2 Jahre Zanubrutinib in Deutschland: eine retrospektive Kohortenstudie

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INTRODUCTION

- Zanubrutinib is a second-generation, potent Bruton tyrosine kinase (BTK) inhibitor first approved in the European Union (EU) for the treatment of Waldenström macroglobulinemia (November 2021)[1]
- Within 2 years, approval was granted for relapsed/refractory marginal zone lymphoma (October 2022), chronic lymphocytic leukemia (November 2022), and relapsed/refractory follicular lymphoma (November 2023)
- Across all indications approved in the EU, zanubrutinib has demonstrated efficacy and a favorable safety profile with good tolerability in clinical trials[1]
- Evidence from medication use in a real-world setting can support clinical trial data[2]
- This study describes real-world prescription data on the use of zanubrutinib in Germany

METHODS

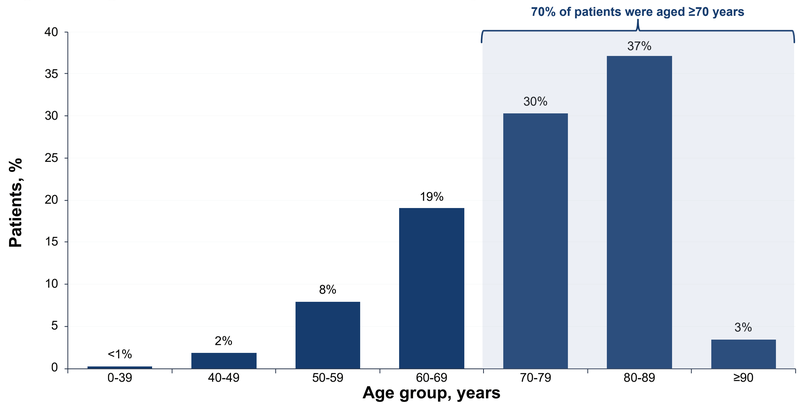
- Anonymized, longitudinal, retrospective patient-level data from the IQVIA Healthcare Prescription Database, covering 80% of German statutory prescriptions, from December 2021 to December 2023 were used for the analysis
- Data from patients receiving zanubrutinib were analyzed by patient age, zanubrutinib dose, co-medication, and pretreatment pathway
- For all groups, patients with a gap of >180 days between prescriptions were removed from the analysis due to a likely therapy break or end of treatment
- Age was calculated by subtracting the birth year from 2023
- For the dosing analysis, the interval between 2 prescriptions in days was adjusted to the package count; daily dosage was calculated by multiplying the package count, package size (120 capsules), and strength (80 mg) then dividing by the time (in days) to the next prescription
- Co-medication was classified as proton pump inhibitors, cardiovascular drugs (including antihypertension medications), anticoagulants, analgesics, or antidiarrheal medications
- For the pretreatment pathway analysis, treatment during the 12 months prior to the first zanubrutinib prescription was investigated, including use of other BTK inhibitor monotherapies (ie, acalabrutinib or ibrutinib), B-cell lymphoma 2 (BCL2) inhibitor (eg, venetoclax) monotherapies and combinations, or chemotherapy combinations
- If a patient started therapy more than once, the therapy before the first zanubrutinib prescription was considered the pretherapy

RESULTS

Age Distribution

- Of the 1,678 patients receiving zanubrutinib, 70% of patients were aged ≥70 years (30% aged 70-79 years, 37% aged 80-89 years, and 3% aged ≥90 years) (**Figure 1**)
  - 19% of patients were aged 60-69 years
  - 10% were younger than 60 years (8% aged 50-59 years, 2% aged 40-49 years, and <1% aged 20-39 years)
  - No patient was younger than 20 years old

Figure 1. Age Distribution of Patients in the Analysis



Zanubrutinib Dosing

- The recommended dose of zanubrutinib is 4 × 80-mg capsules daily;[1] consequently, a new prescription is required every 30 days
  - A total of 58% of patients received a prescription for zanubrutinib for a range of 23-37 days
    - 15% were between 23-27 days
    - 28% were between 28-32 days
    - 15% between 33-37 days
- Of note, longer intervals between prescriptions might indicate a lower dose of zanubrutinib
- Zanubrutinib was prescribed at the recommended dose of 4 capsules per day in 51% of patients

Co-Medications

- A total of 94% of patients were administered ≥1 co-medication, of which 51% were cardiovascular drugs, 35% were proton pump inhibitors, 31% were analgesics, 28% were anticoagulants, and 4% were antidiarrheal medications
- Co-medication administration and the proportions of co-medications used were as expected given the age distribution of the population

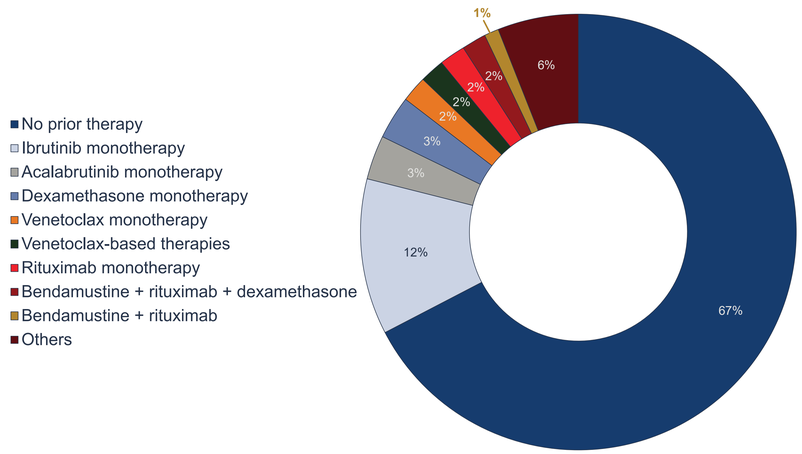
Pretreatment Pathway

- The majority of patients (67%) were treatment naive at the start of zanubrutinib therapy, 12% of patients had previously been prescribed ibrutinib, and 3% had previously been prescribed acalabrutinib (**Figure 2**)
- The combination of bendamustine + rituximab + dexamethasone had been prescribed in 2% of patients, while bendamustine + rituximab was prescribed in 1%
- Rituximab monotherapy had been prescribed in 2% of patients and dexamethasone monotherapy in 3%
- Venetoclax-based combinations or venetoclax monotherapy were each prescribed in 2% of patients
- Other pretherapies (8%) consisted of combinations with obinutuzumab, cyclophosphamide, and previously noted therapies or substances in other combinations

CONCLUSIONS

- Long-term tolerability is a decisive factor in continuous therapy with BTK inhibitors; this is especially true among patients with B-cell malignancies such as chronic lymphocytic leukemia, a population that tends to be older than 65 years and have several comorbidities[3]
- Our data show that zanubrutinib was mainly used as a first-line therapy across a broad patient population, including older patients
- The majority of patients received a prescription approximately every 4 weeks, indicating continuous use of zanubrutinib at the recommended dose

Figure 2. Prior Therapies Received by Patients



LIMITATIONS

- As the German data protection law applies to this study, no individualized patient data were collected; thus, a distinction between the approved indications for zanubrutinib was not possible
- Furthermore, only patients with statutory health insurance were included in this analysis, whereas patients with private insurance were not considered
- Double-counting in co-medication or zanubrutinib dosing might be possible since patients may have received >1 co-medication or multiple prescriptions for zanubrutinib could have been made on 1 prescription

REFERENCES

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3. Brown JR, et al. *Haematologica*. 2024;109(7):2277-2283.

DISCLOSURES

JD: Honoraria for a special publication: BeiGene Inc. **LM:** Employment and may own stock: BeiGene Inc.

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