

Exploring Treatment Sequencing Strategies in Chronic Lymphocytic Leukemia



Multiple clinical, disease, and patient factors influence treatment selection and sequencing^{1,2}

Medicines for the treatment of CLL^{3,4}



- Covalent BTKi ± anti-CD20 mAb
- BCL-2i ± anti-CD20 mAb
- CIT^{*}



- BCL-2i + anti-CD20 mAb
- Covalent BTKi ± anti-CD20 mAb



- Non-covalent BTKi
- CAR T-cell therapy



Laboratory evaluations such as testing for del(17p)/*TP53* mutations and *IGHV* mutational status can help inform treatment decisions and predict likely response to therapy^{5,6}

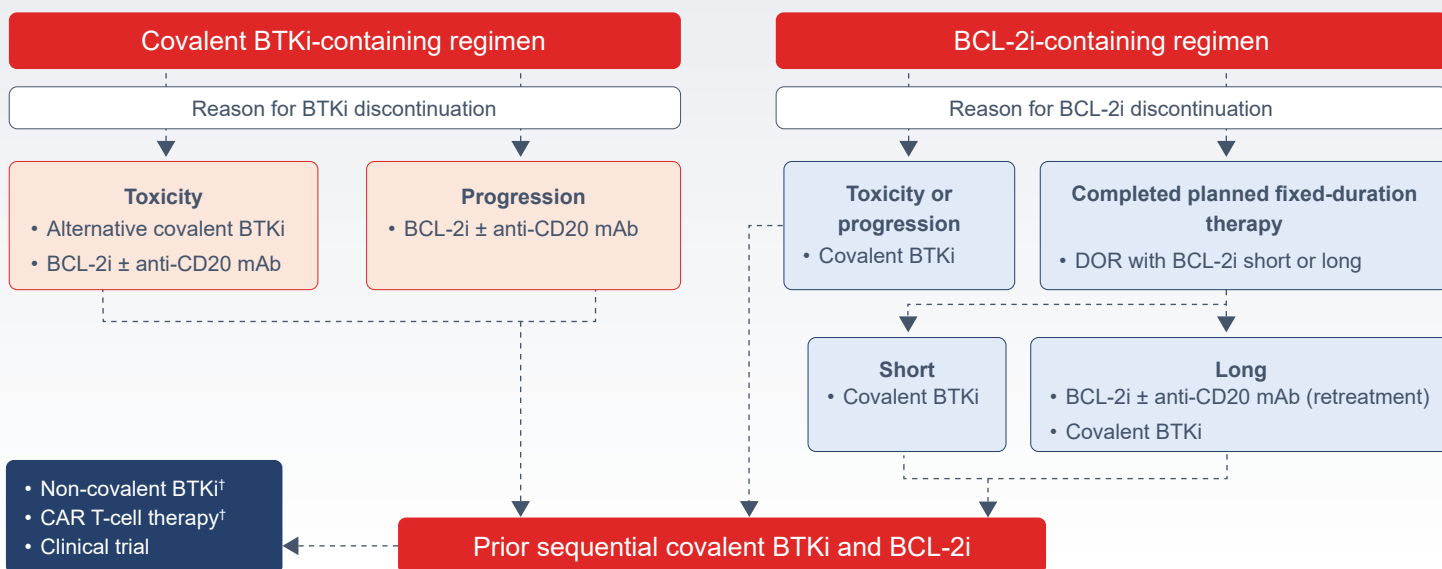


Signs of disease progression and/or treatment intolerance may indicate the need to switch therapies.³ Switching between drug classes (eg, a BTKi and a BCL-2i) is a common strategy in the 2L setting³



Because CLL is a progressive disease, patients will likely require multiple therapies through the course of the disease to continue to achieve a response¹

Treatment Sequencing Approaches for Previously Treated Patients With CLL^{3,4}



Treatment requirements and patient preferences can influence treatment selection^{3,4,7}



Patients may perceive different administration routes as more or less convenient⁴



Due to having similar resistance mechanisms, sequencing covalent BTK inhibitors after progression should be avoided. A non-covalent BTKi can be used after progression on a covalent BTKi³



Patients may have preferences between continuous oral therapy administered at home vs fixed-duration oral and IV therapy with frequent office visits and increased monitoring^{4,7}

^{*}Due to its inferior efficacy when compared to targeted therapies, CIT is appropriate only for select patients.^{3,4}

[†]Optimal sequencing of CAR T-cell therapy and non-covalent BTKi therapy is yet to be determined.^{3,4}

1L, first line; 2L, second line; 3L+, third line or greater; BCL-2i, B-cell lymphoma 2 inhibitor; BTKi, Bruton's tyrosine kinase inhibitor; CAR, chimeric antigen receptor; CIT, chemoimmunotherapy; CLL, chronic lymphocytic leukemia; DOR, duration of response; *IGHV*, immunoglobulin heavy chain variable region genes; mAb, monoclonal antibody.

1. Odetola O, Ma S. *Curr Hematol Malig Rep*. 2023;18(5):130-143. 2. Hallek M, Al-Sawaf O. *Am J Hematol*. 2021;96(12):1679-1705. 3. Shadman M. *JAMA*. 2023;329(11):918-932. 4. Jain N. *Lancet*. 2024;404(10453):694-706. 5. Heerema NA, et al. *Haematologica*. 2021;106(6):1608-1615. 6. Campo E, et al. *Haematologica*. 2018;103(12):1956-1968. 7. González-Gascón-Y-Marin I, et al. *Cancers (Basel)*. 2023;15(17):4391.

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