CLL – Patient registry (Cumulative dose of rituximab)

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Introduction

The chronic lymphocytic leukaemia (CLL) is the most common leukemic disease in Central Europe. The median age of onset is between 70 and 75 years. The combination of bendamustine and rituximab has proven effective for the treatment of this disease in clinical trials and everyday use.
Does the cumulative dose of rituximab influence the response rates and the survival?

Methods

Since 2008, 61 hemato-oncological practices from 16 federal states within the project team of internal oncology (PIO) have been documenting disease histories of patients with a chronic lymphocytic leukaemia in the registry ONCOReg. 812 patients received a bendamustine-based therapy, 569 (70.1 %) as first-line therapy, 127 (22.3 %) of them bendamustine mono and 442 (77.7 %) in combination with rituximab.

Results

Patients‘ characteristics:

n = 442	Cumulative dose of rituximab < 2875 mg/m²	Cumulative dose of rituximab ≥ 2875 mg/m²
Number	274 (62.0%)	168 (38.0%)
Gender (m/f in %)	61.2/38.8	67.9/32.1
Median age	73 (42-92) years	70 (36-84) years
Without B-symptoms	173 (63.1%)	102 (60.7%)
ECOG 0/1/2/3 (%)	28.1/58.0/13.5/0.4	28.6/56.5/14.9
BINET A/B/C (%)	13.1/53.3/33.6	7.7/56.5/35.7
Median number of cycles	5 (1-8)	6 (3-8)
Average dose of bendamustine	700 mg/m²	973 mg/m²
Average dose of rituximab	1,624 mg/m²	2,894 mg/m²

Response:

The objective remission rate is at 88.9 % (47.1 % CR/41.8% PR). Given a cumulative dose of rituximab of ≥ 2,875 mg/m², the rate of complete remissions was at 60.7% compared to 38.7% (rituximab < 2,875 mg/m²). The highest CR rate was reached with BRP and a cumulative dose of rituximab ≥ 2,875 mg/m² (64.9%).

Survival:

The progression-free survival of the overall population is at 48.0 months at median and differs depending on the cumulative dose of rituximab:
44.5 months < 2,875 mg/m²; 50.5 months ≥ 2,875 mg/m².
After a median follow-up of 30.4 months, the median overall survival of the overall population has not been reached yet. The 3-year survival rate is at 84% and has reached 90% with patients who received ≥ 2,875 mg/m² of rituximab (compared to 81% < 2,875 mg/m² of rituximab).

Conclusion:

Response rate, progression free and overall survival depend on the cumulative dose of rituximab and improve when at least at 2,875 mg/m^2.
Further data will be presented.