

# Caso Clinico I

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## REVOLUTIONARY ROAD IN CLL

Innovazione rivoluzionaria nella terapia  
della leucemia linfatica cronica

**Bologna, 20 maggio 2024**  
Royal Hotel Carlton

### Disclosures of Alice Morigi

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Abbvie							
Gilead							
Takeda							
Janssen							
BMS-Celgene							
BeiGene							
Incyte							
Novartis							
Lilly							
Roche							



# PATIENT MEDICAL HISTORY

Female, 70 years old

## **Comorbidities:**

- Papillary thyroid cancer treated with thyroidectomy in 2020 with post-surgical hypothyroidism
- Surgery for spinal stenosis in october 2022
- Occult HBV infection



# CLINICAL HISTORY

**Diagnosis: March 2022 nodal biopsy** → B cell lymphocytic leukemia

**July 2023 thrombocytopenia** (PLTs 6.000/mmc) → Prednisone 1 mg/Kg  
with initial benefit and recurrence at the suspension

## Staging:

- ✓ CT scan: showed localization at nodal site max 4.5 cm
- ✓ Bone marrow biopsy: positive for B-CLL with BM infiltration of 80%
- ✓ Blood tests: WBC: 40.370/mmc (Ly: 80%, Ne: 15%), Hb 12.8 gr/dL, Plts 104.000/mmc, CrCrea 60 ml/min
- ✓ ECOG: 0
- ✓ CIRS: 8
- ✓ Risk factors: del 17p absent, TP53 wt, IgVH mutated

**B-CLL**

**STAGE: 4 RAI, BINET C**

**CLL IPI: 4 high risk**



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# WHICH THERAPY WOULD YOU HAVE CHOSEN?

- 1) FCR
- 2) Bendamustine containing regimen
- 3) Ven-Obi
- 4) Ibrutinib
- 5) Acalabrutinib



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# OBINUTUZUMAB-VENETOCLAX



VENCLYXTO. Riassunto delle Caratteristiche del Prodotto. Ultima data di revisione del testo 15/09/2023



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# OBINUTUZUMAB-VENETOCLAX

STEP 1: ASSESS PRIOR TO VENETOCLAX	STEP 2: PREPARE 2-3 DAYS PRIOR TO FIRST DOSE	STEP 3: INITIATE FIRST 5 WEEKS OF TREATMENT
Treatment: Tumor burden assessment; blood	Anti-hyperuricemics <sup>a</sup>	Hydration <sup>b</sup>
<b>LOW TUMOR BURDEN</b> All LN <5 cm AND ALC <25 × 10 <sup>9</sup> /L	Allopurinol	Oral (1.5-2 L)
<b>MEDIUM TUMOR BURDEN</b> Any LN 5 cm to <10 cm OR ALC ≥25 × 10 <sup>9</sup> /L	Allopurinol	Oral (1.5-2 L) Consider additional IV
<b>HIGH TUMOR BURDEN</b> Any LN ≥10 cm OR Any LN ≥5 cm AND ALC ≥25 × 10 <sup>9</sup> /L	Allopurinol Consider rasburicase if baseline uric acid is elevated	Oral (1.5-2 L) and IV (150-200 mL/hr as tolerated)
		<b>Outpatient</b> • For first dose of 20 mg and 50 mg: predose, 6-8 hours, 24 hours • For subsequent ramp-up doses: predose
		<b>Outpatient</b> • For first dose of 20 mg and 50 mg: predose, 6-8 hours, 24 hours • For subsequent ramp-up doses: predose • For first dose of 20 mg and 50 mg: consider hospitalization for patients with CrCl <80 mL/min; see below for monitoring in hospital
		<b>In hospital</b> • For first dose of 20 mg and 50 mg: predose, 4, 8, 12, and 24 hours <b>Outpatient</b> • For subsequent ramp-up doses: predose, 6-8 hours, 24 hours

- Step 1:** Assess tumor burden, renal function, and comorbidities (CrCl <80 mL/min), and assess and correct baseline blood chemistries<sup>a</sup>
- Step 2:** Begin administering antihyperuricemics 2-3 days prior and initiate oral and/or IV hydration 2 days prior<sup>b</sup>
- Step 3:** Initiate 5-week dose ramp-up<sup>c</sup> and monitor blood chemistry (review in real time). For 1L treatment, initiate the ramp-up on cycle 1, day 22<sup>c</sup>

The risk of TLS may decrease as tumor burden decreases

## Medium tumor burden:

- Pre OBI: IV hydration 2 days before CIDI
- Pre Ven ramp-up
  - IV hydration same day and the day after a dose escalation
  - Blood exam predose, at 8 and 24 hours after
  - Allopurinol

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# OBINUTUZUMAB-VENETOCLAX

## Cycle 1

### Day 1-2

Obi 1000 mg

Plts  
104.000/mmc

### Day 8

Obi 1000 mg

Plts  
116.000/mmc

### Day 15

Obi 1000 mg

Plts  
130.000/mmc

### Day 22

Ven 20 mg

Plts  
**41.000/mmc**

grade 3  
thrombocytopenia

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Ven 20 mg

Plts  
**41.000/mmc**

grade 3  
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**Toxicity or recurrence of immune thrombocytopenia?**

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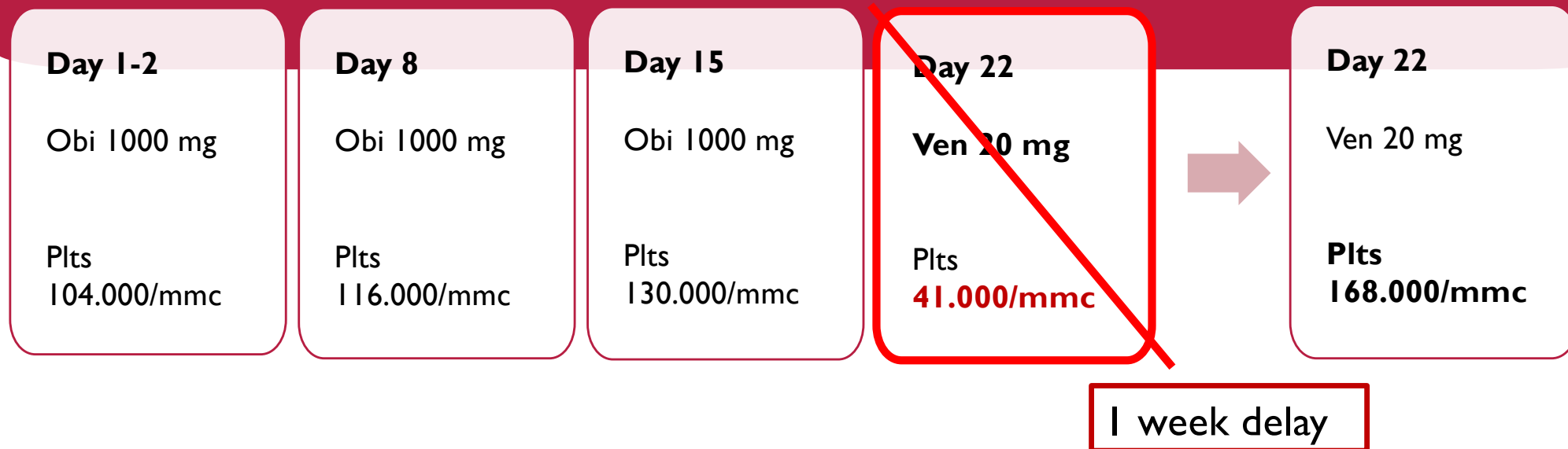


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# OBINUTUZUMAB-VENETOCLAX

## Cycle 1



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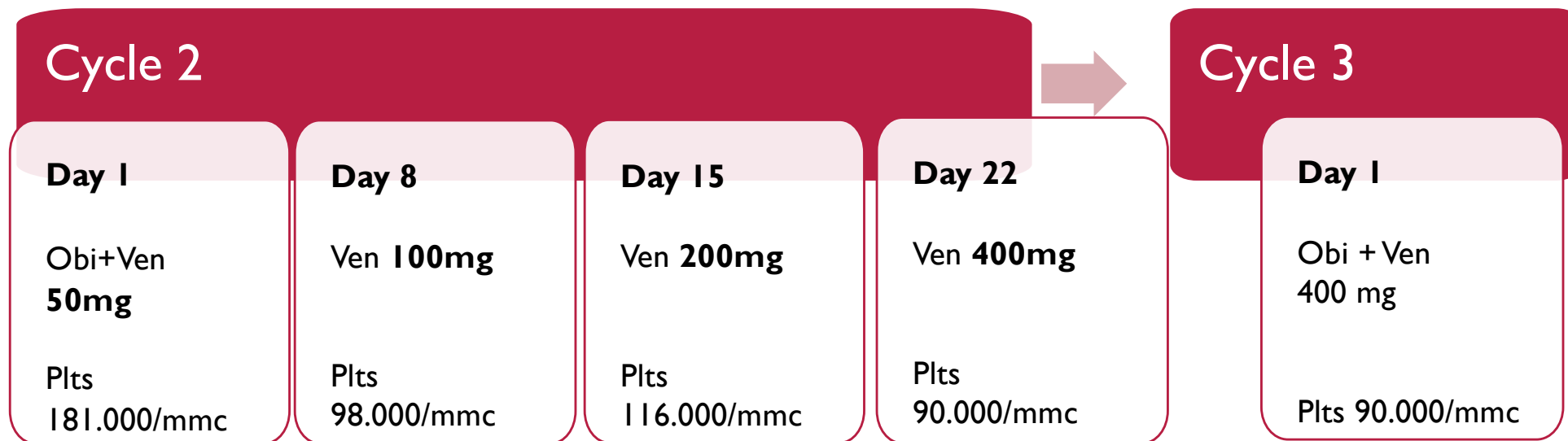
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**Disease evaluation post 3° cycle TB CT → PR** (lymph node max 25 mm)

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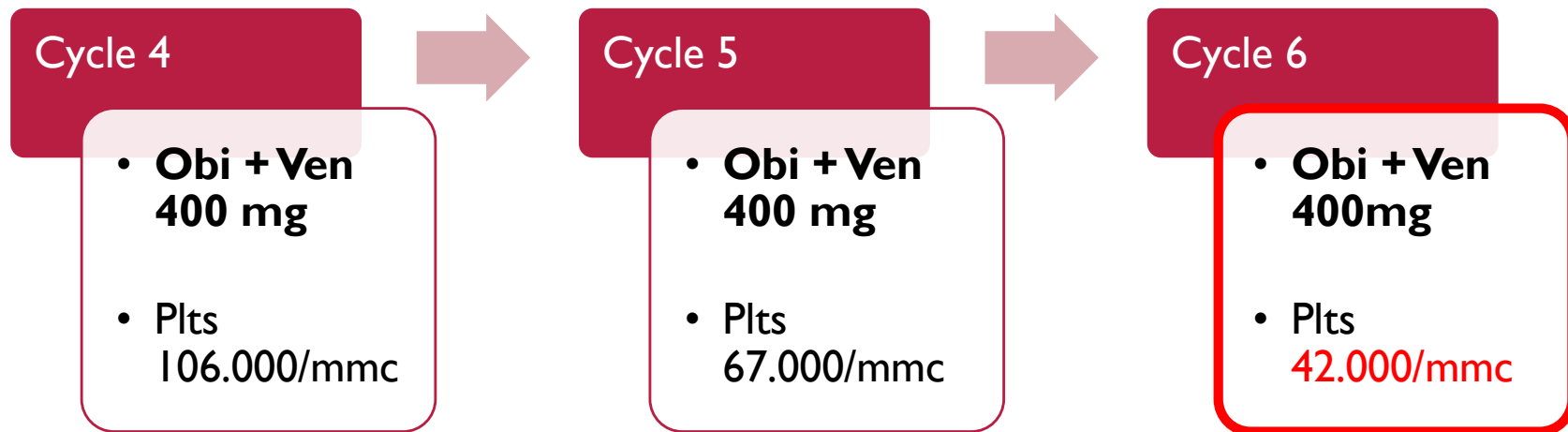
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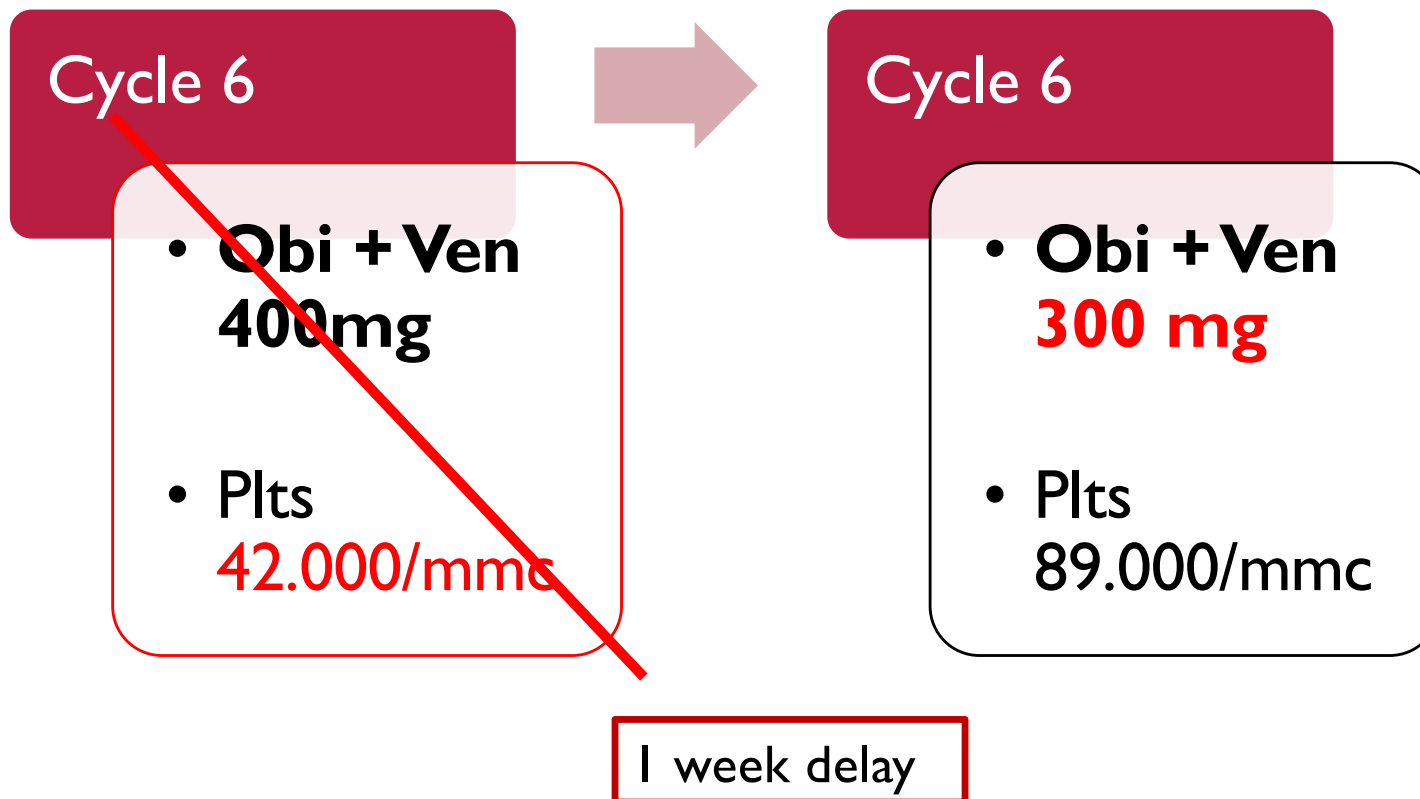
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# OBINUTUZUMAB-VENETOCLAX



grade 3 thrombocytopenia + grade 3 neutropenia

# OBINUTUZUMAB-VENETOCLAX



# CONCLUSION AND DISCUSSION

- Ongoing cycle 6
- AEs: thrombocytopenia: disease or toxicity?
- Next CT scan at the end of May



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**Thanks for your attention**

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