HSD39

Treatment Pathway and Unmet Needs of Mantle Cell Lymphoma Patients: An Exploratory Study from Portugal

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INTRODUCTION

Mantle Cell Lymphoma (MCL) is a relatively uncommon subtype of lymphoid malignancy, representing about 5%–7% of malignant lymphoma in Western Europe.[1] It is more common in males than in females, with a 3:1 ratio.[1] In Europe, incidence varies between 0.7 and 1.27 cases per 100,000 inhabitants, according to different studies.[2] Prevalence data are scarce, however one study from the UK estimated a prevalence over 3, 5 and 10 years at 1.8/100,000, 2.4/100,000 and 3.3/100,000 respectively.[3,4]

It is a heterogeneous malignancy with a broad spectrum of clinical behavior, from indolent to highly aggressive cases.[5] Retrospective studies suggest up to 30% of newly diagnosed patients may have a slow growing (indolent) presentation.[6] The median overall survival ranges from 28.8 to 52.0 months.[2]

The increased knowledge over the last decades has led to the development of several innovative agents, changing the treatment landscape for MCL patients.[5] In Portugal, therapeutic options include alternative chemoimmunotherapy and targeted therapies, such as BTK inhibitors.[5] Some studies suggest that overall costs are higher with chemoimmunotherapy and lower with targeted therapies, since higher pharmacy costs are offset by lower medical cost.[2,7]

OBJECTIVE

This study aimed to give a general overview of the treatment pathway and unmet needs of Mantle Cell Lymphoma (MCL) in Portugal.

METHODS

Two interviews with Hematologists (in September 2022) were conducted to ascertain the treatment pathway of MCL patients in Portugal. Based on these qualitative findings, a quantitative script was developed. The script followed the treatment pathway, in order to quantify the percentage of patients with MCL in each step, including watch-and-wait, and per line of treatment, according to patient *fitness*. An open-ended question was added to assess the main therapeutic unmet needs.

The survey was administered online, in November 2022, targeting Hematologists with experience in the treatment of MCL patients. All anonymized data was self-reported and was based on the personal clinical experience of each Hematologist.

RESULTS

19 Hematologists answered the survey. The majority of participants´ place of medical practice is within the Lisbon district (n=11, 50%), with the remaining participants practicing in other 5 (of 18) districts of mainland Portugal, and one in Madeira Island. Additionally, the majority (n=12, 60%) practice only in public health sector.

On average, each Hematologist diagnosed 5 new patients (min:1, max:10) in the last year and had 5 patients undergoing treatment (min:1, max:8). The average age at diagnosis in 65 years. Approximately 20% of diagnosed patients with MCL stay in a *watch-and-wait* period for approximately one year, with monitoring every 3 to 6 months. Several criteria are considered to determine patient *fitness*, including age, comorbidities, Cumulative Illness Rating Scale (CIRS) and Eastern Cooperative Oncology Group (ECOG) performance status scale, which has an influence on the treatment option.

1L therapy

About 56% of patients are considered fit for intensive therapy when initiating treatment (fig.1). 1L therapy for these patients consists essentially of dose-intensified immunochemotherapy, such as rituximab or prednisone-based regimens. Followed by rituximab maintenance (45%) or autologous stem cell transplantation (51%). Only 1% and 9% of fit and unfit patients, respectively, are treated with targeted therapy in 1L.

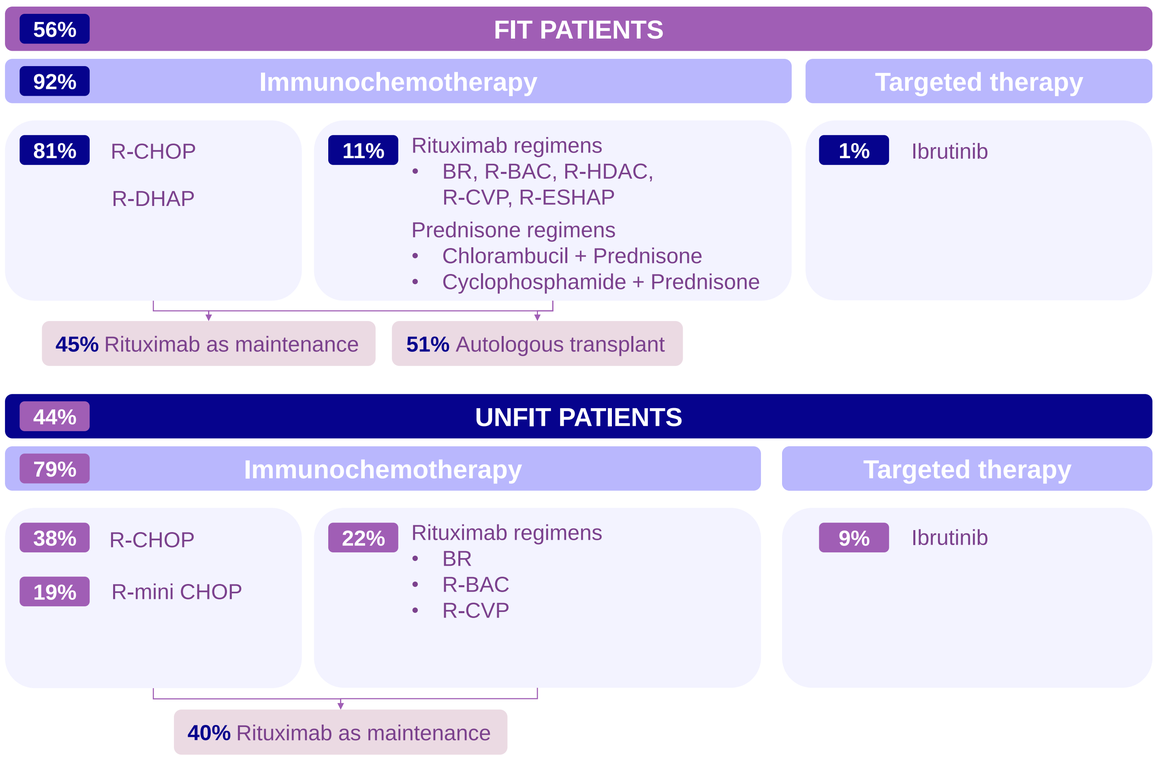

Fig.1– MCL 1L assessed therapeutic algorithm

2L therapy

On average, 44% of patients are eligible for 2L treatment.

In this line of treatment, only 20% are considered fit, and targeted therapy gains a more evident role (fig.2). More than half of unfit patients are treated with targeted therapy, namely with Bruton Tyrosine Kinase Inhibitor (BTK) inhibitors.

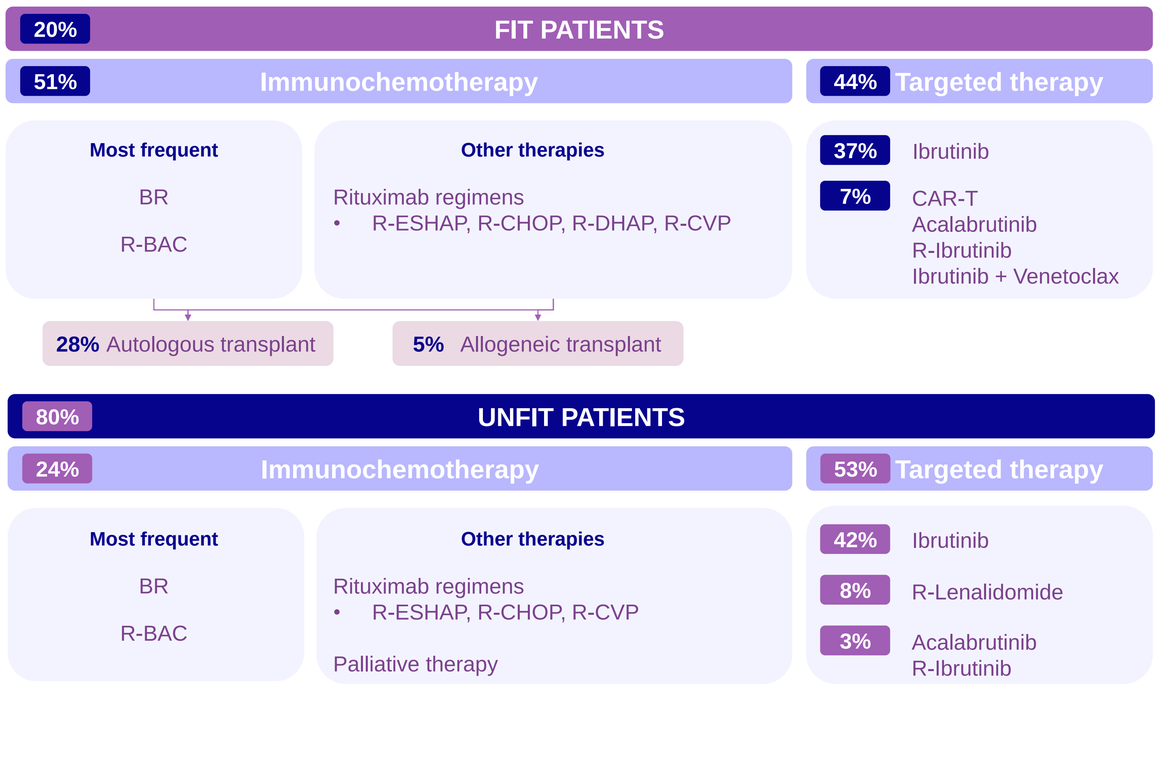

Fig.2 – MCL 2L assessed therapeutic algorithm

Note: BAC, bendamustine and cytarabine; BR, bendamustine and rituximab; CHOP, cyclophosphamide, doxorubicin, vincristine and prednisone; CVP, cyclophosphamide, vincristine and prednisone; R, rituximab; HDAC, High Dose Ara-Cytarabine ; ESHAP, etoposide, solu-medrone, high dose cytarabine and cisplatin; DHAP, dexamethasone, cytarabine and cisplatin; CAR-T: Chimeric antigen receptor (CAR) T-cell. *Note*: The sum of the percentages may not equal 100% due to the existence of other regimes not indicated in the questionnaire for all patients.

UNMET NEEDS

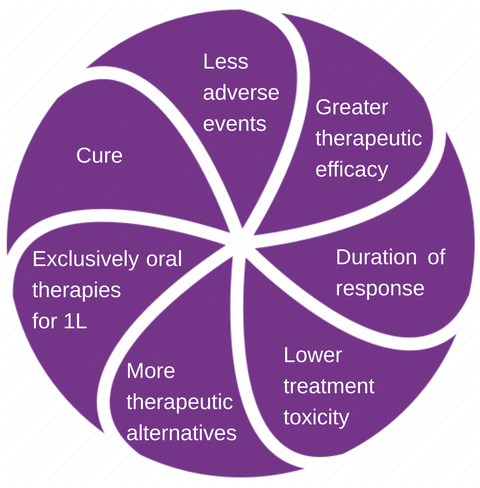

Fig.3 – Main therapeutic unmet needs identified

The main identified unmet needs were related with cure, less adverse events, greater therapeutic efficacy and duration of response, lower treatment toxicity, more therapeutic alternatives, and exclusively oral therapies for 1L.

Additionally, to better support patients needs, it is necessary to involve nutritionists, psychologists and social workers, as well as ensuring other complementary needs and guarantee proximity of services (especially in rural areas).

LIMITATIONS

- This is an exploratory study, based on an online questionnaire with a small number of participants, and therefore results cannot be generalizable to the Portuguese clinical practice;
- Due to the quantitative nature of the survey, unmet needs were not fully explored.

TAKE HOME MESSAGE

Evidence about the treatment of MCL in Portugal is very scarce. This exploratory study showed that immunochemotherapy is the most common treatment for MCL patients in 1L of treatment, with the lack of therapeutic alternatives and treatment toxicity pointed as the main therapeutic unmet needs.

ISPOR Europe 2023, Copenhagen, Denmark

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