Ibrutinib (Imbruvica) for Waldenström's macroglobulinaemia

NIHR HSRIC

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Authors' objectives
Ibrutinib is intended to be used for the treatment of patients diagnosed with Waldenström's macroglobulinaemia (WM). Ibrutinib is an orally-active, small molecule, selective irreversible Bruton's tyrosine kinase (Btk). Ibrutinib irreversibly binds to Btk, thus inhibiting B-cell proliferation and survival through specific active-site occupancy. Ibrutinib is currently licensed in the EU for the treatment of chronic lymphocytic leukaemia and mantle-cell lymphoma. WM is relatively rare with just over 400 patients diagnosed in the UK each year. There is a male predominance and the incidence appears to be higher in those from White ethnic groups. The median survival for patients with WM is at least 7 years based on various reports; given that the median age of onset of 73 years and co-morbidities are common, it has been calculated that the disease-specific mortality is closer to 12 years. There is no single accepted treatment for WM. Patients only receive therapy if they have symptoms or signs related to WM and/or specific laboratory abnormalities. The main therapeutic options include chemotherapy with alkylating agents or nucleoside analogues, and biological therapy with rituximab, either alone or as part of combination regimens where studies are ongoing. Selected patients may also be suitable for high dose therapy with stem cell rescue. Ibrutinib is currently in one phase II clinical trial as monotherapy investigating its impact on overall response rates. Results from this trial are anticipated in 2016.

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