MYCOSIS FUNGOIDES-TYPE CUTANEOUS T-CELL LYMPHOMA (MF-CTCL) EPIDEMIOLOGY AND TREATMENT PATHWAYS IN FRANCE AND SPAIN: NEW INSIGHTS FOR AN ACCURATE DESCRIPTION

Turini M[1], Kent A[2], Sharp E[2], Schmidt F[3], D'Agostino P[1]
[1]Helsinn Healthcare SA, Switzerland, [2]Polestar Insights, United Kingdom, [3]Recordati Rare Diseases SARL, France

OBJECTIVES

1. Estimate prevalence of MF-CTCL in France and Spain and quantify distribution of patient treatment between hospital types. 2. Describe and compare the patient pathways for MF-CTCL in France and Spain. 3. Describe current treatment preferences.

INTRODUCTION

Mycosis Fungoides-type Cutaneous T-cell Lymphoma (MF-CTCL) is a rare type of non-Hodgkin lymphoma (NHL) characterised by the initial localisation of malignant T-cells in the skin. MF-CTCL is a disease of slow progression that is difficult to classify and often, in its early stages, is misdiagnosed as other dermatological conditions such as eczema and psoriasis. Given these challenges, it can be difficult to accurately quantify patient numbers and differences exist between the treatment pathways in different geographies. Consequently, there is uncertainty about the overall prevalence of MF-CTCL and how the care of these patients is organised between secondary and tertiary care centres.

The incidence of cutaneous lymphomas has been reported to be 0.4 per 100,000 per year but, because the majority are low-grade malignancies with long survival, the overall prevalence is much higher[1]. In 2012 the European Medicines Agency (EMA) Committee for Orphan Medicinal Products reported a prevalence estimate for all cutaneous lymphomas of 2.6 in 10,000 people in the EU[2]. It is estimated that MF-CTCL represents 55% of all cutaneous lymphomas[3]. Using European Commission population data[4], these estimates would suggest a prevalence of MF-CTCL of 9,300 and 6,700 in France and Spain respectively.

This research was designed to provide additional insights into prevalence and patient treatment pathways in France and Spain.

METHODOLOGY

Interviews were carried out with clinical experts, healthcare professionals (HCPs) and patients, via online questionnaires and telephone interviews. In addition, patient records were collected to provide a longitudinal view of patient treatment. The research triangulated results from these multiple sources to provide insights across a range of hospital institutions and physician specialties. The research was carried out between December 2018 and February 2019.

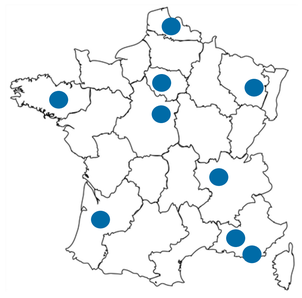


Fig1: Respondent distribution: France

Table 1: Type and number of respondents

France	Respondent type	Spain
6	**Clinical Expert:** 60 min personal interview	5
50*	**HCP:** 20 min online questionnaire	63‡
30	**HCP:** Completed patient record form (PRF)	39
20	**Patient:** 20 min online survey	20

* 40 dermatologists, 5 oncologists, 5 haematologists
‡ 52 dermatologists, 6 oncologists, 5 haematologists

Fig2: Respondent distribution: Spain

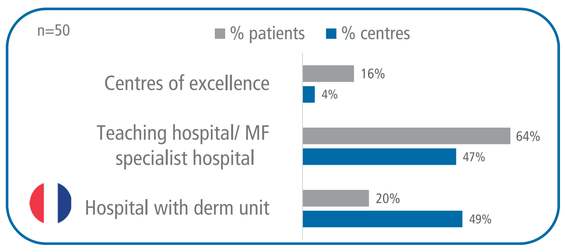
RESULTS: PATIENT PATHWAY

- Patients in both France and Spain reported incorrect GP diagnosis of their condition (75% in France and 94% in Spain). In both countries there was a reported delay of over a year between symptoms and diagnosis.
- Dermatologists lead management of MF-CTCL in both countries, although shared care teams are more often involved in treatment in France than in Spain (67% vs 39%) with haematologists and oncologists being involved with patient review in both countries.
- Formalised clinic attendance was more frequently reported in Spain than in France. However, patients reported similar levels of visits with healthcare professionals and levels of patients on treatment were comparable (83% France, 79% Spain).

	Patient pathway	
40%	1st HCP seen is a GP	80%
12.4 mths (GP)	Time from symptoms to diagnosis	15 mths
75%	Incorrect diagnosis (patient reported)	94%
95%	1st specialist seen is a dermatologist	95%
67%	Patient reviewed in shared care team (SCT)	39%
15%	Patients attending clinic regularly	95%
83%	Patients on treatment	79%

Fig3: Patient pathway overview

RESULTS: PATIENT NUMBERS AND DISTRIBUTION



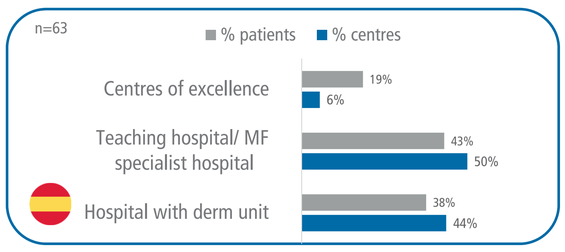


Fig4: Proportion of centre types / patient distribution

- As expected, there are relatively few Centres of Excellence. We identified 6 such centres in each country (representing 4% of all MF-CTCL treatment centres in France and 6% in Spain).
- Although there are relatively few Centres of Excellence, they are responsible for treating a relatively large proportion of MF-CTCL patients - 16% and 19% of patients in France and Spain respectively.
- A larger proportion of French patients (80%) are treated in hospitals that are either Centres of Excellence or University/Teaching hospitals. 62% of Spanish patients are treated in such centres.
- We calculated the number of patients being treated at each type of centre and extrapolation of these patient numbers resulted in a total population of treated patients in France of 7,013 and in Spain of 6,046.

Centres of Excellence	1,110	1,128
University hospital / centre with MF-CTCL expertise	4,471	2,626
Hospital with dermatology department	1,432	2,292
Total	**7,013**	**6,046**

Fig5: Number of MF-CTCL patients by centre type

RESULTS: TREATMENT PREFERENCES

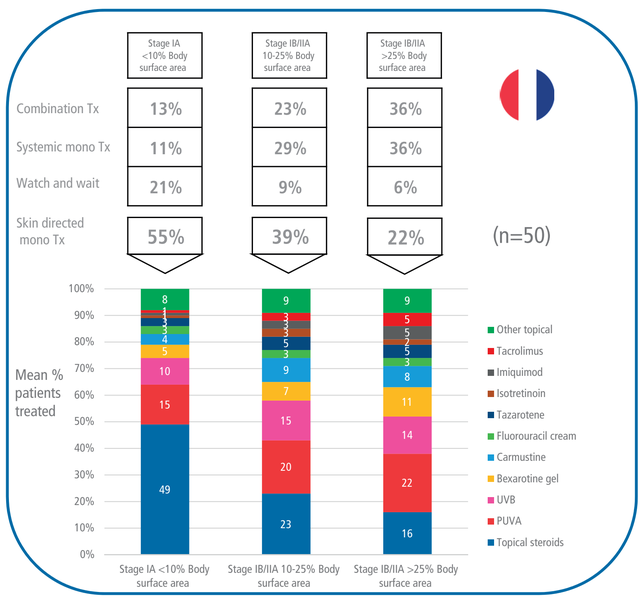


Fig 6: MF-CTCL treatment preferences: France

- Most early stage patients in both countries were treated with skin-directed monotherapy (SDMT). Topical corticosteroids are the most frequently used SDMT with 49% of French, and 51% of Spanish HCPs reporting their use in Stage IA<10% Body Surface Area (BSA) patients.
- The results suggest that treatment in France is likely to be more aggressive in early stages. In Spain 35% of patients at Stage IA<10% BSA were assigned to a "Watch and Wait" protocol whereas only 21% of French patients were managed in this way.
- In France, 24% of patients at this early stage were treated with either a systemic or combination treatment, in Spain this proportion was only 15%.
- SDMT continues to be frequently used in later stage patients (Stage IA/IIB >25% BSA affected); 30% of such patients in Spain received this regimen compared to 22% of French patients. 47% of SDMT in Spain is phototherapy compared to 36% in France.
- Combinations of treatments were the most frequently used regimens for later-stage patents in both countries (totaling 33% of patients in Spain, 36% in France).

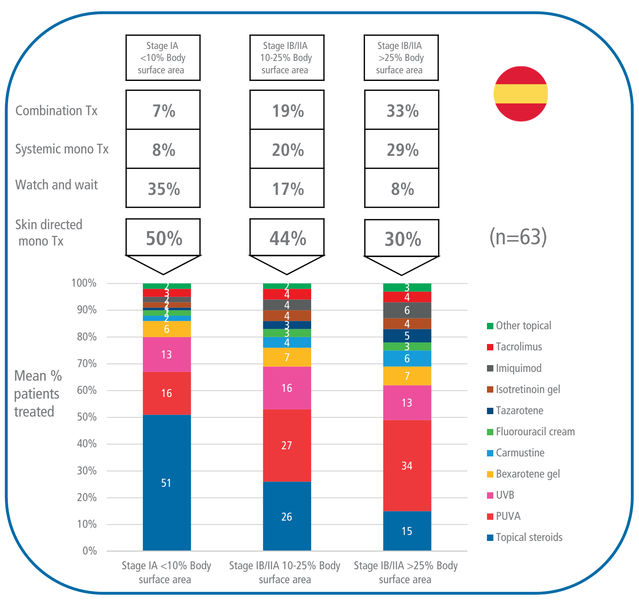


Fig 7: MF-CTCL Treatment preferences: Spain

DISCUSSION

Misdiagnosis of MF-CTCL is an issue at primary care level in both countries. Although it is yet to be determined whether delayed diagnosis affects prognosis, there may be a need for additional education and awareness in primary care. Multi-disciplinary care of MF-CTCL is more established in France than in Spain. This difference may be influenced by the type of treating institution; in France more patients are treated in Centres of Excellence or University/Teaching Hospitals (80%) than in Spain (62%) – it is possible that these types of centres have easier access to the range of specialty clinicians involved in shared care. Patient referral to these larger institutions may also increase access to wider treatment options; for example, currently 32% of Spanish HCPs treating MF-CTCL report availability of extracorporeal photopheresis (ECP) in their own hospital, in France this proportion is 50%.

This study indicated that about 7,000 patients with MF-CTCL are treated in French hospitals and 6,000 in Spain. These numbers are lower than other estimates; however, there is very little published data with which to make prevalence comparisons and the indolent nature and slow progression of the condition may mean a proportion of patients remain undiagnosed, incorrectly diagnosed or accessing care only infrequently. The study indicated that current treatment of early stage MF-CTCL is more aggressive in France than in Spain. This may again be influenced by the larger proportion of French patients being treated at an expert centre or University/Teaching Hospital and the more frequent use of shared care review in France.

This study has provided useful insights into the treatment pathway of a complex and rare condition. Differences in management of MF-CTCL between France and Spain have been identified that may impact treatment choices and access to resources. We believe this study design is a useful model to analyse other rare diseases, where diagnosis, treatment pathways and management choices are complex.

REFERENCES

1. S.J.WHITTAKER, J.R.MARSDEN,* M.SPITTLE AND R.RUSSELL JONES. British Journal of Dermatology 2003; 149: 1095–1107. July 2003.
2. EMA/COMP/60984/2012 Rev.2 Committee for Orphan Medicinal Products, 5 March 2015.
3. European Organisation for Research and Treatment of Cancer (EORTC) consensus recommendations for the treatment of mycosis fungoides/Sezary syndrome Update 2017. 4. European commission; Eurostat: Date of extraction : 04.06.2019 13:25:47.

This study has been funded by Helsinn Healthcare SA. and Recordati Rare Diseases SARL.