Zanubrutinib vs ibrutinib in relapsed/refractory chronic lymphocytic leukemia and small lymphocytic lymphoma (R/R CLL/SLL): impact on health-related quality of life (HRQOL)

**Authors:** Constantine S. Tam¹², Barbara Eichhorst³⁴, Nicole Lamanna⁵, Susan M. O'Brien⁶, Lugui Qiu⁷, Keri Yang՞, Ken Wuց³, Tommi Salmi¹⁰, Gisoo Barnesී, Jennifer R. Brown¹¹

Institutions: ¹Alfred Health, Melbourne, VIC, Australia; ²Monash University, Melbourne, VIC, Australia; ³Department I of Internal Medicine, University Hospital Cologne, Cologne, Germany; ⁴Center for Integrated Oncology, University Hospital Cologne, Cologne, Germany; ⁵Herbert Irving Comprehensive Cancer Center, Columbia University, New York, NY, USA; ⁶Chao Family Comprehensive Cancer Center, University of California, Irvine, CA, USA; ¹Department of Lymphoma and Myeloma, Blood Diseases Hospital & Institute of Hematology, Chinese Academy of Medical Sciences, Tianjin, China; ⁵BeiGene USA, Inc, San Mateo, CA, USA; ⁵BeiGene (Beijing) Co, Ltd, Beijing, China; ¹¹BeiGene International GmbH, Basel, Switzerland; ¹¹Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA

Aim: Assess HRQOL in patients treated with zanubrutinib vs ibrutinib.

**Method:** In the ALPINE study (NCT03734016), patients were randomized to zanubrutinib (n=327) or ibrutinib (n=325), and patient-reported outcome (PRO) endpoints (global health status [GHS], physical and role functions, fatigue, pain, diarrhea, and nausea/vomiting) were measured by EORTC QLQ-C30 and EQ-5D-5L at baseline, cycle 1, and every third 28-day cycle until end of treatment. Descriptive analyses using a mixed model for repeated measures of key PRO endpoints at cycle 7 (6 months) and cycle 13 (12 months) are presented.

**Results:** Patients had similar baseline characteristics and HRQOL at baseline. 15.4% of patients discontinued zanubrutinib due to adverse events vs 22.2% for ibrutinib. Adjusted PRO completion rates (the number of patients who completed the questionnaire divided by the number still on treatment) at cycles 7 and 13 were high with zanubrutinib (89.6% and 94.3%) and ibrutinib (87.7% and 92.3%). Zanubrutinib improved GHS scores vs ibrutinib at cycle 7 (least-squares mean change difference, 3.0; 95% CI, 0.23-5.77; nominal *P*=.0338) but not at cycle 13. Lower diarrhea scores and clinically meaningful improvements (≥5% mean change difference from baseline) in physical and role functioning, pain, and fatigue at cycles 7 and 13 were seen in the zanubrutinib arm (**Table**), but the difference between arms was not significant. Nausea/vomiting scores were maintained in both arms, with no measurable difference.

**Conclusion:** In ALPINE, patients with R/R CLL/SLL receiving zanubrutinib vs ibrutinib demonstrated improvement in GHS at cycle 7 (6 months). Improvement in other endpoints over time suggests that treatment with zanubrutinib positively affected HRQOL; however, given the generally good HRQOL at baseline in both arms, the differences between arms were small and not significant.

Table. Least-Squares Mean Change (95% CI) From Baseline Within Treatment Arms

	Cycle 7 (6 months)		Cycle 13 (12 months)	
	Zanubrutinib	Ibrutinib	Zanubrutinib	Ibrutinib
GHS	8.18	5.18	7.28	5.93
	(6.25-10.12)	(3.20-7.17)	(5.41-9.15)	(3.97-7.89)
Physical	6.55	4.73	5.46	4.31
functioning	(4.96-8.15)	(3.08-6.38)	(3.87-7.04)	(2.65-5.97)
Role functioning	6.95	6.32	6.81	5.01
	(4.85-9.06)	(4.14-8.50)	(4.61-9.02)	(2.69-7.33)
Fatigueª	-12.54	-10.63	-11.13	-10.78
	(-14.47 to -10.60)	(-12.63 to -8.62)	(-13.19 to -9.08)	(-12.93 to -8.63)
Nausea/vomiting <sup>a</sup>	-1.21	-0.92	-0.92	-0.40
	(-2.03 to -0.38)	(−1.77 to −0.07)	(-1.94 to 0.10)	(-1.47 to 0.66)
Pain <sup>a</sup>	-5.06	-3.63	-5.18	-2.75
	(−7.21 to −2.91)	(−5.85 to −1.42)	(-7.38 to -2.97)	(-5.06 to -0.44)
Diarrhea	-2.11	-0.52	-3.23	-1.38
	(-3.80 to -0.42)	(-2.27 to 1.22)	(-4.79 to -1.66)	(-3.03 to 0.27)

Data cutoff: August 8, 2022; GHS, global health status; <sup>a</sup> Negative values indicate improvement.