Ibrutinib Therapy for First-Line Treatment of Chronic Lymphocytic Leukemia: Up to 7 Years of Follow-Up From the RESONATE-2 Study

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BACKGROUND

- Ibrutinib is the only therapy for CLL/SLL to demonstrate both a significant progression-free survival (PFS) benefit and overall survival (OS) benefit in randomized, placebo-controlled trials.
- The RESONATE-2 study evaluated ibrutinib vs chlorambucil in treatment-naive patients with high-risk CLL/SLL.

OBJECTIVE

To describe the long-term efficacy and safety with up to 7 years of follow-up from the RESONATE-2 study.

METHODS

- RESONATE-2 is a phase 3, open-label, multinational, randomized study (NCT01956751).
- Patients received ibrutinib (420 mg) or chlorambucil (0.5 mg/kg/d) until disease progression.
- Key eligibility criteria:
  - Rai stage ≥ III–IV
  - Del(17p) excluded
  - IGHV mutation, del[11q], or unmutated IGHV

RESULTS

- At last update, median PFS for ibrutinib was not reached; 70% of patients with CLL remain on study for 6–7 years.
- Median PFS for chlorambucil was 24 months, with 49% of patients off study at 6 years.
- Ibrutinib-treated patients had an 8% reduction in risk of death or death on study, with a 30% reduction in death or death on study for patients with high-risk features.
- At 15 years, patients on ibrutinibstituted ibrutinib treatment in CLL/SLL.

CONCLUSIONS

- Ibrutinib is the only therapy for CLL/SLL to demonstrate both a significant PFS benefit and OS benefit in patients with high-risk features.
- The long-term follow-up of the RESONATE-2 study confirms the durability of the ibrutinib benefit in patients with high-risk features.

Abbreviations: AE = adverse event; CLL/SLL = chronic lymphocytic leukemia/small lymphocytic lymphoma; HR = hazard ratio; IGHV = immunoglobulin heavy variable; OS = overall survival; PFS = progression-free survival; RESONATE = Risk Stratified Early Assignment of Novel Therapy for Treatment-naive Patients with Chronic Lymphocytic Leukemia; SD = standard deviation; TFS = time to first salvage; WBC = white blood cell.