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

Rudolf Weide, Stefan Feiten, Geothy Chakupurakal, Vera Friesenhahn, Kristina Kleboth, Hubert Köppler, Julia Lutschkin, Jörg Thomalla, Christoph van Roye, and Jochen Heymanns


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
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: ...
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.

© 2018 by The American Society of Hematology

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

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

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
Pau Abrisqueta et al., Blood

American Society of Hematology
2021 L Street NW, Suite 900, Washington, DC 20036
Phone 202–776–0544 | Fax 202–776–0545