

Bendamustine (Ribomustin®) in the Treatment of CLL Patients – Registry Provides New Aspects

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Introduction:

Clinical trials prove that Bendamustine is highly effective in indolent lymphoma including CLL and MM while showing a favourable safety profile¹⁻³. Besides clinical trials exists a lot of experience with Bendamustine, however, not much of this is documented so far. First results of a registry documenting routine treatment of CLL patients with Bendamustine were published already at DGHO. This year, due to a larger number of patients documented, new aspects out of this 'real life'-registry were analysed.

Methods:

58 medical practices specialised on oncological treatment in the outpatient setting in Germany participate in this registry, surveying the treatment quality in daily routine use of Bendamustine in CLL. Since May 2008, 545 patients were reported. 303 patients have been analysed so far.

Results:

The analysed patient pool matches daily clinical experience: 16 (5%) patients had a BINET stage A, 174 (58%) stage B and 113 (37%) stage C before start of therapy. The median age was 73 years (42-95). Patients with ECOG 0 (48, 16%), ECOG 1 (188, 62%) and ECOG 2 (67, 22%) were included. 134 (44%) patients received a first-line therapy with Bendamustine, 73 (24%) a second-line, 49 (16%) a third-line and 47 (16%) a fourth to seventh-line therapy. Out of 169 patients treated in relapsed situation, 66 received a retreatment with Bendamustine. The objective response rate (ORR=CR/PR) of all patients was 80%, in relapsed patients 78% and in patients retreated with Bendamustine 74%.

Conclusions:

Bendamustine induces high response rates also outside of trials in both first line and relapsed CLL setting. Even patients treated again with Bendamustine benefit from this drug, suggesting that Bendamustine is also an active substance in retreatment. Updated data will be presented.

¹ B.D. Cheson et al., Clinical Lymphoma, Myeloma & Leukemia 2010; 10, 21-27

² J. Barth & M.J. Rummel, Arzneimitteltherapie 2010; 28, 114-122

³ W.U. Knauf et al., J Clin Oncol 2009; 27, 4378-4384