Real-World Clinical Outcomes of Targeted Therapy in a Pakistani Cohort of Chronic Lymphocytic Leukemia

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Key message

Among 31 targeted-therapy-exposed patients, ORR was 100% and CR was 83.9%.

Background

Targeted therapies have transformed CLL care, but Pakistani outcome data remain scarce. This review adds locally generated real-world evidence.

Objective

To describe treatment exposure, response, clinical status, and documented toxicity in Pakistani patients receiving targeted therapy.

Methods

Design
Descriptive analysis of coded clinical records from Midciti and Ziauddin Hospitals.

Analysis sets
Full cohort: N=50. Targeted-therapy subset: n=31 for effectiveness and safety.

Statistics
Categorical: n (%). Continuous: median (range). Responses: iwCLL categories. OS/PFS estimates were exploratory and truncated at 24 months.

Study population

50 Full cohort

31 Targeted exposure

18 Wait and watch

1 Chlorambucil only

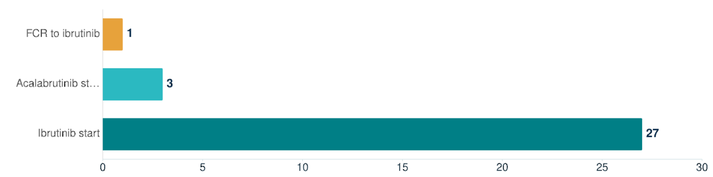
Targeted subset: 30 direct starts; 1 patient transitioned from FCR to ibrutinib.

Baseline

Characteristic	Result
Age, median (range)	62 (48-94) years
Male sex	23/31 (74.2%)
ECOG performance status 1	27/31 (87.1%)
Rai stage III-IV	13/31 (41.9%)
Binet stage C	14/31 (45.2%)
TP53 mutation recorded	1/31 (3.2%)
del(17p) recorded	0/31 (0%)

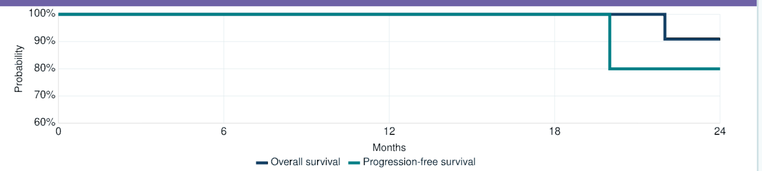
Targeted-therapy subset. IGHV, del(11q), and trisomy 12 were not recorded.

Treatment pattern



Ibrutinib accounted for 90% of 30 direct targeted starts. Three patients received acalabrutinib-venetoclax.

Kaplan-Meier estimates



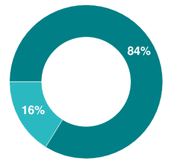
24-month OS 90.9% | 24-month PFS 80.0% | Median OS/PFS not reached

At risk at 0 / 6 / 12 / 18 / 24 months: OS 31 / 26 / 20 / 14 / 8 | PFS 31 / 26 / 12 / 6 / 3

Exploratory estimates derived from recorded duration fields; displayed through 24 months.

Effectiveness

100%
Overall response rate



CR
26/31 (83.9%)

PR
5/31 (16.1%)

Recorded progression: 2/31 (6.5%)

Safety

2/31
Patients with documented AEs

Documented events
Grade 3 neutropenia (n=1) and skin irritation (n=1).

Treatment modification
Dose reduction: 1/31 (3.2%) | Dose interruption: 0/31

Adverse-event capture was limited in the source records.

Conclusion

Targeted therapy showed a high recorded response in this Pakistani real-world cohort, including advanced-stage disease.

Clinical implication: establish prospective multicenter registries with standardized genomic, response, toxicity, and survival data.

References: Din et al., 2023; Hallek et al., 2018; Burger et al., 2015.

Data source: Revised CLL dataset (50 coded records); no patient-identifying information shown.