Real-world Ibrutinib dose reductions, holds, and discontinuations in chronic lymphocytic leukemia

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Study design

Patients with CLL
Received prior ibrutinib

n = 180

2 community networks
and 1 academic practice

Pooled de-identified data

Multicenter, retrospective chart review

Findings

First-line (1L) (n = 56)

Median follow-up: 26 months

Dose reductions (≥1)

25%

79% due to AEs

Discontinuations

20%

73% due to AEs

Dose holds

34%

74% due to AEs

Relapsed/refractory (R/R) (n = 124)

Median follow-up: 28.5 months

Dose reductions (≥1)

27%

88% due to AEs

GI disorders, fatigue, and arthralgia/myalgia

Discontinuations

40%

58% due to AEs

GI disorders, atrial fibrillation, and infections

Dose holds

40%

76% due to AEs

Conclusion

Dose reductions, holds, and discontinuations were frequent in patients with CLL receiving ibrutinib in routine clinical practice.

Glossary: 1L: First-line; AE: Adverse event; CLL: Chronic lymphocytic leukemia; GI: Gastrointestinal; R/R: Relapsed/refractory.