CLL – Patient registry (Overall dose of rituximab and gender)

H. Linde[1], K. Blumenstengel[2], T. Göhler[3], C. Spohn[4], R. Göttel[5], HW. Tessen[6], Project team of Internal Oncology (PIO)

[1]Specialized oncology practice Potsdam, [2]Specialized oncology practice Eisenach, [3]Specialized oncology practice Dresden, [4]Specialized oncology practice Halle, [5]rgb Onkologisches Management GmbH Sarstedt, [6]Specialized oncology practice Goslar

Introduction:

Since 2008, 61 hemato-oncological practices from 16 federal states cooperating in the project team of internal oncology (PIO) have been documenting disease histories of patients with a CLL in the registry ONCOReg. Following data have been published so far. Women who received bendamustine/rituximab/prednisone show the highest rate of complete remissions (67.6%). This is accompanied by a longer progression free period (59.9 months). There is no difference in the 3-year overall survival (OnkoRat 2016) with reference to gender (88% male, 89% female). With a rate of 60.7%, rituximab in a dose of ≥2,875 mg/m² achieves a higher rate of complete remissions, reaching the highest prevalence with 752 days. The 3-year overall survival is highest as well, reaching 90% (DGHO 2016).

Methods:

This analysis presents the results of the application of bendamustine/rituximab in the first-line therapy of CLL patients in the clinical routine, having formed 4 groups with respect to the dose of rituximab (<2,875 mg/m²/ ≥2,875 mg/m²) and to gender.

Results:

454 patients received bendamustine/rituximab (+/- prednisone) as first-line therapy.

Patients‘ characteristics:
Gender (%): m 63.7/ f 36.3; median age: 72 years; no B symptoms: 285 (62.8%)
ECOG 0/1/2/3 (%): 28.6/57.3/13.9/0.2; BINET A/B/C: 11.0/54.8/34.1; 17p del: 17 (3.7%)
Period from initial diagnosis to first therapy: 22.8 months

Response:

The objective remission rate is at 89.0%, 46.5% of which are CRu and 42.5% PR.
With a dose of rituximab of ≥2,875 mg/m², OR rates of 97.4% for male respectively 96.7% for female patients could be reached, while the CRu rate of 71.7% was significantly higher for women (54.7% men).

Survival:

The progression free survival of the whole study population is 51.6 months at median and shows a significant difference with regard to the dose of rituximab (38.9 respectively 50.5 months).
After a median observation period of 36.7 months, the median overall survival as from the start of therapy of the patients’ study population has not been reached yet. The 3-year survival rate is at 84%, for male patients again depending on the dose (77% vs. 92%).

Conclusion:

A dose of rituximab of ≥2,875 mg/m² leads to higher remission rates both for women and for men. A dose of rituximab of <2875 mg/m² correlates with a shorter progression free survival and overall survival especially for male patients.

Further data will be presented.