BTK Inhibitor Update From ASH 2017: What Are the Real-World Results?

Jennifer Brown, MD, PhD
Director, CLL Center
Dana-Farber Cancer Institute

Anthony Mato, MD, MSCE
Director, Center for Chronic Lymphocytic Leukemia
Abramson Cancer Center, Penn Medicine

Andrew Schorr:
Let's start first though with an individual oral therapy. I believe you've had a presentation on ibrutinib (Imbruvica). So we've had that for a couple years now, a few years. Many people are taking it. How is it working? It doesn't work for everybody, I know, and some people have cardio issues and maybe some other issues, so how—what's the latest?

Dr. Mato:
So we have a presentation looking at the experience of patients treated with ibrutinib in clinical practice, and we put together a series of 391 patients who were treated mostly at academic medical centers but there were actually some community practices that participated there asking the question are the experiences from clinical trials translated to our patients when they're receiving ibrutinib. So we started to ask questions like what are the discontinuation rates, what are the toxicities that we're observing, are they different than what was reported in the clinical trial?

Andrew Schorr:
Real world story.

Dr. Mato:
Yeah. I mean that's the term that's been coined, but I feel like it's the clinical practice, the nonclinical trial story of some of the novel agents. And what we're learning is that the outcomes from patients are excellent with ibrutinib in our practices, although there are some difference in the way the drug is being dosed, there's some difference in the toxicity profiles we're seeing, and I think the presentation itself serves as an opportunity for education as to how we can even further optimize the use of that agent.

Andrew Schorr:
Jennifer, what about options for people where ibrutinib is not working or they can't stay on it? How do you feel about what you can offer people either in a trial or other medicines that are being approved or maybe have been approved for something else?

Dr. Brown:
Well, we certainly do have a lot of options. Usually I first try to work with people to see if we can manage the problem and issues that they're having, sometimes with a lower dose, sometimes with a short break. Sometimes we can, but if that doesn't work we have next generation BTK inhibitors that are coming along that seem to have a reduction in some of the side effects, although the data are still a little bit limited compared to the data that we have with ibrutinib, so we'll need to follow that. But certainly in my experience I have had fewer patients with, for example, the cardiac problems with some of these newer generation BTK inhibitors.

Andrew Schorr:
Okay.

Dr. Brown:
We also have newer generation BTK inhibitors that work against people whose diseases progressed on ibrutinib, which is a whole new class of drugs that are coming into the fore that will be very beneficial for people for whom ibrutinib...

Andrew Schorr:
So like a second line, because ibrutinib can be used I think now, first line, right?

Dr. Brown:
Right.

Andrew Schorr:
So now you're saying if you have someone where it's just not paying off for them you will have something else.

Dr. Brown:
Still within the same family even, without even moving on to the next family which is usually the venetoclax (Veclexta) family or the Bcl-2 family. We have good data for the effectiveness of venetoclax after ibrutinib.