

## V125 - Therapieansprechen und Lebensqualität in der Behandlung der chronischen lymphatischen Leukämie (CLL) - eine Metaanalyse in 3 Phase III-Studien der Deutschen CLL Studiengruppe (DCLLSG) / Treatment response and health-related quality of life during management of chronic lymphocytic leukemia (CLL) - a metaanalysis of 3 phase III studies of the German CLL Study Group (GCLLSG)

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**Introduction:** Treatment of advanced CLL with chemoimmunotherapy (CIT) has improved prognosis. Besides, health-related quality of life (HRQOL) is increasingly relevant. The GCLLSG has performed a metaanalysis on HRQOL of patients (pts) under different chemotherapies (CT) and CIT within 3 phase III trials.

**Methods:** Data of 2159 pts receiving chemo(immuno)therapy from the CLL 8 (817 pts), CLL10 (561 pts) and CLL11 (781 pts) study were pooled. In the CLL8 and CLL10 study, the questionnaires (ques) were sent to all pts at baseline and after 3, 6 or 8 and 12 months (mo) and then yearly as follow up (FU). In the CLL11 study, ques were sent out at screening, twice during and at end of therapy, then every 3 mo and later every 6 mo until 5 years. The first three mo of treatment were referred to treatment phase (TP) I, treatment beyond the first three mo TP II. HRQOL was evaluated using the EORTC C30 ques and all scales were calculated according to the EORTC-QLQ-C30 manual.

**Results:** 2065 pts receiving treatment filled out at least one ques. Ques were filled out by 1773 pts in the first 12 mo of FU and by only 291 pts at FU after 60 mo.

Treatment responders had a higher global health status (GH) than non-responders at baseline (mean 62.2 vs. 58.2,  $p=0.028$ ) and after therapy until mo 12 FU (mean 68.2 vs. 61.4,  $p<0.001$ ). Fatigue (Fa) symptoms were higher in responders than non-responders during TP II (mean 41.1 vs. 29.3,  $p=0.017$ ).

Analyzing HRQOL according to occurrence of progression after frontline treatment, pts with progression but without subsequent treatment (N=188) had a significantly impaired GH, physical functioning (PF), role functioning (RF) and Fa compared to their status before progression (GH: mean 69.5 vs. 65.9,  $p=0.018$ ; PF: 82.2 vs. 78.8,  $p=0.001$ ; RF: 77.3 vs. 73.4,  $p=0.029$ ; Fa: 30.1 vs. 33.1,  $p=0.025$ ). In pts with progression and subsequent therapy (N=92) all HRQOL items were impaired after start of relapse therapy (GH 67.5 vs. 52.7,  $p<0.001$ ; PF 83.4 vs. 73.0,  $p<0.001$ ; RF: 77.0 vs. 57.8,  $p<0.001$ ; emotional functioning (F) 75.4 vs. 63.2,  $p<0.001$ ; cognitive F 81.9 vs. 75.3,  $p=0.001$ , social F 78.6 vs. 61.7,  $p<0.001$ ; Fa 28.9 vs. 49.0,  $p<0.001$ ). Subsequent therapies consisted of CT/CIT in 88 of 92 pts.

**Conclusions:** This meta-analysis shows that HRQOL in CLL pts is impaired by progression after frontline treatment as well as by subsequent therapy. The question remains if new oral inhibitors in relapsed CLL achieve an improved HRQOL in comparison to CIT.