SECURITY PROFILE OF IBRUTINIB AS MONOTHERAPY IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA: EXPERIENCE IN A TERTIARY HOSPITAL
C. FERNANDEZ CUERVA, C. ORTEGA DE LA CRUZ, M. ORTIZ, M.I. MUÑOZ CASTILLO.
HOSPITAL REGIONAL UNIVERSITARIO DE MÁLAGA, ESPAÑA

PURPOSE:
To assess 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: July 2015-September 2019.

RESULTS:
31 patients included - 9 women, 22 men - 72 years (average)
- poor prognosis cytogenetic: 71%
- 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).

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.