Transcript Details
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Expert Perspectives on CLL: Anticipated Highlights from the 63rd Annual ASH Meeting

Announcer:
You're listening to *Project Oncology* on ReachMD, sponsored by Lilly. Here's Dr. Lindsey Roeker.

Dr. Roeker:
So, this is going to be an exciting year at ASH for updates in chronic lymphocytic leukemia. And I think there are a couple of themes that we're going to see a lot of it at ASH. The first one is novel agent combos. So, we're going to see updated data on CAPTIVATE, we're going to see some GLOW results. We'll be seeing updates from the SEQUOIA trial, which is looking at zanubrutinib and venetoclax. So, we'll see a bunch of different trials looking at the combination of a BTK inhibitor with venetoclax, and really figuring out how we should optimally be using those. So, which patients should we be using them in. And I think those data are going to be very exciting as we enter ASH.

We're also going to see results from CLL13, which is a randomized study looking at chemoimmunotherapy, versus venetoclax-containing regimens. So, there's an arm with venetoclax/rituximab, one with venetoclax/obinutuzumab, and one with ibrutinib, venetoclax, and obinutuzumab.

We're also going to be seeing some MRD results from that trial and to help us understand how we should be testing MRD in terms of which methodology and also what compartment should we be testing. So I think those data will be really exciting as well.

Other clinical data that I think are going to be really great are updated results from the pirtobrutinib study. So, we're going to see the BRUIN trial and extended follow-up. We're also going to see a report on ARQ531, which is another noncovalent BTK inhibitor. And then we're going to see some basically creative use of other novel agents. So how do we add on therapies? When do we need these novel agent-based approaches? And I think those data are really going to be valuable as we refine our novel agent-based approaches for CLL as well.

I think these updates are really going to help us refine our approach to CLL. So, we know that novel agents have really become the mainstay of treatment for CLL. So, it's moved from a field where we were using a lot of chemoimmunotherapy into one where predominantly treatments are novel agent-based. And I think figuring out how to best approach patients requires ongoing refinement of this data. And we know that we're moving from single novel agent approaches into combination novel agent approaches. And as we do that we need more data to figure out who are the best candidates for these novel agent combination approaches and in which population should we really be considering them and getting a real benefit. So I think the additional data that are presented at this meeting is really going to help us better understand that question. I don't know that we're going to come away with the total answer, and I don't know that we're going to know exactly who we should be using novel agent combinations in, but I do think that we're going to have more data to help us understand where the field is moving.

Announcer:
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