A Single Centre 7-year Experience of Bleeding Events In CLL/SLL Patients taking Ibrutinib and Anticoagulation

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INTRODUCTION

Ibrutinib is a first-in-class inhibitor of Bruton's tyrosine kinase (BTK), that has been approved for treatment of patients with chronic lymphocytic leukaemia/small lymphocytic lymphoma (CLL/SLL).

Previous studies suggested increased risk of bleeding associated with the drug[1, 2]. This could be particularly problematic for CLL patients, who are mostly older and often already require antiplatelet or anticoagulation treatment.

AIM

To investigate incidence and severity of bleeding events in CLL/SLL patients, treated with ibrutinib alone and in combination with antiplatelet and/or anticoagulant agents.

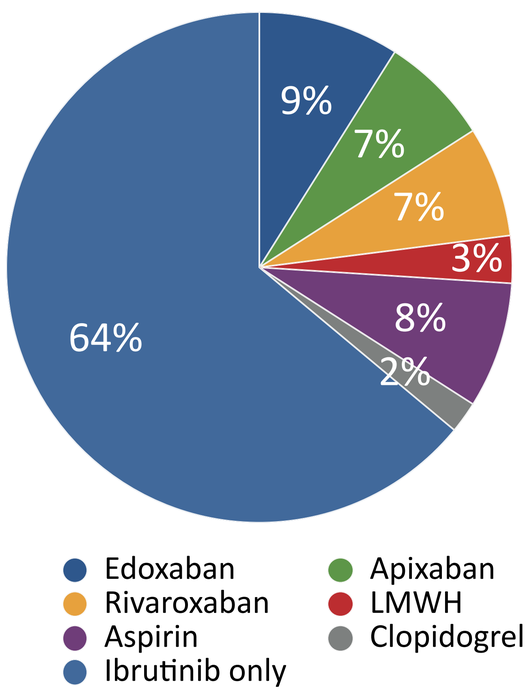
METHOD

CogStack search was used to identify all patients with CLL/SLL treated with ibrutinib between September 2014 and May 2021 at Kings College Hospital, London. Requested data included concurrent use of anticoagulant and antiplatelet agents, patients' demographics, haematological diagnosis, length of exposure to ibrutinib and bleeding events.

76 patients were included in final analysis.

Common Terminology Criteria for Adverse Events (CTCAE) and International Society on Thrombosis and Haemostasis (ISTH) criteria were used to classify the severity of bleeding events.

RESULTS

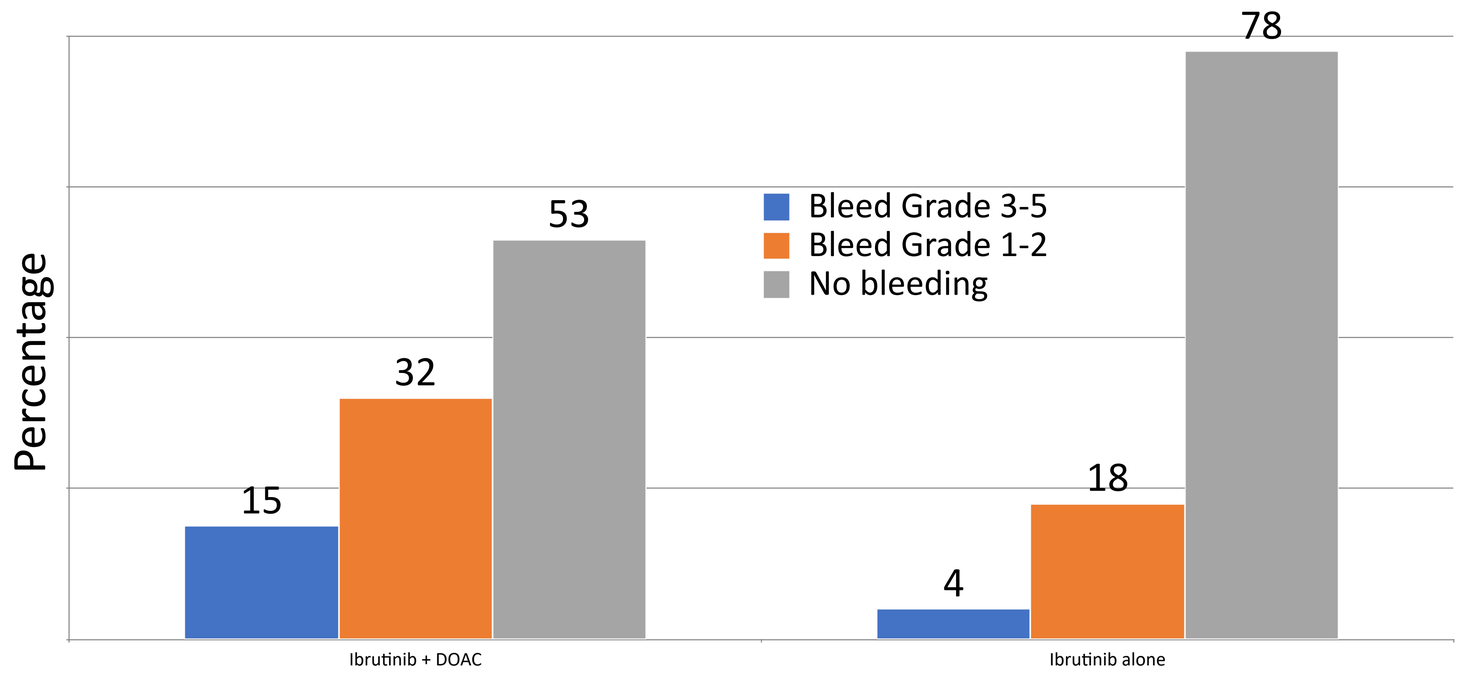


19/76 patients (25%) were on anticoagulation, and 8/76 patients (11%) - on an antiplatelet agent (Figure 1).

Bleeding occurred in 21/76 participants:
- 9/19 (47%) of anticoagulated patients
- 1/8 (13%) of patients on antiplatelet medication
- 11/49 (22%) of ibrutinib-only patients

One of the patients in anticoagulation group had two bleeding events (Grades 3 and 5), bringing the total number of events to 22.

15% of patients on anticoagulation experienced events of grade 3 and above, compared to 4% in ibrutinib only group.



CONCLUSIONS

In our study, rates of bleeding were higher in the group of patients taking anticoagulation, than in ibrutinib-only group. Bleeding was also more likely to be severe in anticoagulated patients.

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