ASH CLL News 2018: Tools for Staying Up-to-Date on Research

Anthony Mato, MD, MSCE
Director, CLL Program
Memorial Sloan Kettering Cancer Center

Lee Swanson:
Hello. I'm Lee Swanson at the American Society of Hematology conference in San Diego joined right now by Dr. Anthony Mato from Memorial Sloan-Kettering in New York. And, Doctor, CLL, what's come out now at this conference about CLL that patients want to know about?

Dr. Mato:
This has been a very exciting ASH meeting for patients with CLL. There's been a couple of big themes, but probably the largest is the comparisons of novel agents to chemoimmunotherapy combinations. We saw two presentations looking at ibrutinib (Imbruvica) and rituximab (Rituxan) as compared to the chemo combo FCR, which is a standard of care for patients who are young and fit, and we also saw a comparison of ibrutinib with or without rituximab, the antibody, compared to bendamustine-Rituxan (Treanda-Rituxan).

The overlying theme of the two presentations is that the patients who received ibrutinib tended to do better, certainly in terms of progression-free survival and even in terms of overall survival with regards to the FCR comparison. So a big theme is that there are fewer and fewer patients who are the right candidates for chemoimmunotherapy, and it appears that BTK inhibitors, at least as of this moment, will be the standard of care frontline for patients with CLL.

Lee Swanson:
So the good news and the bad news: You don't have to do chemotherapy. On the other hand, chemotherapy is a defined six-, seven-month regimen. Does this mean you're taking a pill forever?

Dr. Mato:
Based on the current way that ibrutinib has been studied and labeled that means you're on a long-term—it's a long-term commitment to ibrutinib. There have been updates at the meeting of ibrutinib-based and venetoclax-based (Venclexta) combination therapies where there is the hope that giving ibrutinib with a partner, for example, or venetoclax with a partner will allow us to treat to a fixed duration and then stop for patients, and that

duration would either be based on some predetermined time point or on depth of response based on response criteria or minimal residual disease criteria.

So right now it's a long-term commitment, especially frontline. In the long-term I think we're headed toward the direction where we can define which patients may stop sooner and then be retreated.

Lee Swanson:
If you stop, can you be retreated with the same?

Dr. Mato:
That's a great question. There's not a lot of information about that, but there's no reason biologically to think that that wouldn't be a problem. Specifically, if you stop in the setting of responding disease it's not likely you've required resistance to that drug, and so retreatment should be a reasonable strategy. We're at Memorial Sloan Kettering now designing many trials that will try to answer those questions and allow us to stop either monotherapies by themself or combinations to treat to a depth of response and then stop, so that's something we're really interested in.

Lee Swanson:
So if a patient gets a diagnosis now from—sometimes from a primary care physician, of CLL what's the conversation they should have?

Dr. Mato:
From the primary care physician? Well, I think the primaries are great at identifying an elevated white blood cell count and the signs and symptoms of CLL even making the diagnosis. Flow cytometry is readily available now to anyone who wants to order it. I think the conversation with a primary care physician should be who should that patient see as a CLL expert to help guide the observation period, which is important, as many patients are not treated initially, and also to help them to be informed as to how the field is changing. Because the progress is so rapid you really need to have someone who is focused in on this area to help guide that particular management strategy long term.

Lee Swanson:
It's important to get to a specialist, at least get a communication with a specialist.

Dr. Mato:
Exactly. And, of course, the local oncologist and the internist are very important in terms of patient management, but ultimately there could be somebody who could help drive that—some of the more important decisions based on the newest standards.

Lee Swanson:
So all of these things coming out, how does a patient keep up on what's going on?

Dr. Mato:
That's a really great and difficult question to answer, because there are so many different sources of information, some more reputable than others on advances in the field. I think that probably the best source is having a physician, a trusted provider who is up to date, who can help interpret some of the more complicated findings from the research studies. But in addition there are patient organizations and professional societies who are reputable, who provide up-to-date, very reasonable recommendations, either through their websites or through the literature that they provide for patients.

I think trying to avoid just general Google searches for advice on management of CLL is a good idea to not do. I find that oftentimes things that get posted online can be just one-off examples where somebody's either extremely happy with care or very unhappy with an event, and it may not necessarily be representative for all patients. So I would say professional societies, CLL focus, patient organizations, and then, of course, having a care team that's very focused and very specialized in the area so that they can interpret what can be complicated.

Lee Swanson:
Okay. Thank you very much, Doctor. Appreciate your time.

Dr. Mato:
Thank you very much. Yep.

Lee Swanson:
This is Lee Swanson. I'm at the American Society of Hematology conference in San Diego. There are issues with precision medicines but the main thing is not response rate but durability. And I think that's going to be the next iteration of the NCI Match study, which is a large precision medicine study, is stop doing just these small groups of people who are showing activity but then they relapse quickly. And I think it's going to look at systems analysis and how do we overcome resistance.