



When Is It Appropriate for CLL Patients to Do an MRD Test?

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Andrew Schorr:

Now Maureen sent in a question where they responded to venetoclax (Venclexta) and rituximab (Rituxan) and they wondered what about testing for minimal residual disease? They don't have any lymph nodes or anything, but is that then appropriate to do an MRD test to see how deep the remission is?

Dr. Furman:

So the real important question should be whether or not that's going to impact upon clinical management.

So MRD testing is easy, it's noninvasive, it's a peripheral blood test or a bone marrow biopsy, which I guess is only relatively noninvasive, and the information though is really not going to be of use. So if you're taking a patient who's on ibrutinib and you're going to continue the ibrutinib (Imbruvica) knowing the MRD status won't change anything. Likewise, if you have a patient who's on venetoclax, who's going to get a year of venetoclax on trial and then stop, knowing the MRD status won't change anything as well. So currently there's no real reason for doing MRD assessments in patients except for just the ability to know.

Now, one day there's some modeling that suggests that the time it takes you to reach MRD negativity is half the time you need to be on a substance, an agent, before you can actually claim to have a deep enough remission that you won't relapse. So we may one day say if you've been on ibrutinib for five years and became MRD negative, then 10 years of ibrutinib is enough and you can stop. But that's currently just theoretical and based on mathematical models.

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