

Hi
#iwCLL2019

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Disclosures

Roche: Travel Grants

Abbvie: Honoraria

Treatment of CLL from 2019 onwards:

A prospective, open-label, multicenter randomized phase III trial to compare the efficacy and safety of ***fixed-duration venetoclax plus obinutuzumab*** versus chlorambucil plus obinutuzumab and in previously untreated patients with CLL and coexisting medical conditions



CLL *14*



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PURPOSE CONDUCT RESULTS CONCLUSION OUTLOOK

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PURPOSE CONDUCT ***RESULTS*** CONCLUSION OUTLOOK

Unfit *or fit?*



FIRSTLINE THERAPY *Unfit*



- FIXED-DURATION CHEMOIMMUNOTHERAPY
- CONTINUOUS INDEFINITE MONOTHERAPY

FIRSTLINE THERAPY *Unfit*



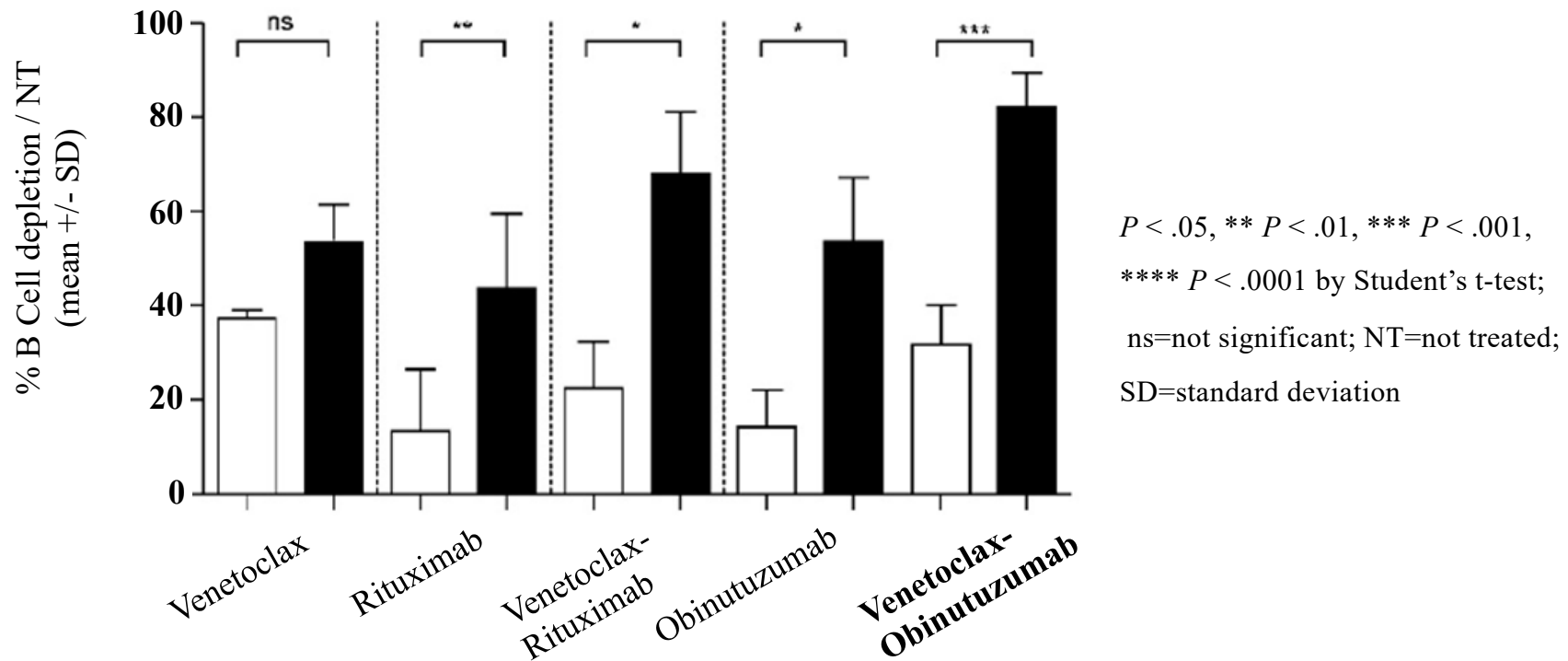
- FIXED-DURATION CHEMOIMMUNOTHERAPY
- CONTINUOUS INDEFINITE MONOTHERAPY
- ***FIXED-DURATION COMBINATION THERAPY***

Combine Venetoclax

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VENETOCLAX COMBINED WITH OBINUTUZUMAB SHOWS IMPRESSIVE ADDITIVE EFFECTS IN PRE-CLINICAL MODELS

B-cell (isolated from primary CLL patient samples) depletion relative to untreated controls assessed by flow cytometry



* Flinn IW. et al., Blood 2019

CHLORAMBUCIL-
OBINUTUZUMAB

31

Months

Progression-free survival*

VENETOCLAX-
OBINUTUZUMAB

?

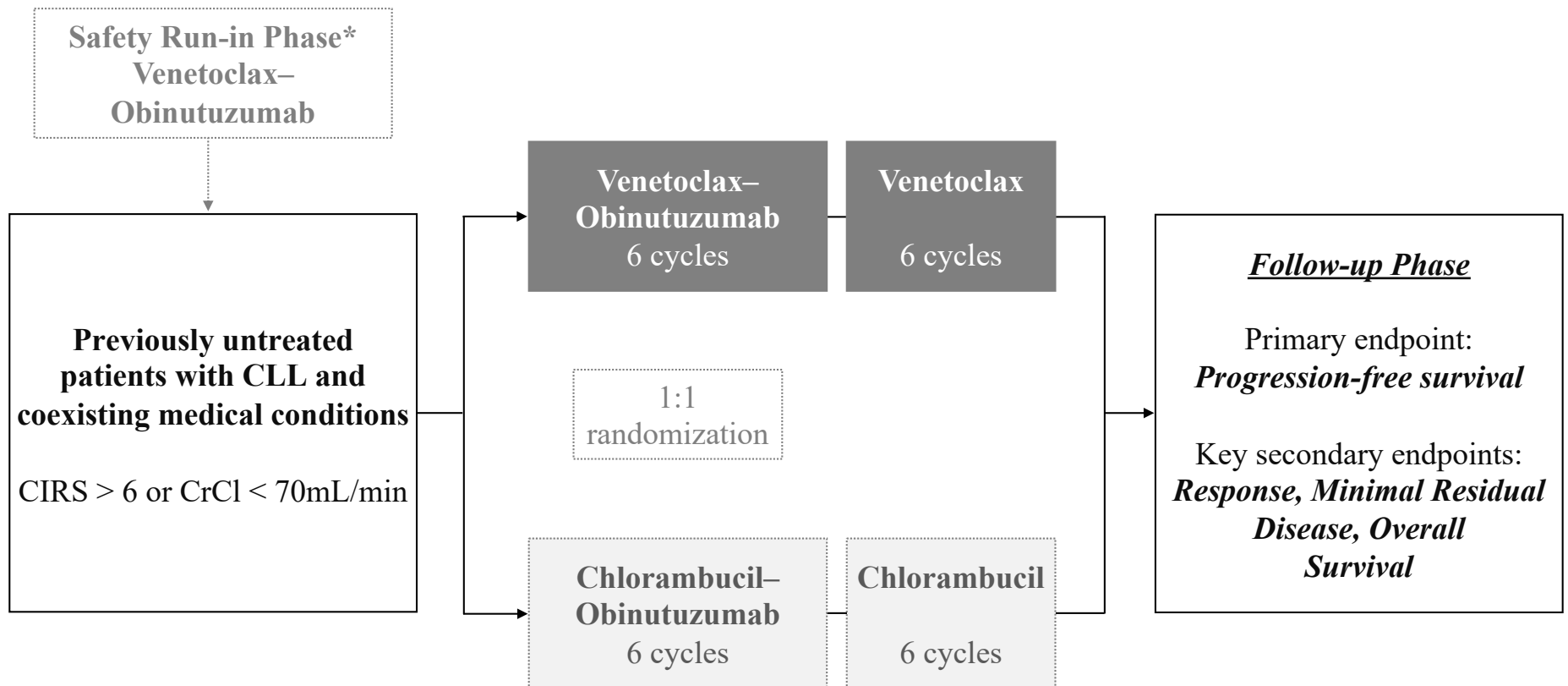
Months

Progression-free survival

* Goede V. et al.: NEJM 2011
Goede V. et al.: Final survival analysis of the CLL11 study, EHA 2018

Design *the trial*





* Fischer K et al. Venetoclax and Obinutuzumab in chronic lymphocytic leukemia, Blood 11 May 2017

Obinutuzumab *first*,
Venetoclax *second*

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Either chlorambucil: orally, 0.5 mg/kg day 1 and day 15 ***cycle 1–12***, every 28 days

Or venetoclax: orally, 5-week ***ramp-up*** starting ***cycle 1 day 22***
[20, 50, 100, 200, 400 mg], then ***400 mg daily until end of cycle 12***

combined with obinutuzumab: IV infusion, 1000 mg ***day 1*** (or 100 mg day 1 and 900 mg day 2), 8, ***and 15 cycle 1***, 1000 mg day 1 ***cycles 2–6***, every 28 days

Patients' *characteristics*



<i>Patients' characteristics I</i>	Venetoclax- Obinutuzumab	Chlorambucil- Obinutuzumab
Number of patients, N	216	216
Median age in years	72	71
Binet stage		
A	21 %	20 %
B	36 %	37 %
C	43 %	43 %
Median total CIRS score	9	8
Median estimated CreaCl in ml/min	65.2	67.5
Risk category for TLS		
Low	13 %	12 %
Medium	64 %	68 %
High	22 %	20 %

Fischer et al. N Engl J Med. 2019 Jun 6;380(23):2225-2236

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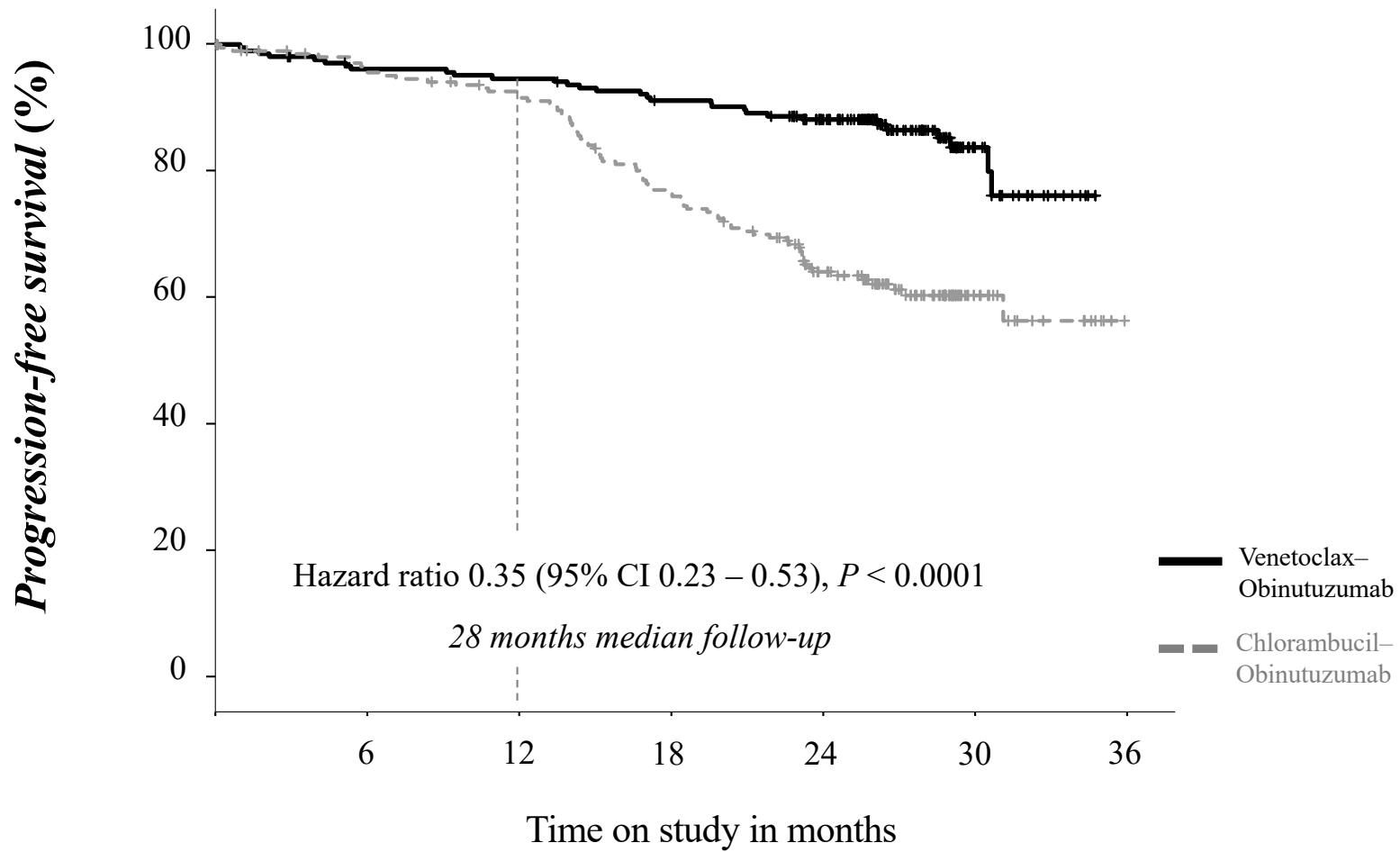
<i>Patients' characteristics II</i>	Venetoclax- Obinutuzumab	Chlorambucil- Obinutuzumab
Number of patients, N	216	216
IGHV mutational status		
Unmutated	61 %	59 %
Mutated	38 %	40 %
Not evaluable	1 %	1 %
<i>TP53</i> deleted and/or mutated	12 %	12 %
Cytogenetic subgroups*		
Deletion in 17p	9 %	7 %
Deletion in 11q	18 %	20 %
Trisomy in 12	18 %	21 %
No abnormalities	25 %	22 %
Deletion in 13q alone	31 %	31 %

* By Döhner et al. NEJM 2000

Fischer et al. N Engl J Med. 2019 Jun 6;380(23):2225-2236

Progression-free *survival*

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VENETOCLAX-
OBINUTUZUMAB

88

Percent

24 - months

Progression-free survival

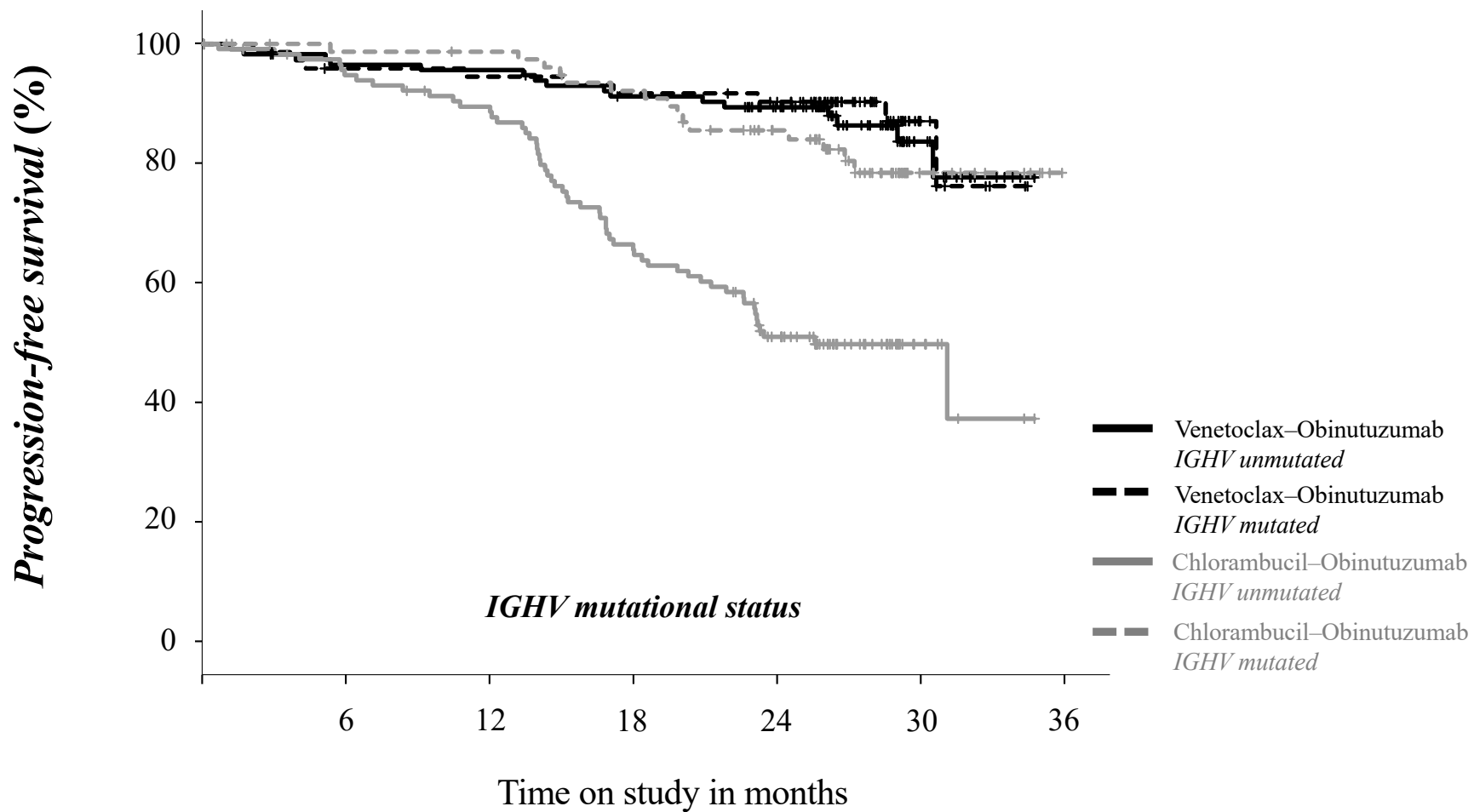
CHLORAMBUCIL-
OBINUTUZUMAB

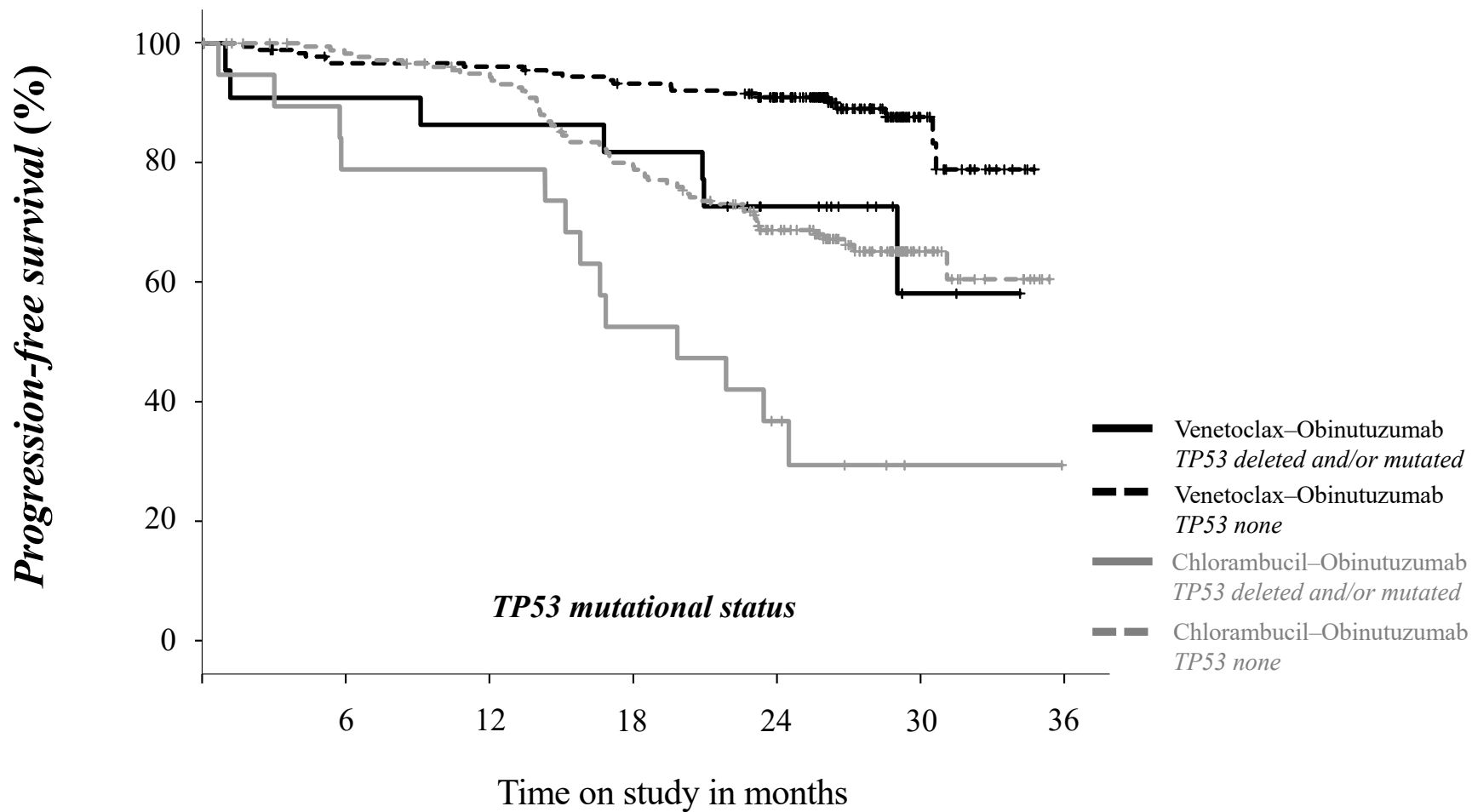
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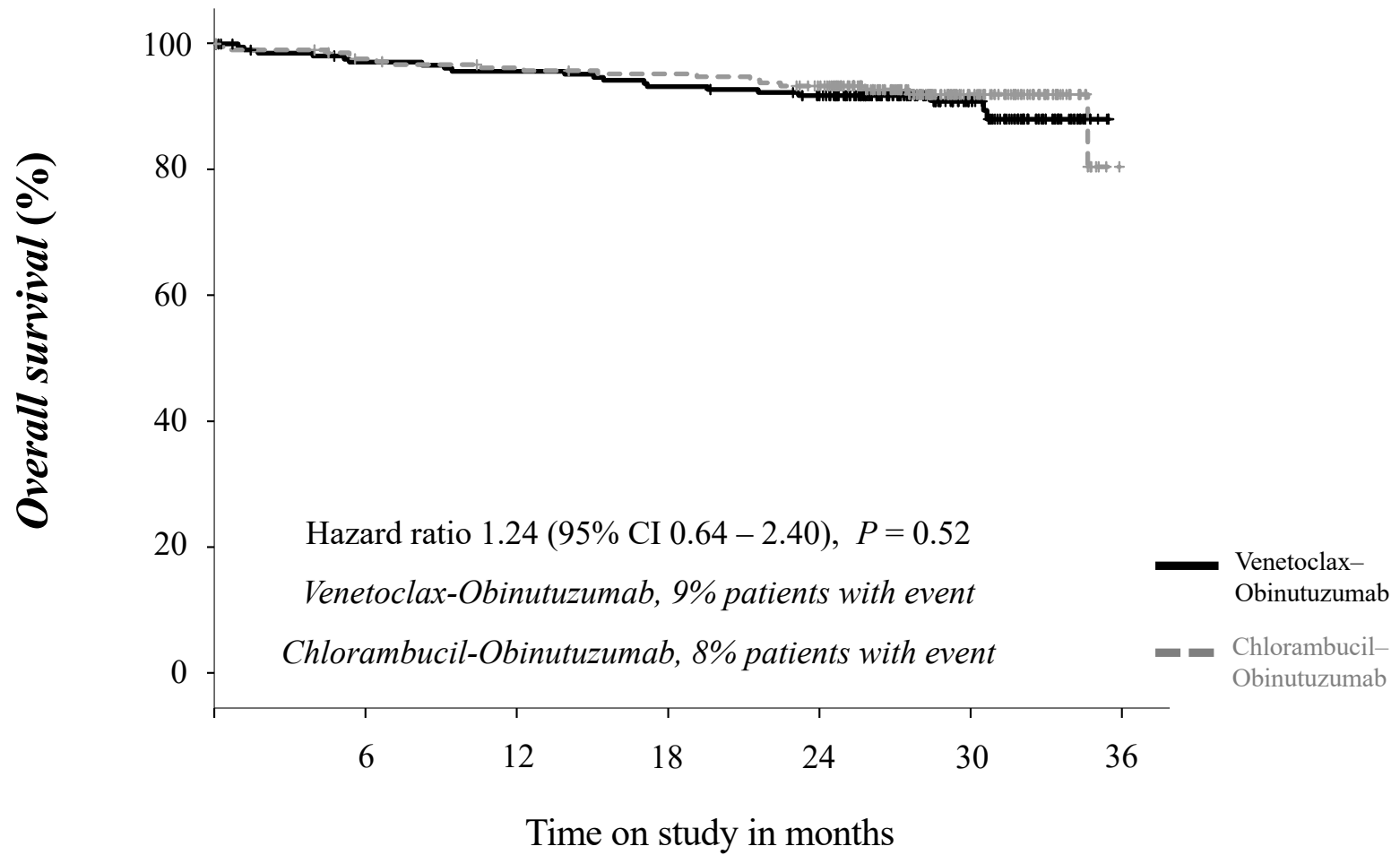
Percent

24 - months

Progression-free survival







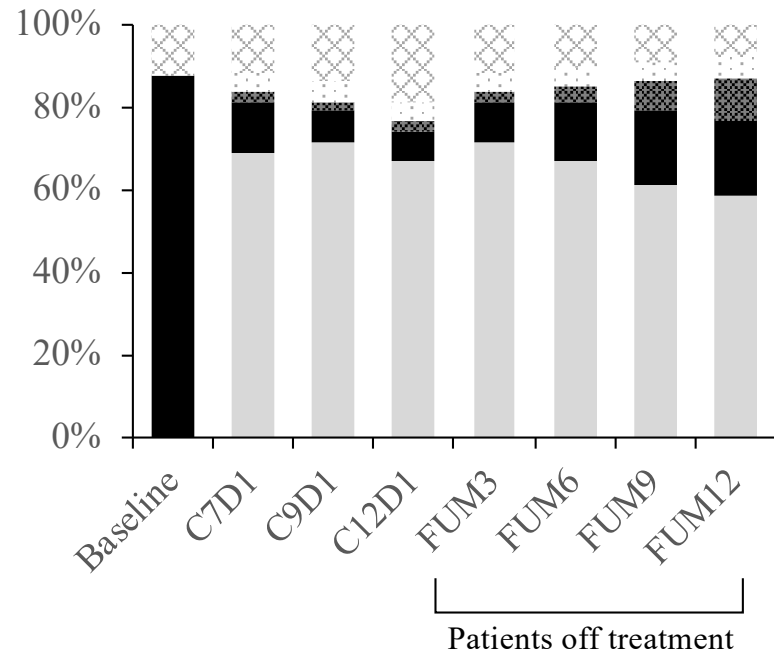
MRD *in ITT*



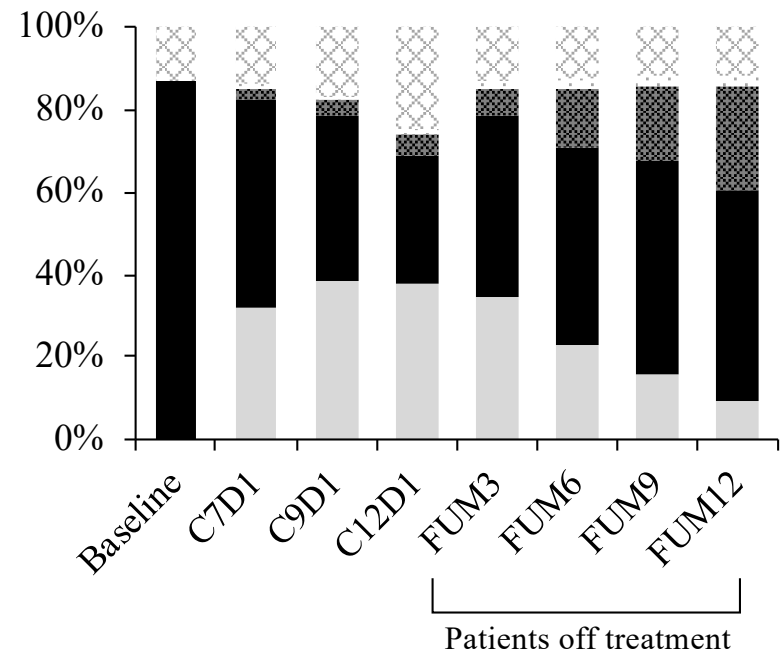
<i>Minimal residual disease status</i>	Venetoclax- Obinutuzumab	Chlorambucil- Obinutuzumab	<i>P</i> value
Number of patients, N	216	216	
Peripheral blood			
Negative (<10 ⁻⁴)	76 %	35 %	< 0.001
Negative (<10 ⁻⁴) in complete response	42 %	14 %	< 0.001
Bone marrow			
Negative (<10 ⁻⁴)	57 %	17 %	< 0.001
Negative (<10 ⁻⁴) in complete response	34 %	11 %	< 0.001

By ASO-PCR 3 months after completion of treatment

Venetoclax- Obinutuzumab



Chlorambucil- Obinutuzumab



■ MRD Negative (<math><10^{-4}</math>) ■ MRD Assay Positive ■ PD/Death ∴ Withdrawn ✕ Missing

<i>MRD negativity by NGS</i>	Venetoclax- Obinutuzumab	Chlorambucil- Obinutuzumab
Number of patients, N	216	216
Minimal residual disease level		
< 10 ⁻⁶	42 %	7 %
≥ 10 ⁻⁶ and <10 ⁻⁵	26 %	13 %
≥ 10 ⁻⁵ and <10 ⁻⁴	11 %	14 %
≥ 10 ⁻⁴ and <10 ⁻²	6 %	23 %
≥ 10 ⁻²	5 %	29 %
No sample/not evaluable	12 %	14 %

By NGS in peripheral blood 3 months after completion of treatment

Fischer et al. N Engl J Med. 2019 Jun 6;380(23):2225-2236

Conclusion now



FIXED-DURATION *Venetoclax and Obinutuzumab ...*

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...can be safely administered

to elderly patients with CLL and with relevant comorbidities

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compared to chlorambucil and obinutuzumab regarding PFS, overall response rate, complete response rate, MRD negative responses including all relevant subgroups such as *IGVH* unmutated, *TP53* mutated and/or deleted patients

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...achieves the highest rate of MRD negative responses

observed in a randomized prospective study so far

Two paradigms



TWO TREATMENT *paradigms*



- CONTINUOUS INDEFINITE MONOTHERAPY
- FIXED-DURATION COMBINATION THERAPY

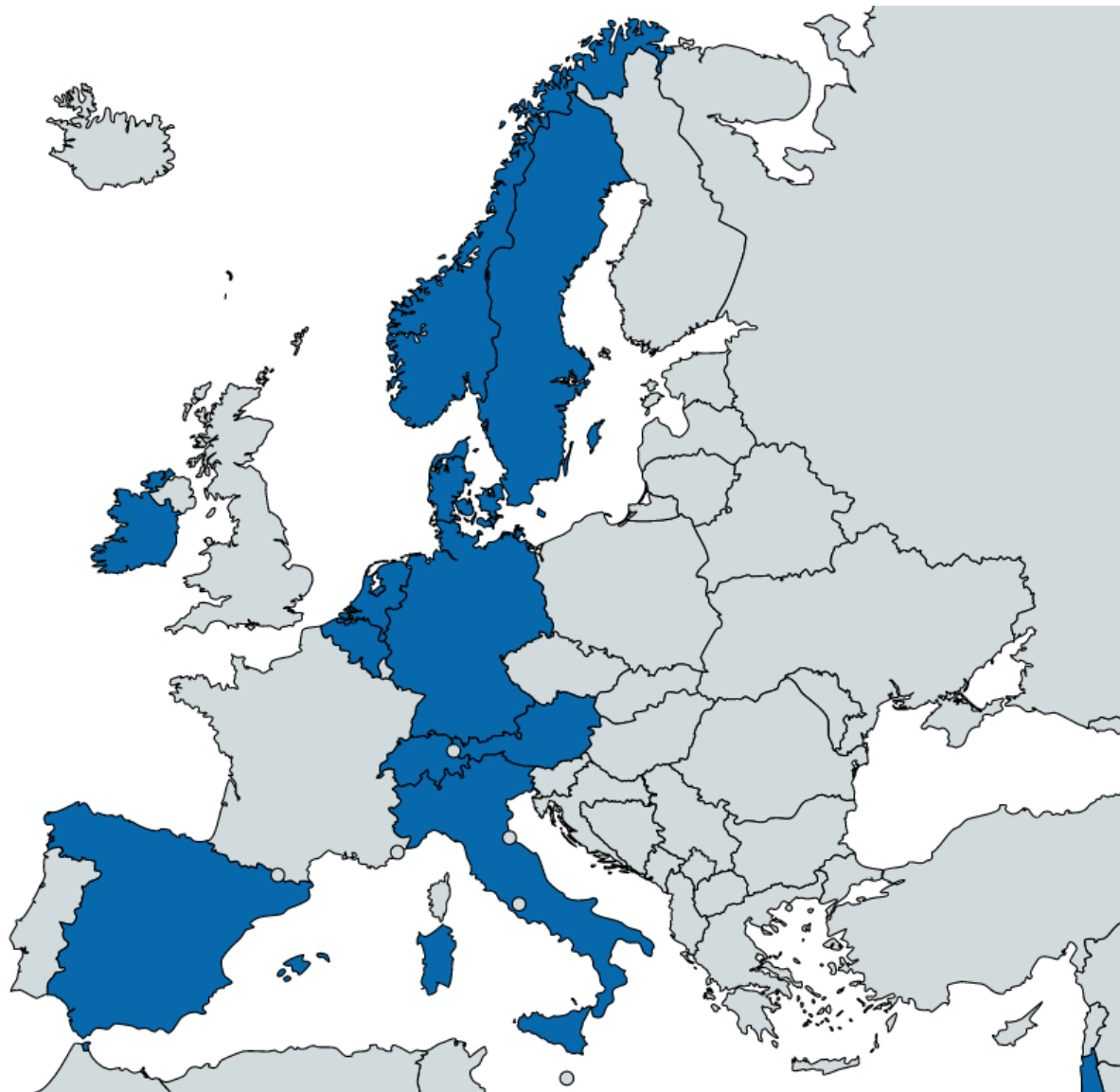
CLL17

A PROSPECTIVE, RANDOMIZED, OPEN-LABEL, MULTICENTRE PHASE-III TRIAL OF **IBRUTINIB** VERSUS **VENETOCLAX PLUS OBINUTUZUMAB** VERSUS **IBRUTINIB PLUS VENETOCLAX** FOR PATIENTS WITH PREVIOUSLY UNTREATED CLL

Study Lead: **Dr. Othman Al-Sawaf**



CL17



Start of recruitment Q3/2020

Contact cll-17@uk-koeln.de

THANK

Brion CHU de Grenoble Molina CHU
François Mitterrand Casanovas Chu Es-
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you!

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Allgemeines Krankenhaus der Stadt Wien Jäger Arcispedale S. Anna Cuneo Ashford Cancer Centre Research Wickham AZ. Osp. Parpado Mannina AZ. Osp. S. Maria Liberati BAG Freiberg-Richter, Jacobasch, Illmer, Wolf Jacobasch Banner MD Anderson Cancer Center Klueppelberg Bashkir State Medical University Bakirov Box Hill Hospital Schwarzer Brüderkrankenhaus St. Josef Paderborn Gaska California Cancer Associates for Research and Excellence Bessudo Canterbury Health Laboratories, Christchurch Hospital Butler Centre François Baclesse Vilque Centre Henri Becquerel Lepretre Centre Jean Bernard Le Dû Centre Léon Bérard Belhabri Charité -

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#CLL14 

