**STUDY** | **Ibrutinib + venetoclax in untreated WM**

**Population: N = 45**

**Primary endpoint:** VGPR rate. **Secondary endpoints:** ORR; major response; time to minor response; time to major response; time to VGPR; PFS; OS; time to next treatment; safety.

**Eligibility:** Aged ≥18 years; diagnosis of WM per IWWM2 criteria; previously untreated; ECOG PS ≤2; *MYD88* mutation.

## STUDY DESIGN

### Cycle 1

**Ibrutinib**
**420 mg**/day
28 days

Patients received allopurinol 300 mg orally once daily and 2L/day oral hydration 3 days before initiating venetoclax

### Cycle 2

**Ibrutinib**
**420 mg**/day
28 days

Allopurinol was continued for Cycle 2

+

**Venetoclax**
**100 mg**/1 week
**200 mg**/1 week
**400 mg**/2 weeks
28 days

### Cycles 3–24

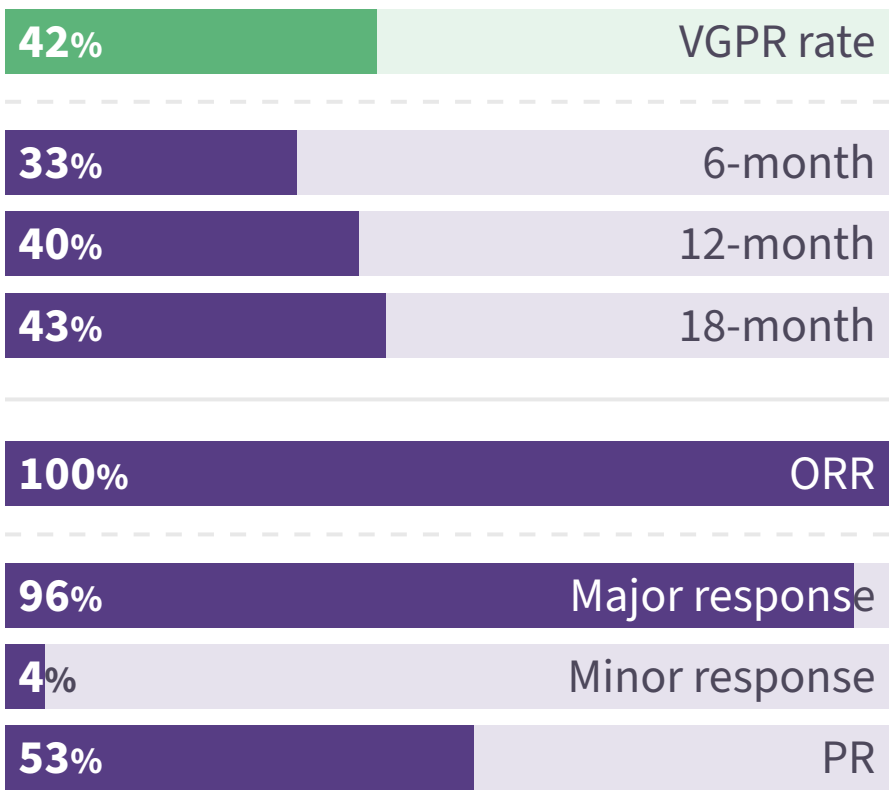
**Ibrutinib**
**420 mg**/day
Until PD or unacceptable toxicity

+

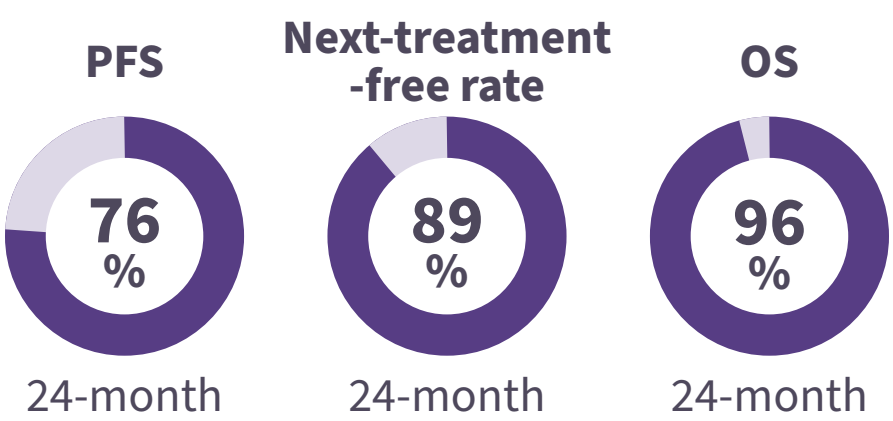
**Venetoclax**
**400 mg**
Until PD or unacceptable toxicity

## EFFICACY

### Response rates

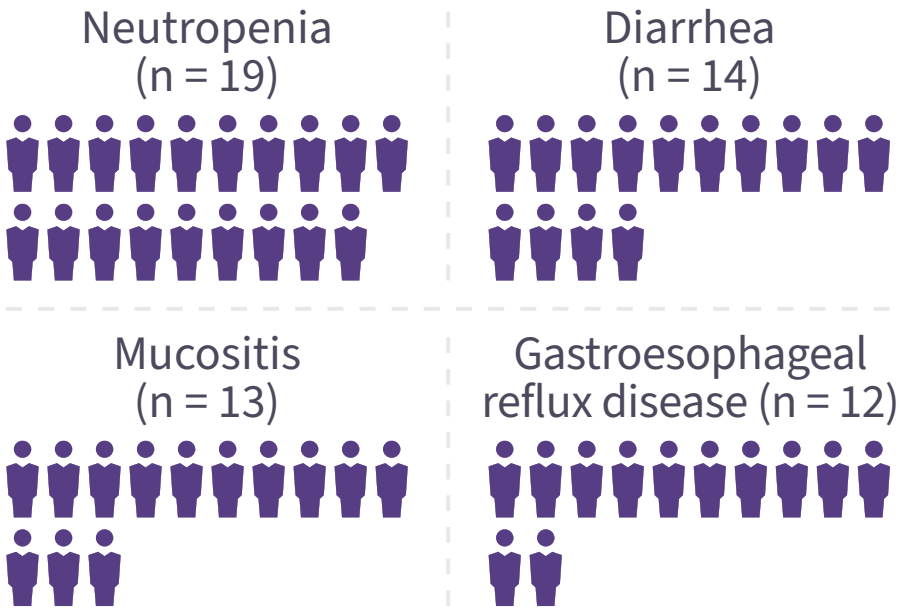



### Median time to response

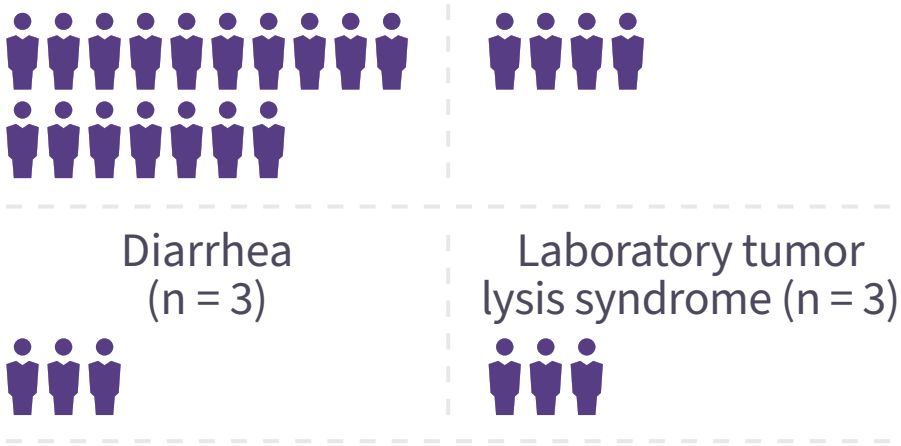




## SAFETY

### Most common TEAEs (any grade)




### Most common TEAEs (Grade ≥3)




Two Grade 5 and one Grade 4 ventricular arrhythmia events occurred, leading to the early termination of the study.

**Although ibrutinib plus venetoclax was associated with a good response rate, there was a higher than expected rate of ventricular arrhythmia, leading to the early termination of the study; and, therefore, ibrutinib + venetoclax is not recommended for patients with WM.**

**Abbreviations:** ECOG PS, Eastern Cooperative Oncology Group performance status; IWWM2, the second International Workshop for Waldenström Macroglobulinemia; ORR, overall response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; TEAE, treatment-emergent adverse event; VGPR, very good partial response; WM, Waldenstrom macroglobulinemia.

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