SECURITY PROFILE OF IBRUTINIB AS MONOTHERAPY IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA: EXPERIENCE IN A TERTIARY HOSPITAL

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PURPOSE:

To asses **frequency** and **severity of adverse events** (AEs) in CLL patients treated with ibrutinib

MATERIAL AND METHODS:

Observational, retrospective and descriptive study including all >18 years old patients diagnosed of **LLC** treated with ibrutinib 420 mg/24h in our hospital.
Study period: JulyAEs were classified following National Institute Cancer CTCAE v. 5.0.
2015-September 2019.

RESULTS:

31 patients included
- 9 women, 22 men
- 72 years (average)

- poor prognosis cytogenetic: 71%
  - 45,16% del(17p)
  - 12,90% del(11q)
  - both in 12,90%.

-1st line: 10 patients
- >1 line: 21 patients (rank 1-5)

Median length of treatment: 12,7 months (rank 2-42,3).

Supension 9 patients:
- Progression (n=5)
- Exitus (n=2)
- grade 3/4 AEs (n=1)
- alogenic transplant (n=1)

Discontinued 6 patients:
grade 3/4 neutropenia (n=3),
respiratory infections (n=2),
bleeding grade 3/4 (n=1).

22 patients continue
when the study was closed.

AEs grade 1/2 presented: musculoskeletal: muscle clamps (n=3), arthralgia (n=4), musculoskeletal pain (n=3); hematologic: neutropenia (n=1), thrombocytopenia (n=1); gastrointestinal: diarrhoea (n=1); infecciones: urinary (n=1); periferic edema (n=1). One patient was diagnosed of atrial fibrillation and another one of hypertension that required treatment.

CONCLUSIONS:

In our patients, ibrutinib presents an adequate security profile, highlighting hemorrhagic as most gravity AEs. A periodic follow-up of the patient is necessary to assess the adverse reactions and the need for temporary suspension in the cases that are required.

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