

## *Why carry out this study?*

- There are approximately 21,000 new cases of Chronic lymphocytic leukemia (CLL) in the United States (US) each year.
- While there is no cure for CLL, the CLL treatment landscape has evolved over the last decade with the development of promising targeted drugs. These novel therapies are increasing available and used, but evidence of treatment toxicity, associated healthcare resource use, and costs among CLL patients receiving these treatments is limited. Further real-world evidence on the burden of novel and conventional therapies for CLL is crucial to patients and healthcare providers as they decide on an appropriate treatment plan.
- The purpose of this retrospective observational study was to describe real-world treatment patterns in a large cohort of commercially-insured, younger CLL patients in the US. The study also described treatment-related toxicity, healthcare resource use (HRU), and costs.

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## *What was learned from the study?*

- This study highlighted the current, commonly used CLL treatments among younger CLL patients in the US, as well as the associated clinical and economic burden.
- In this study, the most common regimens observed among treated patients with CLL were bendamustine-rituximab (27%), ibrutinib monotherapy (27%), rituximab monotherapy (19%), and fludarabine combined with cyclophosphamide and rituximab (16%); more than half of treated patients (59%) had evidence of at least 1 incident adverse event (AE).
- The economic burden among patients with CLL was substantial and driven by treatment costs. Patients with AE(s) had additional clinical and economic burden from treatment-related toxicities.
- HRU and costs consistently increased as the number of AEs increased, suggesting a potential association between greater treatment toxicity and higher HRU; results persisted in adjusted analyses.

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