



ASH 2017: Michael Choi Discusses Venetoclax after Failing 2 BCR Inhibitors - Transcription

Dr. Brian Koffman – Hi, Dr. Brian Koffman, the founder and medical director of the CLL Society, here in Atlanta, Georgia, for ASH 2017.

Dr. Michael Choi – Thanks, Dr. Koffman. I'm Michael Choi. I'm a physician at UCSD Moores Cancer Center, specializing in treatment of patients with CLL.

BK – One of the unmet needs for patients with CLL is, now that we have these B-cell receptor inhibitors, like ibrutinib or idelalisib... that really changed the game, but not everybody continues to respond to those. And some people have not only failed one, they've failed multiple ones.

MC – Mm-hmm.

BK – But you've done some research on and been involved in looking at what options they have. Can you talk about that and the paper you're involved in?

MC – Yeah, thanks. I was... or, our center was part of a study that looked at using Venetoclax to treat patients that had progressed on or after treatment with a B-cell receptor inhibitor. Jeff Jones led the study, and that was run through AbbVie. It turned out in that group of patients, many had actually received both; at some point in their treatment received ibrutinib and then stopped, and then received idelalisib, and then progressed, and then entered this trial, or vice-versa.

BK – And acalabrutinib, too, I think, also.

MC – Yeah.

BK – Yeah.

MC – And so, I think this was a look to see if somebody was refractory or was coming off of both types of inhibitors, was their response rate any different? So, Bill Wierda and Abbvie led this analysis that I was a part of, as well. I think the overall take home point is that patients still responded at a rate that was similar, but slightly lower than, the rate of response for patients that had progressed after only one type of B-cell receptor inhibitor. The safety and tolerability was equivalent, so it didn't bring up more concerns regarding tumor lysis or infections. What to make of it, I think... I would say the conclusion is that Venetoclax is an



option, regardless of how many lines of therapy or how many previous B-cell receptor inhibitors somebody has received. I wouldn't take the lower response rate as a reason not to use it. But, I think it is something that we should be aware of, that, I guess, with the more previous lines of therapy are certainly... and, if people are... progressing on a B-cell receptor inhibitor... perhaps the disease becomes a little bit more aggressive, and we need to, certainly, as a field, to figure out the optimal treatments in that situation.

BK – So, what I'm hearing is that there are options that you have after you progress on ibrutinib, or acalabrutinib, or idelalisib. but, there's work to be done to make those options even more certain, and to even have more options out there.

MC – Yeah, that's exactly the point. Yeah, I think the study, overall, made it clear that Venetoclax is active in this scenario. And, that's great, it's been a life saver for some patients. But, I think there's still room for improvement. The response rate isn't perfect. The responses sometimes aren't as durable as one might have with, perhaps, with frontline Venetoclax use. I think we'll certainly be looking at combinations and strategies to improve this more.

BK – Any final thoughts you want to share with patients about this research?

MC – I think it's definitely an important study overall. I don't there was any reason to not expect Venetoclax to be active in this setting. But, I think just to have... some concrete evidence of that... and, really, a baseline response rate that we can work to improve on... that's important.

BK – Dr. Choi, thanks so much for all you're doing.

MC – Thanks, Dr. Koffman.