYSIS OF IBRUTINIB DOSE REDUCTION IN PATIENTS DIAGNOSED WITH CHRONIC LYMPHOCYTIC LEUKAEMIA: ARE WE DOING IT RIGHT?


IMPORTANCE OF THE STUDY

The usual oral dosage of ibrutinib in chronic lymphatic leukemia (CLL) is 420 mg every 24h. However, comorbidities, adverse effects and drug interactions require a dose reduction (DR), and the efficacy of treatment may be compromised.

OBJECTIVE

Analyze the reasons of ibrutinib DR and its consequences on disease progression/death.

MATERIAL AND METHODS

Retrospective observational study that includes patients diagnosed with CLL treated with ibrutinib between 09/16/2020-09/16/2022 and not involved in a clinical trial.

The data was obtained from the electronic medical record (Osabide Global) and the electronic prescription program (Onkobide).

RESULTS

- Patients N=60
  - 21 (35%) required DR
  - 39 (65%) did not require DR

- Deaths N=11
  - 5 (45%) required DR
  - 6 (55%) did not require DR

- Disease progression N=4
  - 2 (50%) required DR
  - 2 (50%) did not require DR

DR requirements

- Median age: 72.9 (53-89)
- OMD: 17 months (0-73)
- DAMD: 12 months (0-70)

CONCLUSIONS AND RELEVANCE

- The ibrutinib DR does not influence the disease progression or mortality, although the sample size is not enough for a formal statistical analysis.
- Toxicity was identified as the most common reason for DR.
- The OMD and DAMD data presented in this work are lower than those commonly published in the literature due to the technical limitations on the software systems.