

Characteristics of Patients treated with CAR-T Therapies across Multiple Indications Utilizing the TriNetX Network

Jyothi Menon¹, Keely Madaj², Jacquelyne Brauneis², Veena Seshadri², Erwin De Cock³, Carla Vossen⁴

¹Syneos Health®, Denmark; ²Syneos Health®, U.S.; ³Syneos Health®, Spain; ⁴Syneos Health®, Netherlands; ; correspondence: Jyothi.Menon@syneoshealth.com

BACKGROUND

- Chimeric antigen receptor (CAR)-T cell therapy, is a type of cancer immunotherapy that uses genetically altered T-cells to enable them in locating and destroying cancer cells more effectively.
- Six CAR T-cell therapies have been approved by the Food and Drug Administration (FDA) for the treatment of blood cancers (including lymphomas, some forms of leukemia, multiple myeloma) (**Table 1**).
- TriNetX, an Electronic Medical Record (EMR) database combines real time access from healthcare organizations (HCOs) across multiple countries to enable generation of real-world evidence.

Table 1. CAR-T FDA approval dates

CAR-T therapy	Indication	Date of FDA authorization
Tisagenlecleucel (Kymriah®)	B-ALL R/R (≥2L)*	Aug 30, 2017
	Adult LBCL~ R/R (≥2L)	May 01, 2018
	Adult FL R/R (≥2L)	May 27, 2022
Axicabtagene ciloleucel (Yescarta®)	Adult LBCL~ R/R (≥2L)	Oct 18, 2017
	Adult LBCL~ R/R (>1L)	Apr 01, 2022
Brexucabtagene autoleucel (Tecartus®)	Adult MCL R/R	Jul 24, 2020
	Adult B-ALL R/R*	Oct 21, 2021
Idecabtagene vicleucel (Abecma®)	Adult MM R/R (≥4L)	Mar 26, 2021
Lisocabtagene maraleucel (Breyanzi®)	Adult LBCL# R/R (≥2L)	Feb 05, 2021
	Adult LBCL# R/R (>1L)	Jun 24, 2022
Ciltacabtagene autoleucel (Carvykti®)	Adult MM R/R (≥3L)	Feb 28, 2022

>1L, after first line systemic therapy; ≥2L, second line or later systemic therapy; ≥3L, third line or later systemic therapy; ≥4L, fourth line or later systemic therapy; B-ALL, b cell-acute lymphoblastic leukemia; HGBL, high-grade B-cell lymphoma; FL, follicular lymphoma; LBCL, large B-cell lymphoma; PMBCL, primary mediastinal large B-cell lymphoma; MCL, mantle cell lymphoma; MM, multiple myeloma.

* Pediatric and adults ≤ 25 years of age with B-ALL.

* Adults ≥ 26 years with R/R B-ALL.

~ LBCL includes diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from FL, HGBL and PMBCL.

LBCL includes DLBCL not otherwise specified (including DLBCL arising from indolent lymphoma), HGBL, PMBCL, FL grade 3B.

OBJECTIVES

This study examined:

- Characteristics of patients on CAR-T therapies in HCOs covered by the TriNetX network in the United States (US).

METHODS

- Patients using CAR-T therapies were identified using RxNorm, ICD-10-PCS and HCPCS codes between Aug 31, 2017 (day after approval of first CAR-T therapy by the FDA) to Jan 13, 2023.
- Patient counts, demographics and co-medications were analyzed.

RESULTS

- Between August 31, 2017, and Jan 13, 2023, 1,630[§] patients were administered with a CAR-T therapy (**Table 2**).

Table 2. Patients using CAR-T therapies (Aug 2017- Jan 2023)

CAR-T therapy	Number of patients using CAR-T therapy
Tisagenlecleucel	438
Axicabtagene ciloleucel	782
Brexucabtagene autoleucel	131
Idecabtagene vicleucel	169
Lisocabtagene maraleucel	88
Ciltacabtagene autoleucel	22

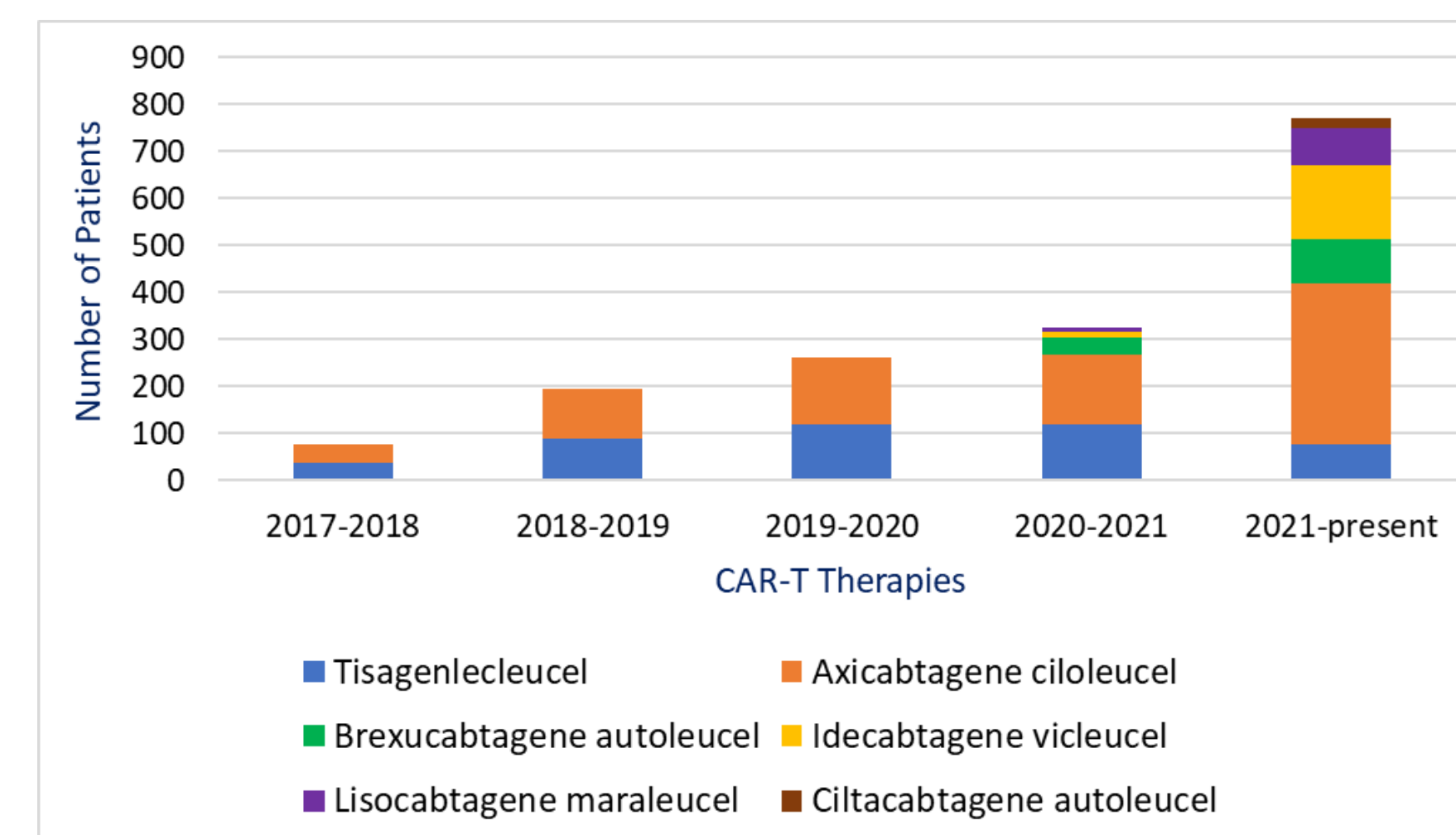
- Mean age of the cohort was 56 years, 66% of the cohort were males and 78% were white.
- In line with the CAR-T approved indications, 98% of the cohort were diagnosed with 'malignant neoplasms of lymphoid, hematopoietic and related tissue' (ICD-10-CM: C81 through C96).
- At any point during the therapy, 68% of the cohort used cyclophosphamide, 62% fludarabine, 34% rituximab and 28% doxorubicin.

[§] Patient counts in the 'Results' section have been updated since the abstract submission as the TriNetX network updates numbers periodically for accuracy. Data sourced from TriNetX, LLC.

RESULTS

- Administration of Tisagenlecleucel and Axicabtagene ciloleucel (2 of the earliest CAR-T therapies approved), has increased over the years (**Figure 1**).
 - For Tisagenlecleucel, patient counts increased from 36 between Aug 2017-Aug 2018 to 196 between Sept 2020-Jan 2023.
 - Of the patients treated with Tisagenlecleucel, 54% were diagnosed with ALL (ICD-10-CM: C91.0) and 36% with diffuse large B-cell lymphoma (DLBCL) (ICD-10-CM: C83.3).
 - For Axicabtagene ciloleucel, patient counts increased from 40 between Sept 2017-Dec 2018 to 491 between Sept 2020-Jan 2023.
 - Almost all patients administered with Axicabtagene ciloleucel (94% of the cohort) were diagnosed with DLBCL (ICD-10-CM: C83.3).
- Administration of other CAR-Ts in Table 1 also increased from 2020 onwards.

Figure 1. Trend of CAR-T therapies administration in the US (2017- Jan 2023)



Data sourced from TriNetX, LLC

CONCLUSIONS

- Use of CAR-T therapies for multiple indications in the US has increased markedly since approval of the first therapies in 2017.
- Real-time EMR data has the potential to provide robust information on baseline characteristics and real-world use of innovative treatment including CAR-Ts.

