Background

In Chronic Lymphocytic Leukemia (CLL) therapeutic approaches may vary from watch & wait, antitbody monotherapy, conventional chemotherapy or dose intensified consolidation to allogeneic strategies. The following analysis offers a comprehensive insight into the diagnosis and management of CLL in German clinical practice. Initial results in 2007 showed that patient characteristics differed significantly from published study cohorts as did clinical strategies and therapeutic approaches. The aim of a 2011 update was to monitor changes in management of CLL patients and the implementation of clinical guidelines.

Methods

817 centres involved in the treatment of CLL including university hospitals (UK), community hospitals (CH) and oncologists in practice (OP) were contacted. 15 % of identified centres provided information on 3227 patients corresponding to 13% of the expected national prevalence. Analysis of these data revealed the distribution of treated prevalence across institution types. The representative sample, taking into account regional and demographic spread, comprised detailed data of 417 unselected patients with a treatment decision in 2011 (start, change or end of therapy) in 48 centres (15 UK, 9 CH, and 24 OP). The proportion of patients by institution type was 16% UK, 26% CH and 59% OP which corresponded with the results of the structural analysis of treated prevalence. Data were verified by central monitoring pseudonymised patients' source documents. In a bivariate analysis of the collected and anonymised data predictive variables for the treatment decision were defined. For all comparisons a p-value of less than 0.05 was considered statistically significant.

Patients’ characteristics at initial diagnosis

At initial diagnosis the median age was 67 with pts mostly in Binet stadium A (Binet A: 44%, Binet B: 33%, Binet C: 22%). 78% had an ECOG performance score of 0 or 1 and 22% >2. The most common symptoms were fatigue and lymphadenopathy.

66% of the patients had significant comorbidities, arterial hypertension and coronary heart disease being the most common. Prognostic markers were assessed in 59% of the patients.

Predictors for a treatment approach

Selection of a specific treatment approach for an individual patient is based on patient characteristics (age, comorbidities, organ function, performance status and medical fitness) and the goals of treatment. The use of risk-adaptive management strategies that incorporate prognostic factors along with medical fitness status and other patient characteristics have been proposed by medical organizations.

According to the definition in DGHO 2010 guidelines patients in Binet stage C and in stage A/B with at least one of the symptoms (haematopoetic insufficiency, splenomegaly, lymphadenopathy, loss of weight >10%, persistent fever, night sweats) should be treated at initial diagnosis. However, only 55% of this subgroup were treated at initial diagnosis, whereas 45% were treated only after progression or received no therapy in the reported period. In addition, 15% of the non-treatment-group (47% of pts. according to DGHO guidelines) were treated immediately.

As expected, the majority of patients received an antibody containing regime, with Rituximab being the most common antibody used in induction therapy. Bendamustine containing regimes were the most frequently administered.

Conclusion

In this population-based survey, clinical strategies differed significantly from published study cohorts especially in non-OP patients. Apparently, the decision to treat is not only based on guidelines but additionally the clinical fitness of the patient is a major decision factor. Thus, clinically more relevant studies in medically compromised patients are urgently warranted.

Financial Disclosures:

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