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## Survival Improvement of Patients with Chronic Lymphocytic Leukemia (CLL) in Routine Care 1995 – 2017

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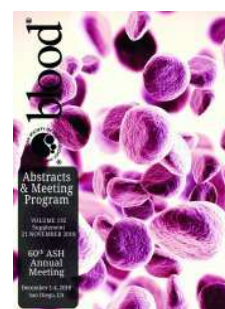
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### Abstract

Introduction: Treatment options, progression free survival (PFS) and overall survival (OS) for patients with CLL have improved during the last 20 years in randomized controlled trials (RCT). Due to necessary inclusion- and exclusion criteria results from RCT are difficult to translate into routine care. We asked the question whether improved treatment options found in RCT are applied in routine care and

◀ [Previous](#)



[Table of Contents](#)

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whether they lead to a prolongation of survival.

**Methods:** All patients with CLL treated in a hematology–oncology group practice in Germany between 1995–2017 were documented retrospectively concerning diagnosis, treatment and survival in a database and analyzed statistically using SPSS.


**Results:** 724 outpatients with a median age of 67 (35–92) were analyzed. 427 (59%) were male, 297 (41%) were female. At diagnosis 556 (77%) were in Binet stage A, 91 (13%) stage B, 36 (5%) stage C and for 41 patients (6%) the stage couldn't be retrieved, mostly due to external diagnosis. The Charlson age adjusted comorbidity index (aaCCI) was distributed as follows: aaCCI  $\leq$  3 (19%), aaCCI 4 (27%), aaCCI 5 (24%) and aaCCI  $>$  5 (31%). 56% received treatment during the evaluation period. Treatment consisted of bendamustine containing protocols in 69%, rituximab containing protocols in 66%, chlorambucil containing protocols in 53% and fludarabine containing protocols in 39%. 4% received obinutuzumab containing regimens, 9% ibrutinib and 3% idelalisib + rituximab. 10 patients (3%) had an allogeneic transplantation. Patients received a median of 2 lines of therapy (1–13). OS according to Binet stage was A 13.9 years (0.1–37.4), B 9.2 years (1.4–29.3) and C 7.9 years (0.5–19.4) respectively. OS was strongly correlated to the aaCCI: aaCCI 2–3 23.7 years (2.3–37.4), aaCCI 4 14.2 years (0.7–29.3), aaCCI 5 9.7 years (0.1–19.5) and aaCCI  $>$  5 7.2 years (0.1–18.9). Median OS from the start of therapy improved over time: 1995–2001: 5.8 years (1.3–23.4), 2002–2008:

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6.1 years (0.1–16.0+) and 2009–2017 median not reached (0.1–9.2+).

**Conclusions:** Survival of patients with CLL has improved in routine care during the last 20 years most likely due to improved treatment options. Survival was strongly related to disease stage, comorbidities and whether therapy included an anti-CD20-monoclonal antibody.

**Disclosures** No relevant conflicts of interest to declare.

- ↩\* Asterisk with author names denotes non-ASH members.

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## Potential Articles of Interest

Sequential Treatment With Bendamustine, Rituximab, Chlorambucil and Fludarabine Leads To a Major Survival Improvement Of Patients With Chronic Lymphocytic Leukemia (CLL) In Routine Care

Stefan Feiten et al., *Blood*

Survival Improvement of Patients with Chronic Lymphocytic Leukemia (CLL) in Routine Care. a Retrospective Analysis of All Patients with CLL Who Were Treated in an Oncology Group Practice in Germany Between 1995-2015

Rudolf Weide et al., *Blood*

Improving survival in patients with chronic lymphocytic leukemia (1980-2008): the Hospital Clinic of Barcelona experience.

Pau Abrisqueta et al., *Blood*

Monoclonal antibody combination may be an effective early treatment in CLL [↗](#)

Healio

Sequential treatment with afatinib and osimertinib in patients with EGFR mutation-positive non-small-cell lung cancer: an observational study [↗](#)

Maximilian J Hochmair, *Future Oncology*

Improved Survival With Rituximab Plus Initial Therapy for Chronic Lymphocytic Leukemia [↗](#)

PracticeUpdate

Chemoimmunotherapy extended OS, PFS in patients with CLL [↗](#)

Healio

Improved Results With Bendamustine vs Chlorambucil in CLL [↗](#)

Bendamustine + Rituximab-  
Combinations and R-CHOP  
Achieve a Major Survival  
Improvement Of Patients With  
Follicular Lymphoma In  
Routine Care

Stefan Feiten et al., *Blood*

PracticeUpdate

Changes in the Natural  
History, Treatment Modalities,  
and Survival Patterns in  
Patients with Chronic  
Lymphocytic Leukemia (CLL)  
from 1980 to 2008. The  
Hospital Clinic of Barcelona  
Experience

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