EHA 2018 Stockholm, Sweden Dr. Brian Koffman Reporting
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Dr. Brian Koffman – Hi. I'm Doctor Brian Koffman. I'm a family doctor and a CLL patient, myself, and I'm the Co-founder and the Medical Director of the not-for-profit CLL Society… and I'm thrilled to be here in Stockholm, Sweden, only about 75 days after receiving CAR-T therapy for myself… and I just wanted to share with you some of the exciting information that's being looked at and presented here to the hematologists from around the world about how treatment in CLL is improving. And they are really a few areas that I wanted talk about. CAR T is in its infancy and they're looking at, how do we get that out further into the community… further into Europe… further around the world. But the two areas that had more focus and more attention on them are… is… "How do we measure success in CLL? Do we have markers that we can look at?", other than, "Does the patient survive or not survive?" And we're finding that measuring the amount of disease in the bone marrow and in the blood… if we can find where we get to a level where there's no longer any disease detectable… minimal residuals disease detectable… "MRD negative" … if we can get to that level… we can find that these may be good substitute, or surrogate, markers for how well patients will do. Not only for chemo-immunotherapy that we've known for a long time, like with FCR or BR, but also for patients using the novel agents. The other things we're starting to look at… and again, learning from our experience with the chemo-immunotherapy… is that combinations of drugs seem to offer very profound and deep levels of responses. So, some of those are taking traditional chemotherapies, like FCR, and adding like ibrutinib, or adding duvelisib. Others are mixing two oral agents, like venetoclax and ibrutinib, where their responses are outstanding. Others are taking venetoclax and adding an antibody like obinutuzimab, because CLL is a smart cancer. It can sometimes mutate. Putting this mix of drugs together seems to be a way to outsmart it and get us to very, very deep remissions. How durable those remissions are is going to take time. That's why it's so important for us patients to get involved in clinical trials… to be able to look at this data… to be able to build the data… so we can build the next generation of treatments, because we have all these wonderful medications, but how do we combine them? What are their best combinations? What are the sequences? That's the stuff that's beginning to be measured at the European Hematological Association. So, I'm thrilled to be here, and thrilled to be reporting from it. Thanks, so much.