**BACKGROUND**

- Rituximab (MabThera®, Rituxan®; F. Hoffmann-La Roche Ltd, Basel, Switzerland) is a chimeric monoclonal antibody that specifically binds to the surface of B lymphocytes.

- A subcutaneous (SC) formulation of rituximab (MabThera) has been developed to improve patient convenience.

- The Rituximab Administration Satisfaction Questionnaire (RASQ) was developed to assess patients' perceptions of the impact of route of administration, and their satisfaction with the administration of rituximab.

**Methods**

- **PrefMab** and **MabCute** studies:
  - Eligibility for enrolment in PrefMab (NCT01712401) and MabCute (NCT01481528) was as follows:
    - Patients were 50–80 years old with a performance status ≤ 2, International Prognostic Index (IPG) ≤ 3, and ≥ 30% body fat mass.
    - In PrefMab, patients received one cycle of rituximab IV (375 mg/m2) followed by rituximab SC (1,400 mg) every 8 weeks until PD.

**RASQ instrument**

- The clinical data cut for the RASQ analysis was 5 months post treatment. Questionnaire responses were summarised using the intent-to-treat population, which comprised all randomised patients (PrefMab: n=19; MabCute: n=20).

**Results**

1. **Baseline characteristics**
   - Most patients had an ECOG performance status of 0 (63%) or 1 (35%).
   - The most common regimens for patients with DLBCL were R-bendamustine-28 (80–100 mg/m2) and MabCute studies.

2. **Pharmacometric analysis of RASQ**
   - Most patients preferred rituximab SC versus IV in the phase Ib SparkThera study, showing excellent internal consistency (IRR < 0.70 for potential deletion).
   - Factor analysis was used to assess the degree to which the 10 items could be summarised using the intent-to-treat population, which comprised all randomised patients (PrefMab: n=19; MabCute: n=20).

**CONCLUSIONS**

- **Conclusions**: PrefMab SC formulation was preferred by 93% of patients, and 96% of patients preferred rituximab SC versus IV in the phase Ib SparkThera study, showing excellent internal consistency (IRR < 0.70 for potential deletion).

**References**

4. Genentech Inc., South San Francisco, CA, USA; 5 Centro Aziendale di Ematologia, Livorno, Italy; 6 University Hospital Giessen and Marburg, Giessen, Germany
5. Stuart Osborne,3 Enrico Capochiani,5 Mathias Rummel6
6. Genentech Inc., South San Francisco, CA, USA; 5 Centro Aziendale di Ematologia, Livorno, Italy; 6 University Hospital Giessen and Marburg, Giessen, Germany
7. 2013 Quesnay studies.
8. 2013 Quesnay studies.
9. 2013 Quesnay studies.
10. 2013 Quesnay studies.
11. 2013 Quesnay studies.
12. 2013 Quesnay studies.
13. 2013 Quesnay studies.