



Patient Power

Relapsed CLL After Targeted Therapy: What Are My Options?

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Andrew Schorr:

We all wanna know—if we relapse and you give us one of those treatments—you offer us one of those treatments—does it shoot us in the foot in any way if it stops working and we need something else?

Dr. Jain:

So, what we know—again, the treatment with ibrutinib or venetoclax (Venclexta)—again, when you're talking about relapsed CLL, the role for chemotherapy would be extremely minimal or very rare these days. In patients who have relapsed CLL, practically, we're talking about targeted therapies. So, in that sense, if you have, again, used ibrutinib (Imbruvica) as your first defense against the disease, it works for maybe five years, the disease comes back, has come back. Then, I think venetoclax would be the next appropriate therapy.

And again, these are different. These therapies target different molecules in the cell. So, they target different pathways in the cell. We don't think of cross-resistance if you use one or the other. So, I think the logical thing would be similar—if, for some reason, you had used venetoclax first, then if the disease were to come back, currently, my choice would be to go to ibrutinib in that situation. It's for safety. I'd use ibrutinib as your first line, then if it comes back, use venetoclax.

Again, as far as we know, there is no cross-resistance between these drugs, and I think similarly, if you had failed multiple targeted therapies—for example, the patient has ibrutinib and venetoclax—I think at that time, really, the patient should be looking to go to maybe a major medical center, where they have new clinical trials with newer drugs, newer targets. That becomes kind of a tough situation to manage in the drugs available right now.

Andrew Schorr:

Okay. But, there may be things in clinical trials that you would offer.

Dr. Jain:

Certainly, yes.

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