Comparative Efficacy of Bendamustine-Rituximab (BR) and Ibrutinib) in Patients with Previously Untreated Waldenström Macroglobulinemia (WM): An Updated Analysis of an International Collaborative Study

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INTRODUCTION

Fixed-duration parenteral BR regimen and continuous oral ibrutinib monotherapy are commonly used for WM. Herein, we report updated results of an international collaborative study comparing the efficacy of BR and ibrutinib in previously untreated WM.

MAIN POINTS

This study included 246 patients (123 in each cohort) with previously untreated *MYD88*^{L265P} mutant WM who commenced therapy with BR or ibrutinib between 2011 and 2021. The median follow-up was 5.5 years versus 5.7 years; p=0.12, respectively, for the BR and ibrutinib cohorts. The 5-year progression-free survival rates were 67% and 74% (p=0.12), respectively, and overall survival rates were 86% versus 85% (p=0.79). Within the BR and Ibrutinib cohorts, 48% and 33%, respectively, attained ≥VGPR (p=0.02). The median time-to-next therapy was not reached in the BR cohort and 7 years in the Ibrutinib cohort, and 70% versus 65%, respectively, did not require salvage therapy at 5 years (p=0.38). Treatment was discontinued due to adverse effects in 8% of patients on BR versus 19.5% on ibrutinib (p=0.003).

CONCLUSION

BR and ibrutinib regimens lead to comparable outcomes among patients with *MYD88*^{L265P} mutant previously untreated WM, although more patients achieve deep responses and fewer patients discontinue BR due to adverse events compared to ibrutinib.