

Impact of the Follicular Lymphoma (FL) treatment continuum on a patients quality of life (QoL) in Europe (EU5)

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Disclosures

- Project funded by Janssen-Cilag GmbH
- Collaboration of Adelphi Real World and Janssen
- Haefliger B., Bacon T. are employees of Janssen
- Bacon T. holds stock of Johnson and Johnson
- Massey L., Rider A., Bailey A. are employees of Adelphi Real World

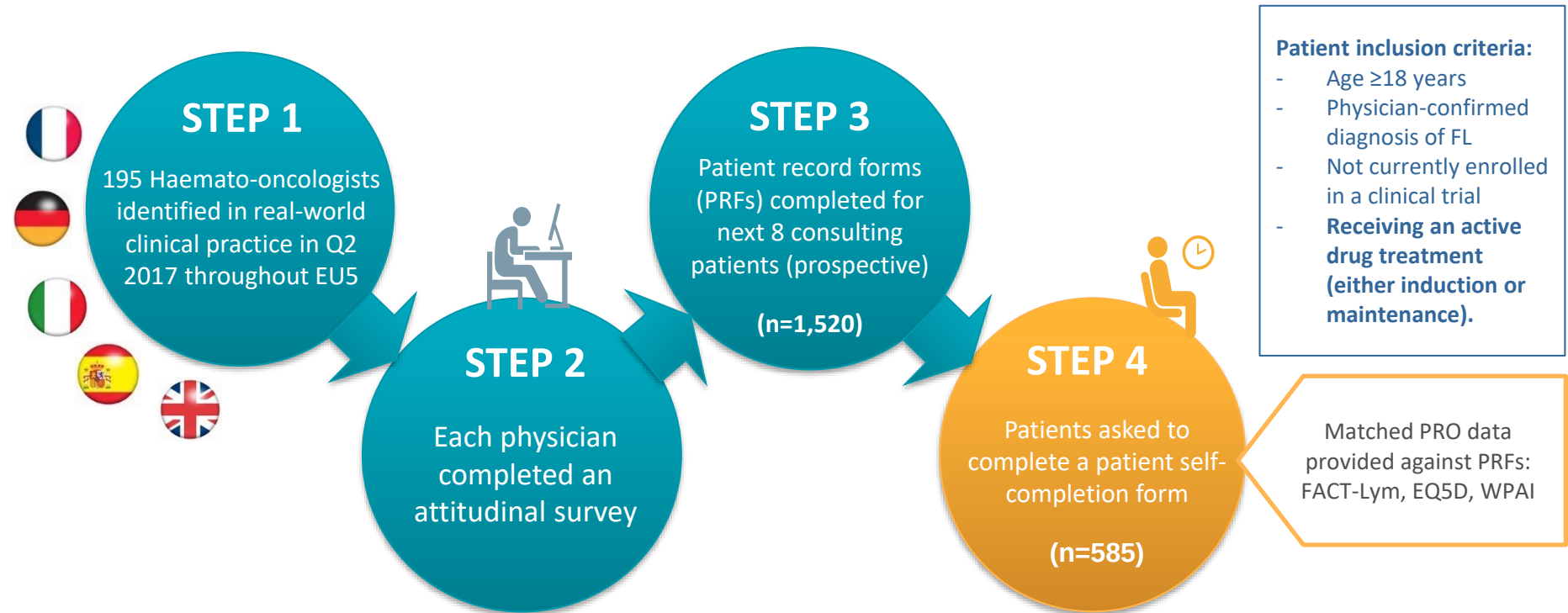
Background

- Non-Hodgkin lymphoma (NHL) is the 10th most common cancer worldwide, of which Follicular Lymphoma (FL) is a subtype^[1].
 - The incidence of 1st and 2nd line FL patients is estimated to increase by 40% and 49% respectively from 2010 to 2020^[1].
- Previous real world data suggests that relapsed patients are more likely to progress whilst on therapy^[2]
- There is a **lack of real world evidence evaluating quality of life (QoL)** of FL patients and how factors including line of therapy change the outcome of patient QoL.

Objective

Investigate key factors that impact QoL for patients with FL across European countries (France, Germany, Italy, Spain and UK)

Methods



Patients completing the self-completion form are in significantly better health than the overall population

	Overall (n=1520)	PSC not completed (n=935)	PSC completed (n=585)	P-value (stats test)
Patient age (mean, SD)	65.5, 11.1	65.9, 11.0	65.1, 11.3	0.4355 (MW)
Time since diagnosis (days) (mean, SD)	1108.2, 1233.9	1167.9, 1281.2	1012.8, 1148.9	0.0056 (MW)
Grade (n, %)*	(n=1255)	(n=752)	(n=503)	0.1316 (CH)
Grade 1	120 (9.6)	80 (10.6)	40 (8.0)	
Grade 2	523 (41.7)	309 (41.1)	214 (42.5)	
Grade 3a	439 (35.0)	270 (35.9)	169 (33.6)	
Grade 3b	173 (13.8)	93 (12.4)	80 (15.9)	
Stage at initiation of current therapy*	(n=1303)	(n=779)	(n=524)	0.0738 (CH)
Stage I	61 (4.7)	30 (3.9)	31 (5.9)	
Stage II	191 (14.7)	105 (13.5)	86 (16.4)	
Stage III	532 (40.8)	317 (40.7)	215 (41.0)	
Stage IV	519 (39.8)	327 (42.0)	192 (36.6)	
ECOG score*	(n=1515)	(n=932)	(n=583)	0.0376 (CH)
0 – Fully active	449 (29.6)	292 (31.3)	157 (26.9)	
1 – Restricted activity	738 (48.7)	432 (46.4)	306 (52.5)	
2 – Self-care only	273 (18.0)	180 (19.3)	93 (16.0)	
3 – Limited self-care	50 (3.3)	25 (2.7)	25 (4.3)	
4 – Completely disabled	5 (0.3)	3 (0.3)	2 (0.3)	
Number of comorbidities (mean, SD)	1.3, 1.4	1.3, 1.4	1.2, 1.4	0.0338 (MW)
Line of therapy (n, %)*				0.0009 (CH)
1	395 (26.0)	215 (23.0)	180 (30.8)	
2	937 (61.6)	594 (63.5)	343 (58.6)	
3	161 (10.6)	103 (11.0)	58 (9.9)	
4+	27 (1.8)	23 (2.5)	4 (0.7)	
Response to treatment (n, %)*				0.0060 (FE) <0.0001 (FE) 0.0207 (FE)
Responding to current treatment	274 (18.0)	148 (15.8)	126 (21.5)	
Refractory to treatment	92 (6.1)	76 (8.1)	16 (2.7)	
Response unknown at this time	103 (6.8)	52 (5.6)	51 (8.7)	

*Bases vary based on response

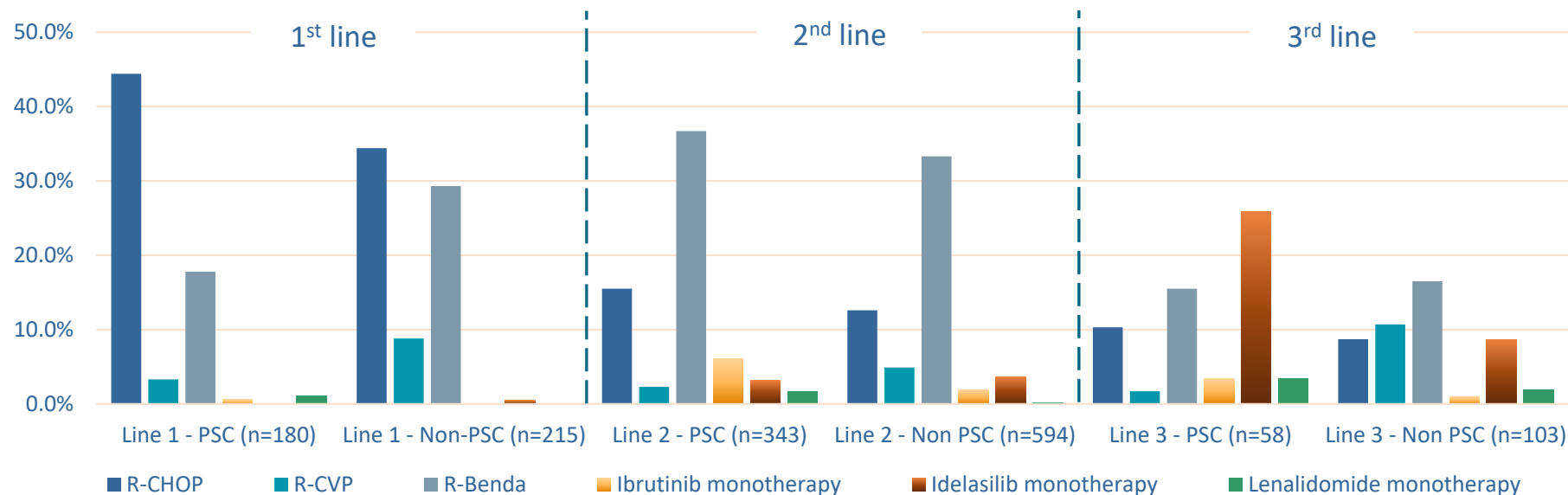
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- Patients completing the self completion form are in better health than the overall population, namely
 - Shorter time since diagnosis
 - Different ECOG score
 - Fewer comorbidities
 - Fewer lines for treatment
 - Better response to treatment
- Higher impact on QoL measures could be expected in overall population

First line R-CHOP followed by BR and various treatments in later line



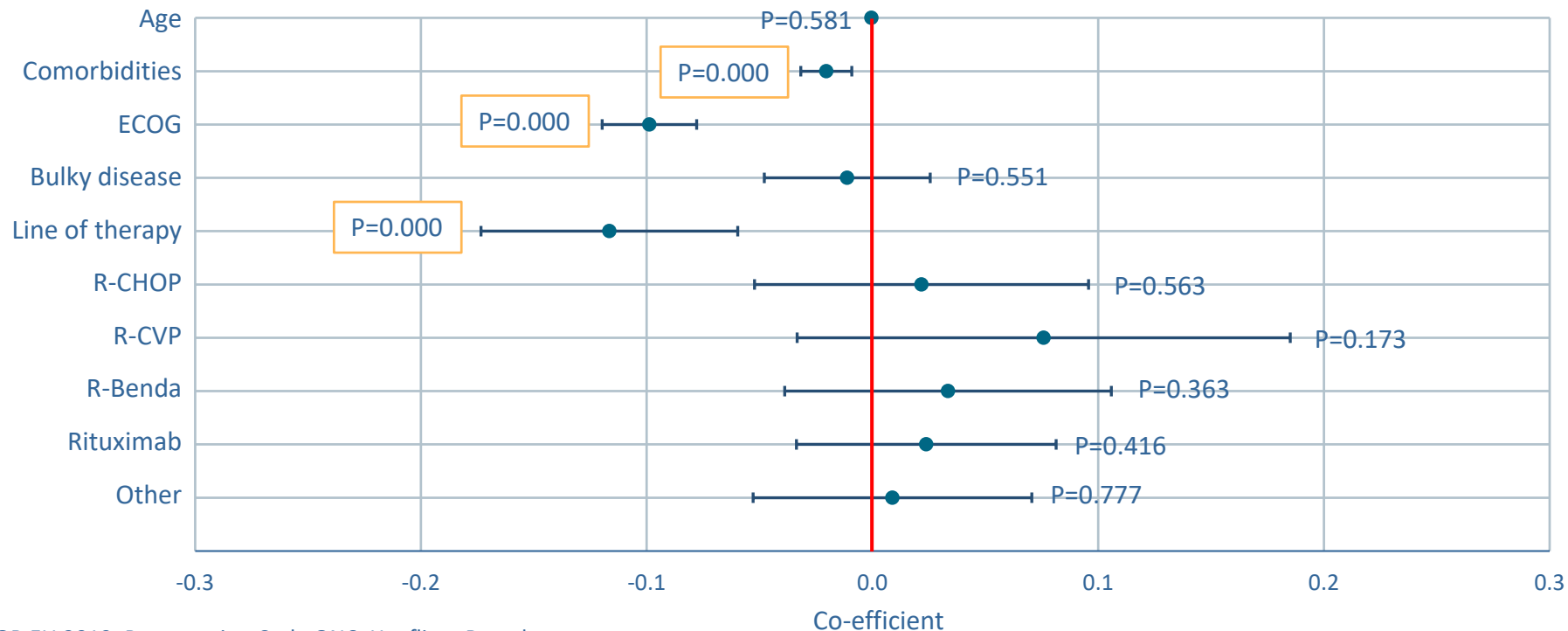
P-values comparing PSC vs non-PSC

	R-CHOP	R-CVP	R-Benda	Ibrutinib monotherapy	Idelalisib monotherapy	Lenalidomide monotherapy
1 st line PSC vs non PSC	0.0491	0.0362	0.0092	0.4557	1.0000	0.2070
2 nd line PSC vs non PSC	0.2368	0.0566	0.3183	0.0011	0.8543	0.0113
3 rd line PSC vs non PSC	0.7812	0.0571	1.0000	0.2946	0.0052	0.6196

Patients with more comorbidities, higher ECOG score and higher line of therapy have significantly lower EQ5D outcomes

Multivariate regression between patient base line characteristics (covariates) and EQ5D (outcome)

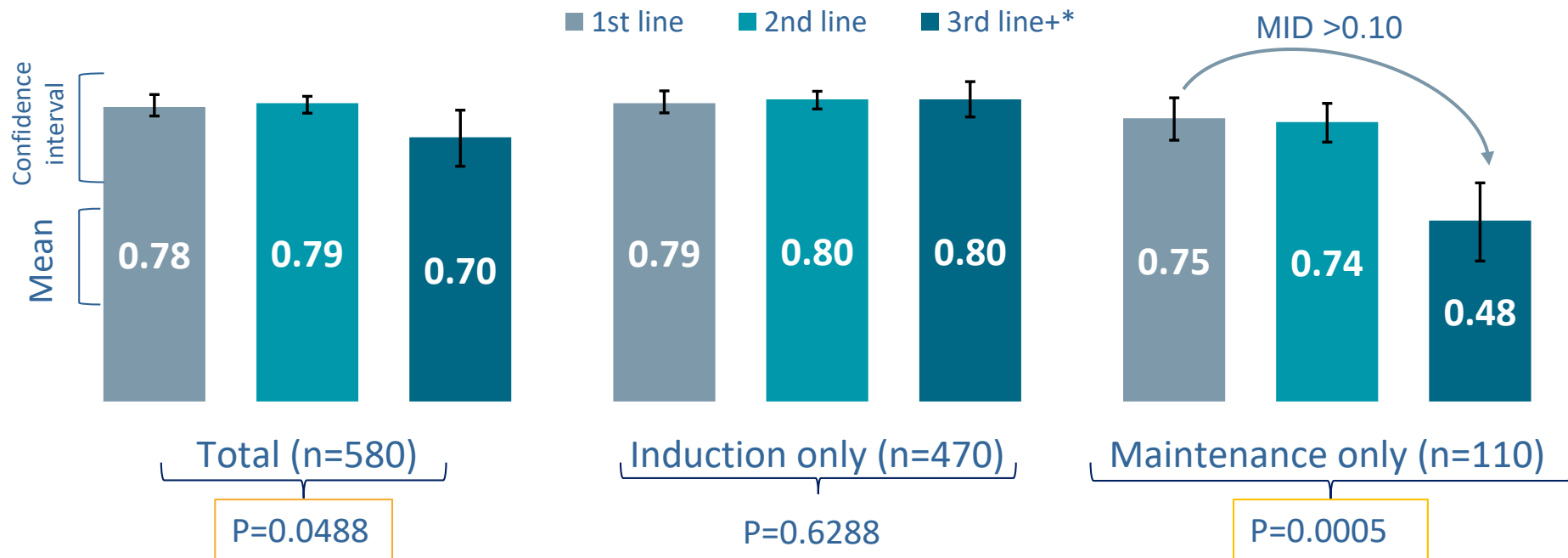
Regression coefficient, n=580



Maintenance therapy patients have worse EQ5D outcomes on later lines while induction patients have similar outcomes across lines

Weighted means between patient line of therapy and EQ5D score

Significant difference between lines, n=580

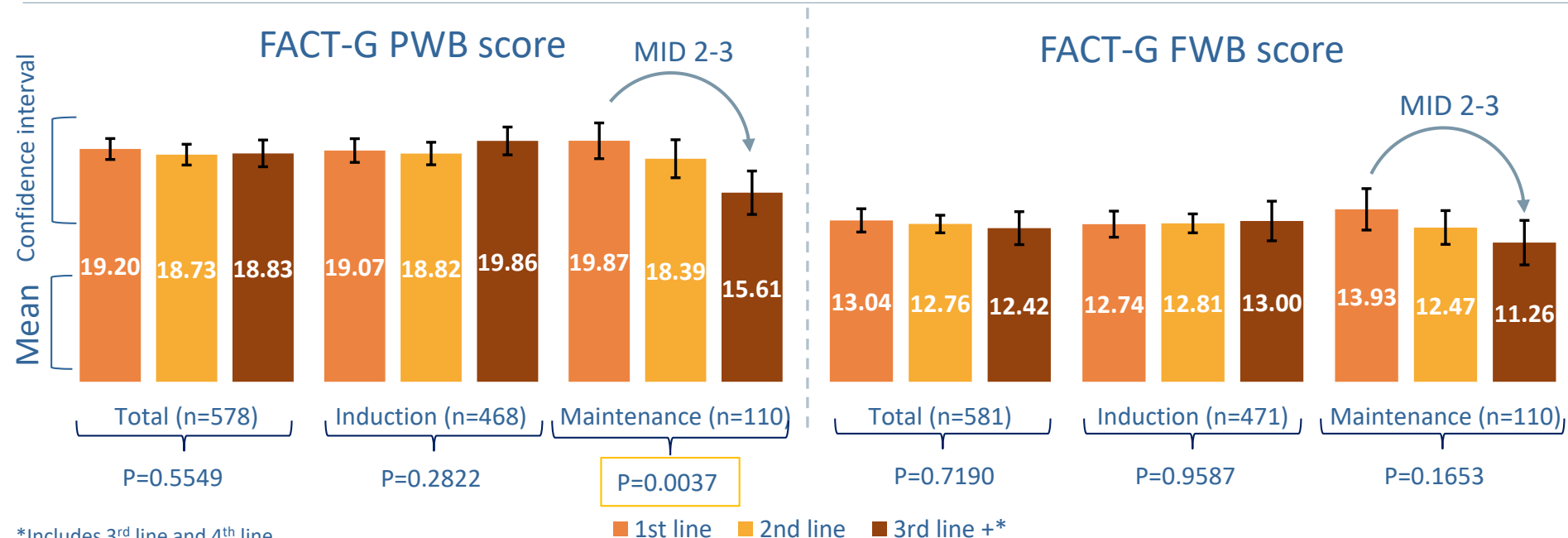


*Includes 3rd line and 4th line

Both physical and functional wellbeing are impaired for later line patient in FACT-G, confirming EQ5D results

Weighted means between patient line of therapy and FACT-G physical and functional well-being scores

Significant difference between lines, n=580



*Includes 3rd line and 4th line

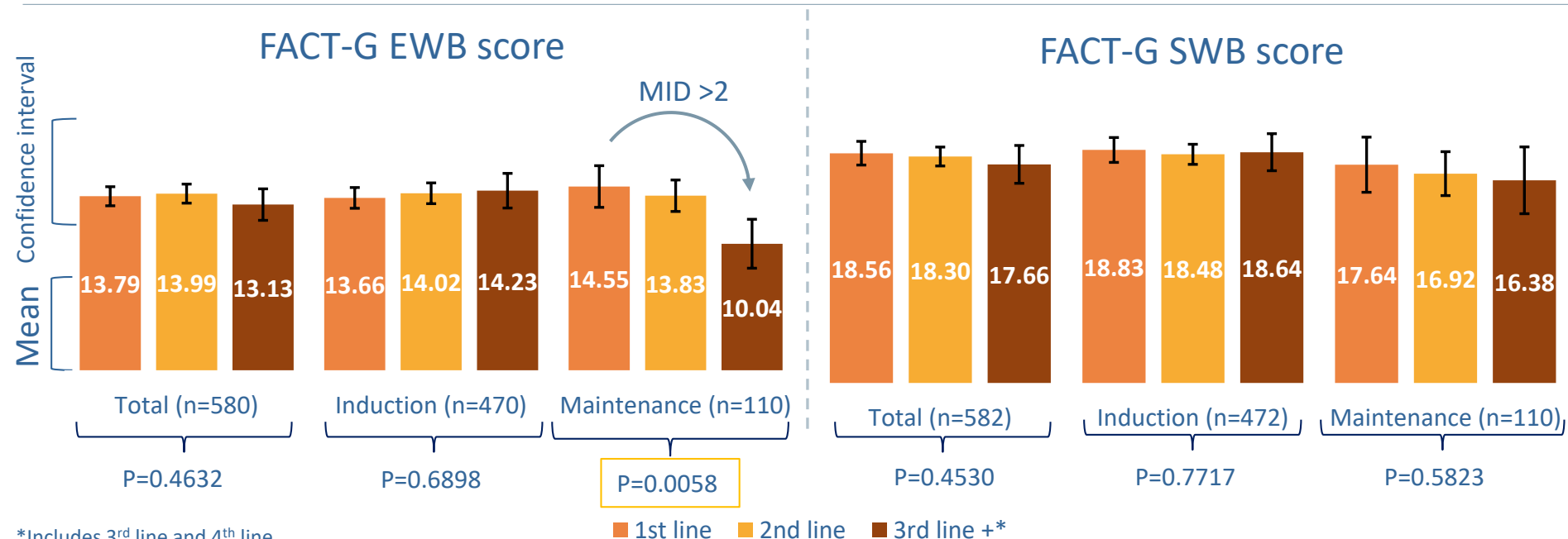
Note: Physical well-being (PWB), social well-being (SWB) and functional well-being (FWB) scores range from 0-28, emotional well-being (EWB) score ranges from 0-24. The higher the score, the better the QoL.

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Later line maintenance patients have significantly lower emotional wellbeing but feel socially less impaired

Weighted means between patient line of therapy and FACT-G emotional and social well-being scores

Significant difference between lines, n=580



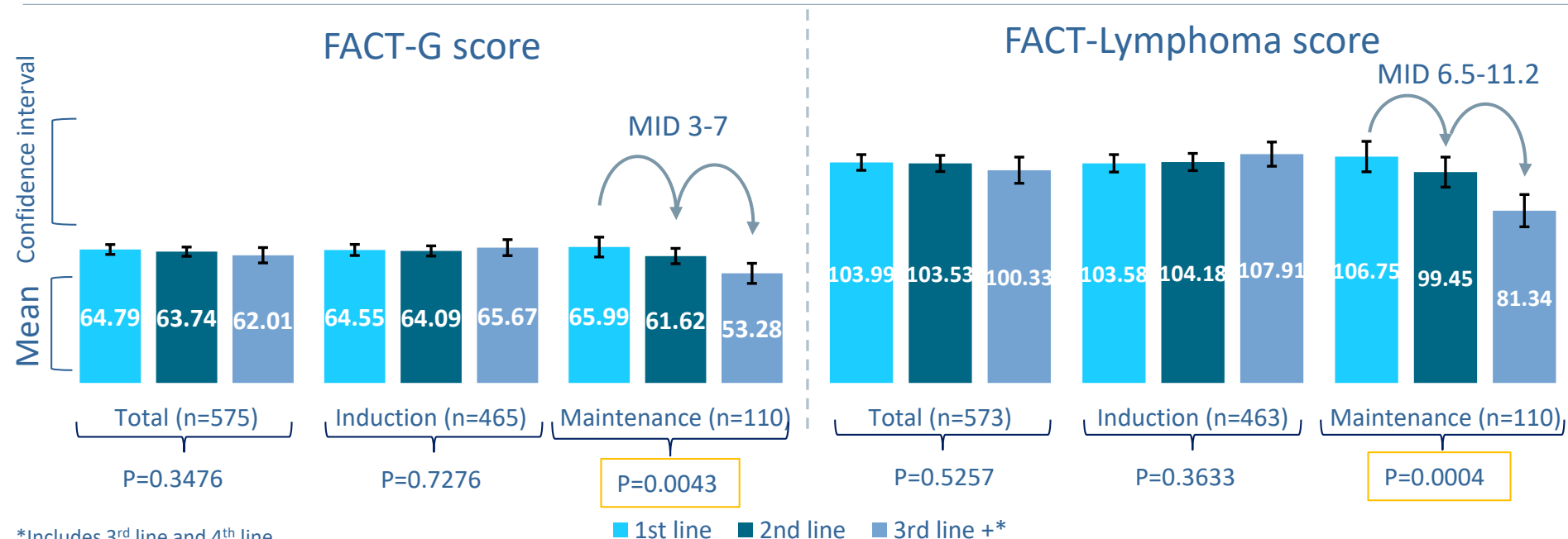
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As for EQ5D, FACT-G and FACT-Lymphoma confirm worse outcomes for later line maintenance patients

Weighted means between patient line of therapy and FACT-G and FACT-Lymphoma scores

Significant difference between lines, n=575



Note: FACT-LymS score ranges from 0-60, FACT Lymphoma TOI scores range from 0-116, FACT-G score ranges from 0-108 and FACT Lymphoma score ranges from 0-168. The higher the score, the better the QoL.

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Conclusions

- Presence of **comorbidities, ECOG score and line of therapy** are all **key predictors in an FL patient's QoL**
 - Age and presence of bulky disease were not predictors of QoL
 - No significant association between type of treatment and QoL outcomes were observed
- Patients on **maintenance therapy in later lines show a significant decrease in QoL**, highlighting the need for novel options to maintain QoL in relapsed and maintenance settings

References

1. Trask, P, C, Mehta, J, Abbe, A and RuizSoto, R. (2012). Epidemiology Projection Trends for Non-Hodgkin Lymphoma (NHL) and Its Subtypes in the United States (US) and Europe (EU). *Blood*. 120 (21), 5074
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