Early Outcomes of a Treatment Access Program for Patients With Chronic Lymphocytic Leukemia in Armenia, Ethiopia, and Nepal

A. Yost[1], K. Meliksetyan[2], F. Tadesse[3], M. Lama[4], M. Ong[1], C. Scheepers[1], P. Garcia-Gonzalez[1]

1. The Max Foundation, Seattle, WA, USA
2. Yeolyan Hematology and Oncology Center, Yerevan, Armenia
3. Black Lion Hospital, Addis Ababa, Ethiopia
4. Patan Hospital, Lalitpur, Nepal

The Max Foundation

Context

While access to novel therapies has transformed the treatment landscape for CLL, availability of these medicines remains limited in low- and middle-income countries (LMICs). To address this, The Max Foundation (Max), in collaboration with a biotech donor, global key opinion leaders, and local healthcare providers (HCPs), launched a treatment access program to provide zanubrutinib, a second-generation BTK inhibitor (BTKi), at no cost to eligible patients in Armenia, Ethiopia, and Nepal.

Objective

To evaluate early outcomes and program feasibility of Max's treatment access program for CLL in three LMICs.

Setting

The program was implemented at Yeolyan Hematology and Oncology Center in Armenia, Black Lion Hospital in Ethiopia, and Patan Hospital in Nepal, collectively serving approximately 680 CLL patients annually. Two centers have on-site flow cytometry, while one sends samples abroad for analysis. Access to first-generation BTKis exists at two sites, but costs remain prohibitive for most patients.



Interventions

Institutional capacity assessments identified patient volumes, diagnostic capacity, and barriers to care. Supply chain pathways were established for streamlined importation and regular shipments. Local teams received training on CLL management and pharmacovigilance, and global experts provided clinical training to HCPs. Real-time monitoring was conducted through Max's Patient Access Tracking System (PATS).

Results

Between December 2023 and May 2025, 257 patients enrolled in the program, with 65% (n=167) treatment-naïve and 41% (n=106) women. The median age at diagnosis was 63 years. Six patients discontinued treatment; five passed away and one did not respond to zanubrutinib. Despite barriers, the program reached capacity quickly, reflecting significant demand for novel therapies in LMICs.

		Armenia	Ethiopia	Nepal	**Total**
All (N, % of total)		115 (45)	97 (38)	45 (17)	**257 (100)**
Sex (N, %)	# Women	60 (52)	34 (35)	12 (27)	**106 (41)**
	# Men	55 (48)	63 (65)	33 (73)	**151 (59)**
Treatment Status (N, %)	# Treatment-Naïve	67 (58)	65 (67)	35 (78)	**167 (65)**
	# Relapsed/ Refractory	48 (42)	32 (33)	10 (22)	**90 (35)**
Median age at diagnosis		64	61	67	**63**

Conclusions

Providing a second-generation BTKi in LMICs demonstrated the potential to improve outcomes even in advanced-stage disease. The availability of effective treatment plays a pivotal role in strengthening treatment and diagnostic pathways within health systems. The rapid uptake underscored both high unmet need and local capacity to implement treatment access programs. Scaling up such initiatives could address critical gaps in cancer care across LMICs.