

Abstract: P1134

Title: PATIENT CHARACTERISTICS AND CLINICAL OUTCOMES IN RELAPSED/REFRACTORY (R/R) MARGINAL ZONE LYMPHOMA (MZL) IN THE UNITED STATES (US), CANADA, AND EUROPE: A PANEL-BASED CHART REVIEW STUDY

Abstract Type: Poster Presentation

Topic: Indolent and mantle-cell non-Hodgkin lymphoma - Clinical

Background:

Approximately 20% of patients with marginal zone lymphoma (MZL) relapse or experience disease progression within 2 years after first-line treatment. These patients with relapsed/refractory (r/r) MZL have poor clinical prognosis, worse disease outcomes and limited treatment options. Because of the low prevalence of MZL, real-world data on r/r MZL are limited, but are much needed to identify the unmet therapeutic needs of this patient population.

Aims:

This retrospective, longitudinal, multi-country chart review study examined the characteristics and real-world clinical outcomes of patients with r/r MZL who received at least two lines of therapy (2L+) in the US, Canada, and Europe.

Methods:

Data for patients with r/r MZL with an index date (initiation of second-line [2L] treatment) between 01/01/2014 and 12/31/2021 and ≥ 12 months follow-up (unless patient died) were abstracted from medical charts by oncologists or hematologists. The observation period spanned from the index date to the earliest of death, loss to follow-up, or date of chart abstraction. Patients' baseline demographic and clinical characteristics were described. Time-to-event outcomes including real-world overall response rate (rwORR), progression-free survival (rwPFS), and overall survival (OS) were evaluated by Kaplan–Meier analysis. Patient data are reported overall and by country.

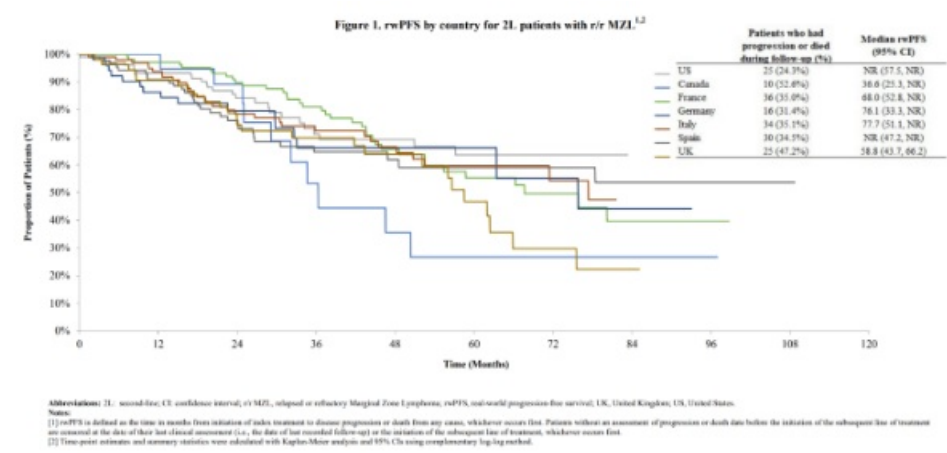
Results:

A total of 268 physicians from seven countries participated in this study. Most physicians had a hospital-based practice (82.8%) and had been practicing for ≥ 10 years (89.2%). Their median number of r/r MZL patients treated in the previous 12 months was 21. Among a total of 513 patients with 2L as index treatment (US and France, N=103 each; Italy, N=97; Spain, N=87; UK, N=53; Germany, N=51; Canada, N=19), the median (IQR) age was 67.0 (60.0, 72.0) years and 57.9% were male. Overall, most patients had advanced MZL at initial diagnosis, as reflected by late disease stage based on the Lugano modification of the Ann Arbor system (56.9%), high-intermediate/high International Prognostic Index (IPI) score (61.7%), and nodal subtype (60.0%). Clinical characteristics varied across countries. Prevalence of high-intermediate/high IPI score ranged from 48.8% in the US to 80.0% in Germany, while prevalence of nodal subtype ranged from 53.6% in Italy to 72.5% in Germany. The median follow-up (after index date) was 43.1 months, ranging from 30.9 months in the US to 52.8 months in Canada. Overall rwORR to 2L therapy was 81.7%, ranging from 66.7% (Germany) to 90.6% (UK). 34.3% of patients had disease progression and/or died after 2L therapy, ranging from 24.3% (US) to 52.6% (Canada). Overall rwPFS rate after 2L therapy (95% confidence interval [CI]) was 71.5% [66.8%, 75.6%] at 36 months, ranging from 53.3% [25.6%, 74.8%] (Canada) to 81.0% [71.1%, 87.8%] (France). Overall mortality rate during the follow-up period was 18.9%, ranging from 13.7% (Germany) to 36.8% (Canada). Overall OS rate was 84.5% [80.6%, 87.7%] at 36 months, ranging from 79.3% [68.3%, 86.9%] (Spain) to 92.1% [84.0%, 96.2%] (France).

Summary/Conclusion:

Around one-third of patients with r/r MZL experienced disease progression or death within 3 years of initiating 2L treatment, indicating that further understanding of the disease biology, tumor microenvironment and its impact on treatment choice are needed. Disease outcomes were heterogenous across countries, reflecting the need to further explore geographic variations in MZL management to inform approval of effective treatments in the future.

Image:



Keywords: Clinical outcome, Indolent non-Hodgkin’s lymphoma, Marginal zone, Treatment