Annals of Oncology a DSTraCtS

1033P

Efficacy and safety of bosutinib vs imatinib in Indian and non-Indian patients with newly diagnosed chronic phase chronic myeloid leukemia: Subgroup analysis from the BELA trial

<u>H. Malhotra¹</u>, A. Maru², N. Khattry³, M.V. Ramanan⁴, E. Leip⁵, R.J. Crescenzo⁶, C. Gambacorti-Passerini⁷, J.E. Cortes⁸

¹Division of Medical Oncology, Birla Cancer Center, Jaipur, India, ²Department of Medical Oncology, Sarvodaya Multispeciality & Cancer Hospital, Hisar, India, ³Department of Medical Oncology, Tata Memorial Hospital, Mumbai, India, ⁴Department of Medical Oncology, Jehangir Hospital, Pune, India, ⁵Clinical Statistics, Pfizer Inc, Cambridge, MA, G'Clinical Development, Pfizer Inc, Collegeville, PA, USA, ⁷Department of Medicine and Surgery, University of Milano-Bicocca, Monza, Italy, ⁸Department of Leukemia, University of Texas MD Anderson Cancer Center, Houston, TX, USA

Background: The international, phase 3 BELA trial (NCT00574873) evaluated first-line bosutinib vs imatinib in Philadelphia chromosome–positive patients (pts) with chronic phase chronic myeloid leukemia.



Methods: Pts were randomized to receive bosutinib 500 mg once daily (QD) or imatinib 400 mg QD; the primary endpoint was complete cytogenetic response (CCyR) rate at 12 mo. We compared efficacy and safety of bosutinib and imatinib in Indian and non-Indian pts after 48 mo of follow-up. Efficacy was assessed in the intent-to-treat population; safety was assessed in all pts who received \geq 1 dose of study drug.

Results: In all, 54 Indian pts (median age 34.5 y; 61% male) and 448 non-Indian pts (median age 48.5 y; 56% male) were randomized to receive bosutinib (n = 25 and n = 225 [2 untreated], respectively) or imatinib (n = 29 and n = 223 [1 untreated]). At 12 mo, major molecular response (MMR) and CCyR rates, respectively, for bosutinib se imatinib were 44% vs 24% and 72% vs 86% in Indian pts, and 37% vs 26% and 70% vs 66% in non-Indian pts (Table). After 48 mo of follow-up, cumulative MMR and CCyR rates, respectively, for bosutinib vs imatinib were 64% vs 69% and 84% vs 97% in Indian pts, and 68% vs 67% and 78% vs 79% in non-Indian pts. The most frequently reported treatment-emergent adverse events (TEAEs; any grade) with bosutinib were diarrhea (44%) and thrombocytopenia (36%) in Indian pts, and diarrhea (73%) and nausea (39%) in non-Indian pts. 8 pts in the entire study were lost to follow-up while on-treatment; 7 (6 bosutinib; 1 imatinib) were from Indian sites.

Table: 1033P					
	Indian pts		Non-Indian pts		
	Bosutinik n = 25			n = 223	
Sokal Risk Group, n (%)					
Low	11 (44)	13 (45)	77 (34)	76 (34)	
Medium	11 (44)	13 (45)	106 (47)	105 (47)	
High	3 (12)	3 (10)	42 (19)	42 (19)	
Cumulative response, any					
time on–treatment, % (95% C	I)				
MMR	64 (45-83)69 (52-86)		68 (61–74)67 (61–73)		
CCyR	84 (70-98)97 (90-100)		78 (73–84)79 (74–84)		
Response at 12 mo, % (95% CI)					
MMR	44 (25-64	44 (25-64)24 (9-40)		37 (31–44)26 (20–31)	
CCyR	72 (54–90	72 (54–90)86 (74–99)		70 (64–76)66 (60–72)	
Probability of retaining response at 48 mo (95% CI)*					
MMR	80 (49-93)100 (100-100)93 (86-96)98 (93-99)				
CCyR	89 (62-97)78 (58-90)		93 (88–96)91 (85–95)		
Transformation to AP/BP	1 (4)	2 (7)	4 (2)	10 (5)	
CML, n (%)					
Overall survival					
Deaths, n (%)	1 (4)	1 (3)	14 (6)	14 (6)	
At 48 mo (95% CI)*	96 (72–99)96 (77–100)		95 (91–97)94 (89–96)		
*Kaplan-Meier estimate					

^{*}Kaplan-Meier estimate

AP=accelerated phase; BP=blast phase; CCyR=complete cytogenetic response; Cl=confidence interval; CML=chronic myeloid leukemia; MMR=major molecular response

Conclusions: Response rates for bosutinib were comparable between Indian and non-Indian pts. MMR rates were higher for bosutinib vs imatinib at 12 mo, but not 48 mo, in Indian pts, comparison of bosutinib vs imatinib was limited by the small number of Indian pts. TEAEs were consistent with the known bosutinib safety profile, although Indian pts had a lower rate of diarrhea than non-Indian pts.

Clinical trial identification: NCT00574873.

Editorial acknowledgement: Medical writing support was provided by Emily Balevich, PhD, of Engage Scientific Solutions, and funded by Pfizer.

Legal entity responsible for the study: Pfizer Inc.

Funding: Pfizer Inc.

Disclosure: E. Leip, R.J. Crescenzo: Employment and stock ownership: Pfizer. C. Gambacorti-Passerini: Consultancy: BMS, Pfizer; Honoraria and research funding: Pfizer. J.E. Cortes: Consultancy: Ariad, BMS, ImmunoGen, Novartis, Pfizer; Research funding: Ariad, BMS, ImmunoGen, Novartis, Pfizer, Sun Pharma, Teva. All other authors have declared no conflicts of interest.