Health-Related Quality of Life in Patients With Waldenström Macroglobulinemia (WM) Treated With Zanubrutinib: Results From the Phase 3 ASPEN Trial Long-term Follow-Up

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INTRODUCTION

BTK inhibitors have changed the therapeutic landscape for patients with Waldenström macroglobulinemia (WM) over the last decade and are considered preferred options for first-line treatment.1-3

- Zanubrutinib is a potent, irreversible, next-generation BTK inhibitor designed with improved selectivity for BTK over other B-cell targets and Hck.

ASPEN (NCT03053440), an open-label, multinational, randomized phase 3 study of adult patients with WM, compared zanubrutinib and ibrutinib.1,2 Compared with ibrutinib, zanubrutinib provided superior improvements in progression-free survival (PFS) and overall survival (OS) compared with ibrutinib.1,2

Zanubrutinib is associated with improved long-term safety and deep, early, durable responses in WM.5-7

In earlier cycles of treatment, clinically meaningful differences were observed in diarrhea and nausea/vomiting for both agents.6-8

CONCLUSIONS

- In the ASPEN trial, treatment with zanubrutinib was associated with greater improvements in EMDRs vs ibrutinib in patients with WM and was associated with fewer ADs, especially gastrointestinal events.

- In earlier cycles of treatment, clinically meaningful differences were observed in diarrhea and nausea/vomiting for both agents.

- In patients who achieved VPsy by Cycle 2, clinically meaningful differences in physical functioning and role function were observed in early-term treatment and continued to the end of treatment.

- The improved EMDs seen with zanubrutinib among patients who achieved VPsy by Cycle 25 was consistent with the steady reduction in VPsy in the zanubrutinib arm and suggests that the control arm is disease controlled to a similar extent, patients fare better in overall QoL when treated with zanubrutinib in deep remission.

Improvements from baseline in EMDs were greatest in Cycle 4 through Cycle 25 for both arms.

METHODS

- Data from the 2 groups were pooled for the analysis.

- The intent-to-treat population included all patients who received at least 1 dose of study drug, regardless of reason for treatment discontinuation.

- For PRO endpoints at 4 key clinical cycles (Cycles 4, 7, 13, and 25), which were determined from regulatory considerations, the EORTC and NCI toxicity scoring systems were used.

- Improvements from baseline in symptom scores were measured using the EORTC QLQ-C30 and NCI-3B toxicity scoring system.

- Changes from baseline in scores for 4 key clinical cycles (Cycles 4, 7, 13, and 25) were measured using the EORTC QLQ-C30 and NCI-3B toxicity scoring system.

- For EORTC QLQ-C30, improvements from baseline in symptom scores were measured using the EORTC QLQ-C30 and NCI-3B toxicity scoring system.

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DISCLOSURES

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