A clinical practice comparison of patients with chronic lymphocytic leukemia with and without deletion 17p receiving first-line treatment with ibrutinib

Anthony R. Mato,¹ Boxiong Tang,² Soraya Azmi,² Keri Yang,² Xiaojuan Zhang,³ Jennifer C. Stern,⁴ Eric Hedrick,⁴ Jane Huang,⁵ and Jeff P. Sharman⁶

¹Memorial Sloan Kettering Cancer Center, New York, NY, USA; ²BeiGene, Ltd., Emeryville, CA, USA; ³BeiGene (Beijing) Co., Ltd, Beijing, China; ⁴BeiGene, Ltd., Cambridge, MA, USA; ⁵BeiGene USA, Inc., San Mateo, CA, USA and ⁶Willamette Valley Cancer Institute / US Oncology Research, Eugene, OR, USA

Correspondence: A. R. Mato matoa@mskcc.org

Received: Accepted: Prepublished: April 21, 2022.

November 29, 2021. April 8, 2022.

https://doi.org/10.3324/haematol.2021.280376

©2022 Ferrata Storti Foundation Published under a CC-BY-NC license 💽 🛈 S

Supplemental material for "A clinical practice comparison of patients with chronic lymphocytic leukemia with and without deletion 17p receiving first-line treatment with ibrutinib"

1. Interval censoring

Interval censoring was recognized when a patient was lost to follow up at time t_L but encountered a death event at t_D before study end. In this situation, treatment discontinuation happened within the interval $[t_L, t_D]$.

In this analysis, interval-censored data had to be analyzed differently from regular true loss-to-follow up data (right-censored).

2. Analysis method

Non-Parametric Maximum Likelihood Estimator (NPMLE) is a modified version of the Kaplan-Meier estimator and one of the standard methodologies for analyzing intervalcensored data. The discontinuation survival analysis was conducted using the ICLIFETEST procedure, the NPMLE method in SAS version 9.4. Please refer to SAS documentation for calculation details. A generalized log rank test was used in the NPMLE analysis for statistical testing.(1)

3. Analysis results

Detailed outputs are provided for the discontinuation analysis using NPMLE. Supplemental Table 1 shows sample distributions by censoring status. Supplemental Table 2 details quantile estimations for the population, stratified by del(17p) status.

Supplemental Table 1. Time to discontinuation analysis sample, distribution by censorship.

Cohort	Total	Left-		Interval-		Right-		Uncensored	
		censored		censored		censored			
	Ν	Ν	%	Ν	%	Ν	%	Ν	%
Del (17p)	254	0	0.00%	18	7.1%	141	55.5%	95	37.4%
present									
Del (17p)	815	0	0.00%	34	4.2%	533	65.4%	248	30.4%
absent									
Total	1069	0	0.00%	52	4.9%	674	63.0%	343	32.1%

Del(17p): 17p deletion.

Cohort	Percentile	Estimate	Lower 95% CI	Upper 95% CI	
Del(17p) absent	75			•	
	50	42.875	38.144	48.394	
	25	8.9035	6.7023	11.992	
	75			•	
Del(17p) present	50	32.493	23.951	39.162	
	25	10.251	6.9651	12.715	

Supplemental Table 2. Quantile estimations, using SAS ICLIFETEST procedure.

CI: confidence interval; Del(17p): 17p deletion.

References

1. Zhao X, Zhao Q, Sun J, Kim JS. Generalized log-rank tests for partly interval-censored failure time data. Biom J. 2008;50(3):375-385.