Conclusion and relevance ICI demonstrated a clinical benefit in terms of PFS and OS. The most frequent grade ≥3 AR were asthenia and pneumonitis. Our study suggested a high percentage of compliance with the criteria established.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

Background and importance Venetoclax and ibrutinib are relatively new drugs and are currently elective treatments according to the guidelines for patients diagnosed with high risk chronic lymphocytic leukaemia (CLL).

Aim and objectives To conduct an indirect comparison of the efficacy of venetoclax (12 cycles)+obinotuzumab (6 cycles) compared with ibrutinib (until progression)+obinotuzumab (6 cycles) and its costs.

Material and methods The clinical trials CLL14 and ILUMINATE were reviewed, and the main outcome and similarity of the population (median age, percentage of high risk patients according to the Binet or Rai classification and percentage of patients with high risk cytogenetics) were evaluated.

An indirect comparison of median progression free survival (PFS), PFS at 24 months, minimal residual disease (MRD) in peripheral blood, overall survival (OS) and complete response was conducted.

Lastly, the cost of both 12 and 24 months of treatment were compared.

Results

<table>
<thead>
<tr>
<th>No of patients</th>
<th>Age (years) (median)</th>
<th>High risk (Binet/Rai) (%)</th>
<th>Patient with del p17 (%)</th>
<th>Patients with IGHV (%)</th>
<th>Unmutated IGHV (%)</th>
<th>Indirect comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venetoclax+obinotuzumab vs clorambucil+obinotuzumab</td>
<td>432/1:1</td>
<td>72</td>
<td>43</td>
<td>9.5</td>
<td>60</td>
<td>PFS HR 0.66 (95% CI 0.36 to 1.22, p=0.18) ibrutinib favoured</td>
</tr>
<tr>
<td>ibrutinib+obinotuzumab vs clorambucil+obinotuzumab</td>
<td>229/1:1</td>
<td>70</td>
<td>52</td>
<td>15.5</td>
<td>757</td>
<td>PFS at 24 months RR 0.64 (95% CI 0.32 to 1.08, p=0.09) ibrutinib favoured</td>
</tr>
<tr>
<td>MRD peripheral blood CR</td>
<td>0.85 (95% CI 0.39 to 1.86, p=0.69) venetoclax favoured</td>
<td>14.1 (95% CI 0.85 to 2.32, p=0.18) venetoclax favoured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Venetoclax+obinotuzumab</td>
<td>12 months (€)</td>
<td>127 891</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ibrutinib+obinotuzumab</td>
<td>24 months (€)</td>
<td>76 808</td>
<td>76 808</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusion and relevance

- Although in advance, populations could be comparable, limitations such as time of treatment with chlorambucil exist (6 months vs 12 months).
- No statistically significant differences were found between:
  - Median PFS and 24 month PFS: Beauchemin et al concluded that correlations between PFS and OS exist in patients previously treated, but not in naïve patients.
  - MDR and CR: Langerat et al concluded that “MDR status is associated with PFS and OS in CLL patients, and has the potential to act as a surrogate marker”.
- Ibrutinib cost was superior after the first year of treatment.
- To conclude, it is necessary to obtain OS data to conduct an indirect comparison of greater quality.

REFERENCES AND/OR ACKNOWLEDGEMENTS
1. DOI: 10.1182/blood-2018-03-839688
2. DOI: 10.3747/co.22.2119.

No conflict of interest.

Background and importance In naïve treated populations with advanced non-small cell lung cancer (NSCLC), pembrolizumab monotherapy is the recommended option for patients whose tumours express PD-L1 with a tumour proportion score (TPS) ≥50%. In a population previously treated with platinum based chemotherapy double, pembrolizumab (PD-L1 1%) is a valid option in those who have not been treated with firstline immunotherapy.

Aim and objectives To analyse the effectiveness and safety of patients with NSCLC treated with pembrolizumab in clinical practice.

Material and methods This was a multicentre, observational, retrospective study carried out between January 2017 and June 2019. All patients with NSCLC undergoing treatment with pembrolizumab as monotherapy were included. Patient data were taken from the clinical records. Variables included were age, sex, stage, line of treatment, dose administered and functional status (PS) according to the ECOG scale. Efficacy endpoints was progression free survival (PFS) assessed by RECIST 1.1 criteria. Adverse events (AEs) were also assessed. Analysis of PFS was performed using the Kaplan–Meier curve.

Results Thirty-eight patients were included with NSCLC: 81.58% were men, mean age was 62.34±11.68 years, 97.36% (n=37) had ECOG PS 0–1 and 100% had NSCLC stage IV. The percentage of patients who started pembrolizumab as firstline therapy was 50% and their tumours expressed PD-L1 ≥50% TPS, 42.10% had pembrolizumab as secondline therapy and 7.90% as thirdline therapy. The median administered dose was 160 mg (108–200); 8 patients (21.05%) are still receiving treatment. Causes of treatment suspension in the remaining patients were disease progression (60.53%) or death (18.42%).