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Advances in Treatment of High Risk Chronic Lymphocytic Leukemia

Prognosis in high risk Chronic Lymphocytic Leukemia (CLL) is still unsatisfactory. Despite the availability of novel pharmaceutical agents (alone or in combination), response to therapy and long-lasting remissions are limited and can be improved. In the CLL2GIVe trial, the German CLL study group has evaluated a new first line therapy regimen for high risk CLL patients with 17p deletion and/or TP53 mutation.

In this therapy regimen, patients receive the three agents obinutuzumab, venetoclax and ibrutinib in the first six months, followed by the combination of venetoclax and ibrutinib for another six months. Subsequently, ibrutinib maintenance therapy is given if undetectable minimal residual disease (MRD) and complete remission according to iwCLL criteria has not been achieved by then. (MRD refers to small numbers of leukemic cells that may remain in the patient during treatment, or after treatment when the patient has no disease symptoms. It is the major cause of relapse in leukemia.)

The treatment regimen is a response-adapted limited therapy and showed encouraging response rates. The rate of complete remissions was 58.5%. In 80.5% of patients, MRD got undetectable in peripheral blood at cycle 15. The safety profile was acceptable. In conclusion, the GIVe regimen is a promising first line treatment option for patients with high risk CLL.

Presenters: Dr Henriette Huber[1,2] (oral presentation) and Dr Simone Edenhofer[1] (press briefing presentation)

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Abstract: **#S157** CLL2-GIVE, A PROSPECTIVE, OPEN-LABEL, MULTICENTER PHASE-II TRIAL OF OBINUTUZUMAB (GA101, G), IBRUTINIB (I), PLUS VENETOCLAX (VE) IN UNTREATED PATIENTS WITH CLL WITH 17P DELETION / TP53 MUTATION

About the EHA Annual Congress: Every year in June, EHA organizes its Annual Congress in a major European city. Due to the COVID19 pandemic, EHA transformed its physical meeting into a Virtual Congress this year. Please note that our embargo policy applies to all selected abstracts in the Press Briefings. For more information, see our EHA Media and Embargo policy here.

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