

# COVID-19 severity and mortality in patients with CLL: an update of the international ERIC study

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## ERIC and CLL Campus study

- **190** patients
- The **mortality rate** was **32,5%**
- COVID-19 **severity** increases with **age**
- **Anti-leukemic treatment** (particularly **BTK inhibitors**) appears to exert a **protective effect**
- **Age and comorbidities** did not impact on mortality.

## Mato et al. study

- **198** patients
- The overall case-fatality rate was **33%**
- **No difference** between **treated and untreated** patients in case of **severity and mortality**
- **Advanced age** and **specific comorbidities** conferred a worse prognosis
- **BTKi didn't show a protective effect** (in most cases, BTKis were held during the infection)

# COVID-19 and CLL

**Cohort 1:** ERIC/ CLL CAMPUS cohort combined with patients from Grupo Español de Leucemia Linfática Crónica

**Cohort 2:** Patients from US (66%), UK (23%), EU (7%), other countries (4%)

Univariable analyses	Cohort 1 (n = 281)		Cohort 2 (n = 130)	
	HR, 95% CI	P value	HR (95% CI)	P value
Sex (male vs. female)	1.09 (0.69-1.73)	0.70	0.62 (0.34 – 1.13)	0.12
Age at COVID-19 diagnosis (continuous)	1.04 (1.01 – 1.06)	<0.001	1.04 (1.01 – 1.07)	0.004
CIRS (≥6 vs. <6)	2.02 (1.22 – 3.35)	0.006	2.05 (1.12 – 3.77)	0.02
Lymphopenia (ALC ≥ 1.0 x 10 <sup>9</sup> /L vs. ALC < 1.0 x 10 <sup>9</sup> /L)	1.55 (0.79 – 3.06)	0.21	0.69 (0.32 – 1.50)	0.35
Lymphocytosis (ALC ≥ 30.0 x 10 <sup>9</sup> /L vs. ALC < 30.0 x 10 <sup>9</sup> /L)	2.02 (1.10 – 3.69)	0.02	1.69 (0.86 – 3.33)	0.13
CLL Treatment History				
Ever treated vs. “watch and wait”	1.60 (1.03 – 2.50)	0.04	0.75 (0.41 – 1.36)	0.34
Currently treated vs. observation	1.47 (0.93 – 2.31)	0.1	0.57 (0.31 – 1.05)	0.071
Current BTKi therapy	1.33 (0.79 – 2.24)	0.28	0.73 (0.38 – 1.39)	0.33
Multivariable analyses				
Age at COVID-19 diagnosis (continuous)	1.03 (1.01 – 1.06)	0.01	1.03 (1.004 – 1.07)	0.028
CIRS (≥6 vs. <6)	1.64 (0.97 – 2.77)	0.07	1.61 (0.85 – 3.07)	0.15

# Study purpose and design

- Observational **retrospective international** multicenter study aimed to assess the effect of CLL patient characteristics on **COVID-19 outcome**
- Investigators with **confirmed patients** with **CLL** experiencing **COVID-19** filled out a template with relevant clinical information
- Only patients with a diagnosis of CLL/SLL or MBL and a positive RT-PCR test for SARS-CoV-2 were included.

# Participating sites

Country	Number of sites providing clinical data (n=90)
Italy	27
Spain	13
The Netherlands	7
Israel	5
Greece	4
United Kingdom	4
Czech Republic	3
Poland	3
Denmark	3
Belgium	2
Romania	2
Russian Federation	2
Germany	2
Argentina	2
Serbia	2
Croatia	1
Egypt	1
Ireland	1
Qatar	1
Switzerland	1
India	1
Sweden	1
Armenia	1
Nepal	1
Portugal	1

# Patient Characteristics

Characteristic	Result
<b>Number of patients</b>	<b>941</b>
Median age, y (range, y)	69 (36-96)
Male/female	628/313
Median number of comorbidities (range)	2 (0-11)
Type of comorbidities	
• Other respiratory	61 (6.5%)
• COPD	61 (6.5%)
• Cardiac Failure	30 (3.2%)
• Arrhythmias	87 (9.3%)
• Coronary artery disease	94 (10%)
• Other cardiovascular	83 (8.9%)
• Hypertension	440 (47%)
• Diabetes	173 (18.5%)
• Chronic renal disease	51 (5.4%)
• Other non-hematological malignancies	75 (8%)

# Patient Characteristics

CLL treatment history	
▪ Previously untreated (%)	394 (41.9)
▪ <b>Received treatment (%)</b>	<b>547 (58.1)</b>
○ 1 line of treatment	275 (50.7)
○ 2 lines of treatment	149 (27.5)
○ 3 lines of treatment	60 (11.1)
○ 4 lines of treatment	33 (6.1)
○ >4 lines of treatment	25 (4.6)
<b>On treatment at the time of COVID-19 (%)</b>	<b>320 (34)</b>
▪ <b>BTK inhibitor (acalabrutinib, ibrutinib, zanubrutinib)</b>	<b>179 (56.3)</b>
▪ Venetoclax-based regimens	51 (16)
▪ Idelalisib	13 (4)
▪ Anti-CD20 only	8 (2.5)
▪ Chemotherapy	22 (6.9)
▪ Chemoimmunotherapy	29 (9.1)
▪ BTKi + Venetoclax	9 (2.8)
▪ Steroids only	7 (2.2)



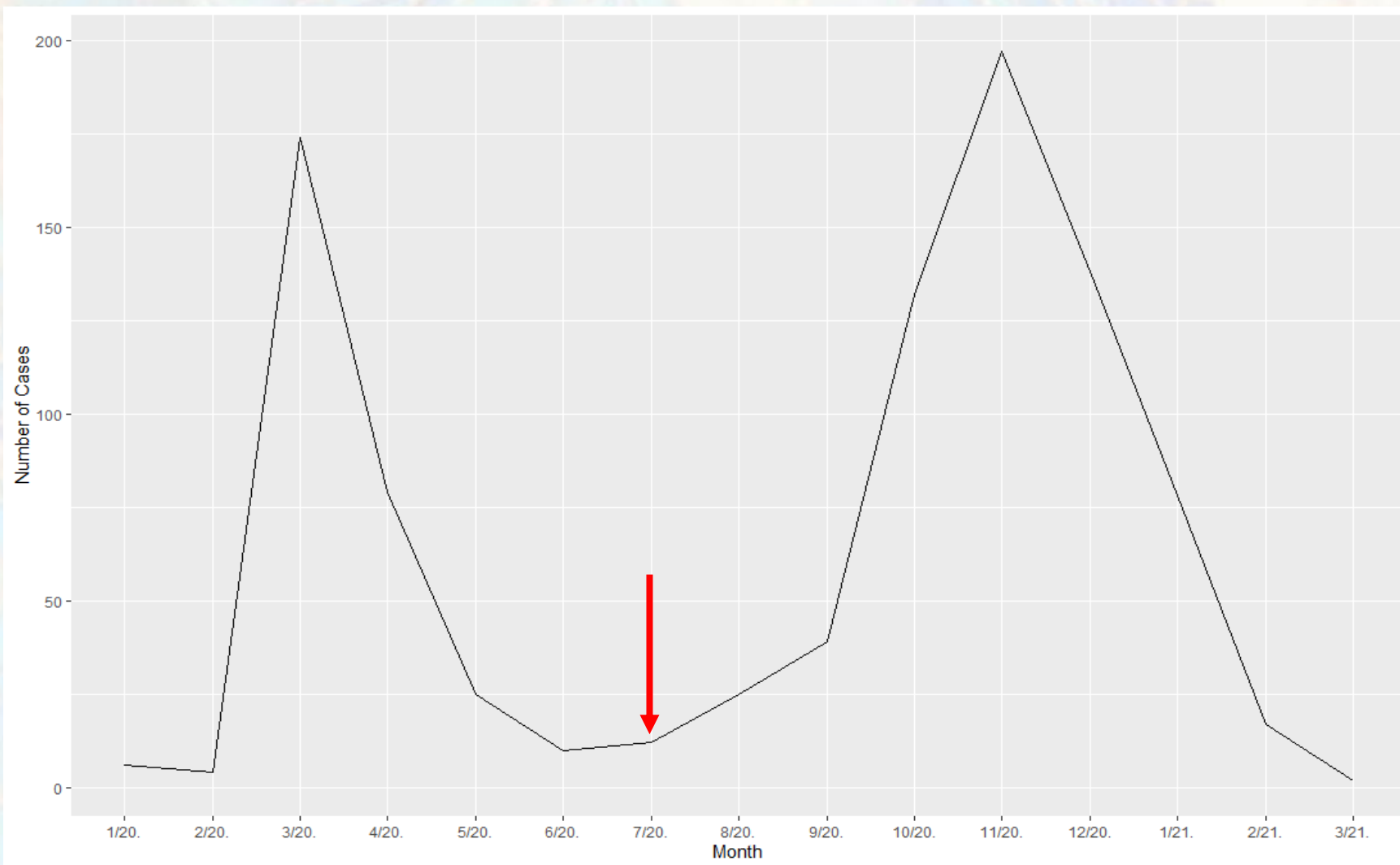
# Results

**699 (74.7 %) patients were admitted to the hospital**

- **177 in ICU**
- **440 needed oxygen supplementation**
- **78 were hospitalized without the need of oxygen**

**The case mortality rate was 27,4% for all patients, and 38,4% for patients with severe COVID-19.**

# No difference between the two waves



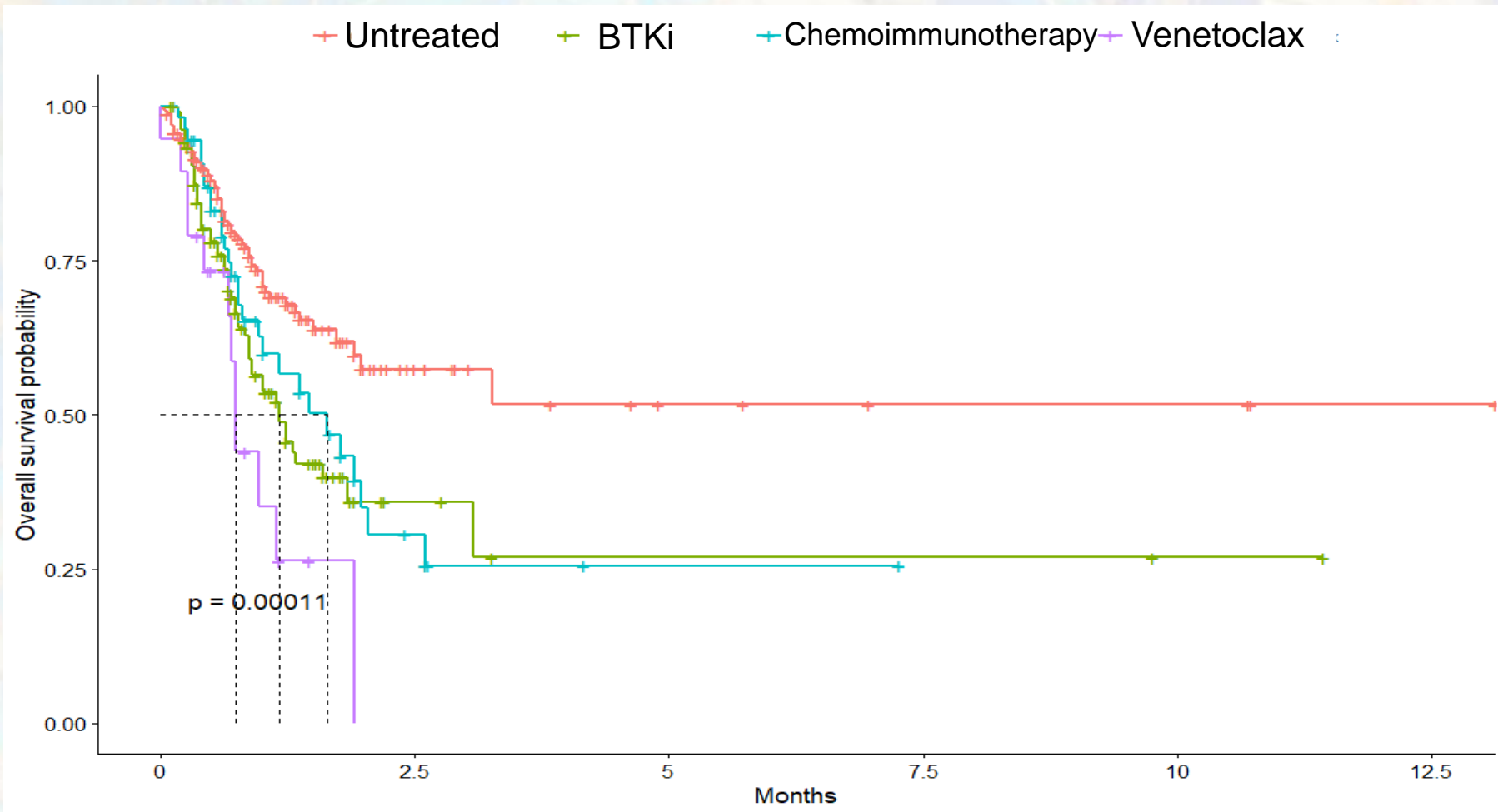
# Univariate analysis

Risk factor	p-value
<b>Age (<math>\geq 65</math> vs <math>&lt; 65</math>)</b>	<b>0.011</b>
<b>Age (<math>\geq 75</math> vs <math>&lt; 75</math>)</b>	<b>&lt;0.001</b>
Gender (Male vs Female)	0.560
IGHV gene status (Unmutated vs Mutated)	0.013
<b>CIRS score (<math>&gt; 6</math> vs <math>\leq 6</math>)</b>	<b>&lt;0.001</b>
Other respiratory (YES vs NO)	0.820
COPD (YES vs NO)	0.120
<b>Cardiac Failure (YES vs NO)</b>	<b>&lt;0.001</b>
Coronary artery disease (YES vs NO)	0.056
Other cardiovascular (YES vs NO)	0.160
Hypertension (YES vs NO)	0.097
Diabetes (YES vs NO)	0.520
Chronic renal disease (YES vs NO)	0.020
Other non-hematological malignancies (YES vs NO)	0.870
Obesity (YES vs NO)	0.980
Smoking	0.800
Hypogammaglobulinemia (Present vs absent)	0.083
<b>CLL treatment status (Untreated vs Treated)</b>	<b>&lt;0.001</b>
<b>CLL treatment during COVID-19 (Treated vs Untreated)</b>	<b>&lt;0.001</b>
<b>Treated in last 12 months/6 months (Treated vs Untreated)</b>	<b>0.01 /0.001</b>

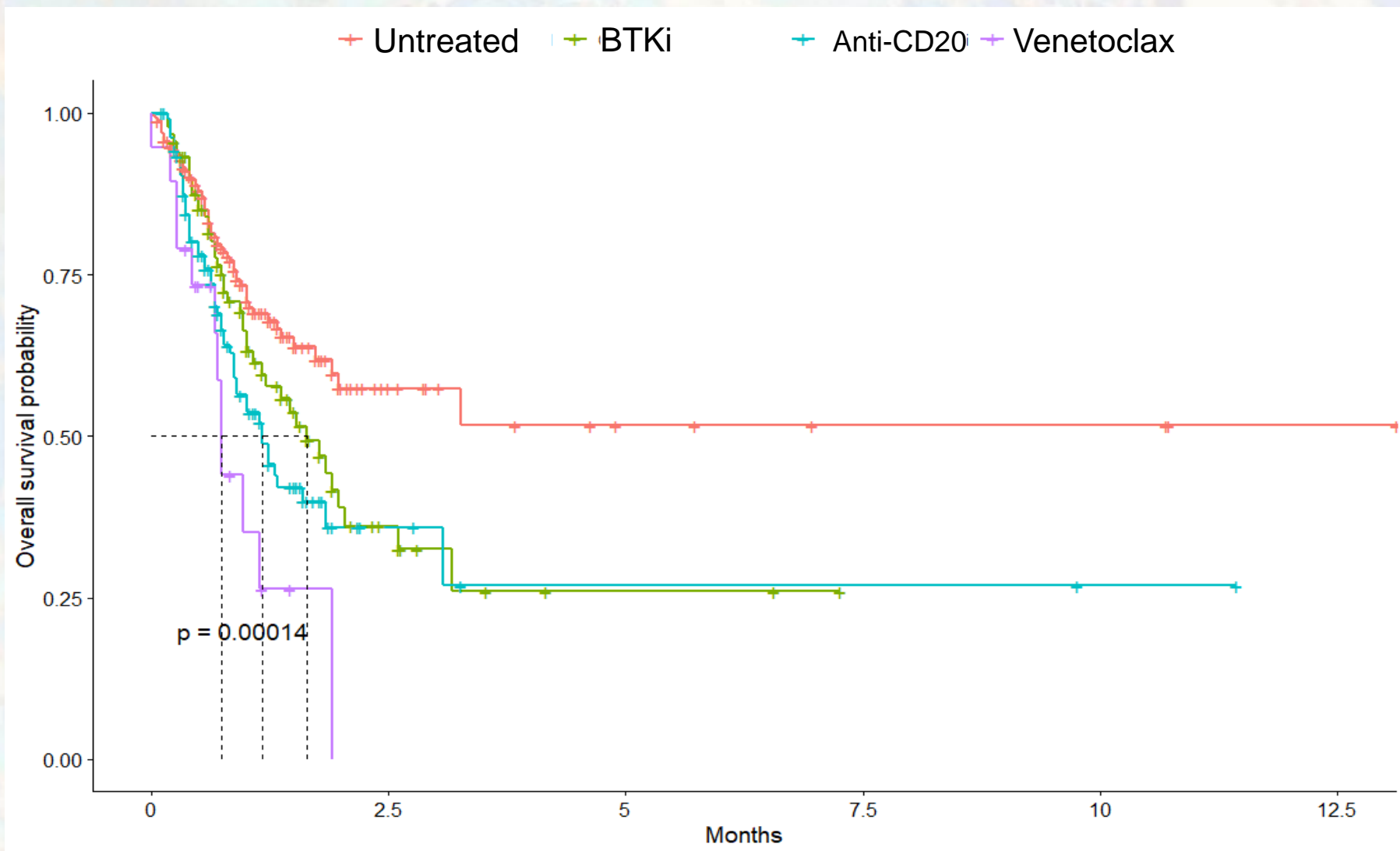
# Multivariate analysis

Risk factor	HR	95% CI	p value
<b>Age</b>	1.03	1.02 – 1.04	<b>&lt;0.001</b>
<b>Cardiac Failure (YES vs NO)</b>	1.79	1.04 – 3.07	<b>0.035</b>
<b>CLL treatment status (Untreated vs Treated)</b>	0.54	0.41 – 0.72	<b>&lt;0.001</b>

# Impact of treatment



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# Impact of treatment

Treatment	Infection Outcome		p-value
	Resolution	Death	
BTKi	55 (51.4%)	52 (48.6%)	<0.001
Untreated	190(73.9%)	67 (26.1%)	

Category	Infection outcome		p-value
	Resolution	Death	
Untreated	190 (73.9%)	67 (26.1%)	<0.001
Continued BTKi	20 (66.7%)	10 (33.3%)	
Stopped BTKi	36 (46.2%)	42 (53.8%)	

\*No statistically significant difference between Continued and Stopped (p = 0.08)

# Conclusions | CLL and COVID-19

- **Advanced age** and **cardiac failure** conferred a worse prognosis
- **Untreated** patients had a **better chance of survival** than those on **treatment or recently treated**



# Thank you all

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