POWERED BY V

REMISSION

DEEP RESPONSE* AND LONGER PFS WITH FIXED TREATMENT DURATION[1,2]

1L CLL

VEN+O
Fixed treatment duration regimen of 1 year[1,3†]

INV-assessed PFS[§]: Reduced risk of progression or death vs O+Clb (HR=0.35; 95% CI: 0.23–0.53 [*P*<0.001]). Median follow-up of 28 months. Median PFS not reached in either arm at the primary analysis.

INV-assessed complete remission (CR/CRi): 50% CR+CRi in VEN+O vs 23% in O+Clb (*P*<0.0001) (as a component of ORR of 85% [95% CI: 79.2–89.2] in VEN+O vs 71% [95% CI: 64.8–77.2] in O+Clb [*P*<0.0007]).

MRD negativity at EoT (PB): 76% (95% CI: 69–81) with VEN+O vs 35% (95% CI: 29–42) with O+Clb (ITT population) (*P*<0.0001).

2L+ CLL

VEN+R
Fixed treatment duration regimen of 2 years[2,3‡]

INV-assessed PFS[§]: Reduced risk of progression or death vs BR (HR=0.17; 95% CI: 0.11–0.25 [*P*<0.0001]). Median follow-up of 23.8 months. Median PFS not reached with VEN+R vs 17 months (15.5–21.6) with BR at primary analysis.

INV-assessed complete remission (CR/CRi)[‖]: 27% in VEN+R vs 8% in BR (as a component of ORR of 93% [95% CI: 88.8–96.4] in VEN+R vs 68% [95% CI: 60.6–74.2] in BR); 3% nPR in VEN+R vs 6% in BR; 63% PR in VEN+R vs 53% PR in BR.

MRD negativity at EoCT (PB)[‖]: 62% with VEN+R vs 13% with BR.

INDICATION[3]:
Chronic Lymphocytic Leukemia

VENCLEXTA is indicated, in combination with rituximab or as monotherapy, for the treatment of patients with chronic lymphocytic leukemia (CLL) who have received at least one prior therapy.

VENCLEXTA is indicated, in combination with obinutuzumab, for the treatment of patients with previously untreated CLL.

For full indications, please refer to VENCLEXTA Singapore Full Prescribing Information.

*Deep response as measured by CR or MRD negativity.
Both VEN+O and VEN+R only included six treatment cycles with obinutuzumab and rituximab, respectively followed by VEN monotherapy for the remainder of the treatment cycles:
†Treatment complete after twelve 28-day cycles. ‡Treatment complete after 5-week ramp-up period and twenty-four 28-day cycles.
§Primary endpoint. ‖Results are descriptive only.

PFS=progression-free survival; CLL=chronic lymphocytic leukaemia; 1L=first line; VEN+O=VENCLEXTA + obinutuzumab; INV=investigator; CI=confidence interval; O+Clb=obinutuzumab + chlorambucil; HR=hazard ratio; CR=complete remission; CRi=complete remission with incomplete bone marrow recovery; ORR=overall response rate (CR+CRi+nPR+PR); PR=partial remission; MRD=minimal residual disease; EoT=end of treatment; PB=peripheral blood; ITT=intent to treat; 2L+=second line + later lines of therapy; VEN+R=VENCLEXTA + rituximab; BR=bendamustine + rituximab; nPR=nodular partial remission; EoCT=end of combination treatment.

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VENCLEXTA®
venetoclax tablets

VENCLEXTA REGIMENS ARE THE ONLY CHEMO-FREE, FIXED-DURATION REGIMENS THAT CAN BE COMPLETED IN 1 OR 2 YEARS[1,2]

TARGET STOP DATE

VENCLEXTA-based regimens give patients a target treatment-completion date

TIME OFF TREATMENT

Patients have the possibility of a treatment-free period after completing their regimen

LIMITED TREATMENT EXPOSURE

No additional drug exposure or potentially associated adverse events after treatment is completed

FIXED COST

VENCLEXTA offers an option with a defined treatment timetable, which may reduce financial burden

References:

1. Fischer K, Al-Sawaf O, Bahlo J, et al. Venetoclax and obinutuzumab in patients with CLL and coexisting conditions. N Engl J Med. 2019;380(23):2225-2236.

2. Seymour JF, Kipps TJ, Eichhorst B, et al. Venetoclax -rituximab in relapsed or refractory chronic lymphocytic leukemia. N Engl J Med. 2018;378(12):1107-1120.

3. VENCLEXTA™ Singapore Product Information: October 2022

For Healthcare Professionals Only. Full prescribing information available upon request.
Adverse event should be reported to AbbVie Pharmacovigilance team at drugsafety.pv@abbvie.com

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