Tolerance and Response to Initial Systemic Therapy in Younger and Older Patients with Follicular Lymphoma: A Cross-Sectional Case Survey with 186 Unselected Recent Cases in the Practices of US-Based Medical Oncologists

#3842

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BACKGROUND:

Advanced-stage follicular lymphoma (FL) is generally considered incurable, but the disease often responds to systemic anticancer treatment. While a number of factors influence selection of a specific treatment regimen, the presence of advanced age and/or comorbidities may play a key role in the recommendation for therapy. A paucity of information exists to document which initial regimens are chosen for this population in clinical practice and the resultant clinical outcomes.

In order to assess the education gaps and needs of oncologists in practice, we gathered clinical information on individual patients receiving initial systemic therapy for FL.

METHODS:

US community-based medical oncologists were recruited from a database of past participants in Research To Practice CME activities to participate in a cross-sectional case survey by providing anonymous information on presenting symptoms, diagnostic workup, treatment selection, side effects and clinical antitumor response for all patients in their practices with a new diagnosis of FL since January 1, 2008. Modest, per-patient honoraria were provided for this work.

These oncologists were also asked to complete a 60-question Patterns of Care survey designed to assess their recent FL decision-making experiences and also to define their self-described treatment recommendations for a number of related hypothetical clinical scenarios.

RESULTS:

Frequency of FL-Related Treatment Decisions

Responses provided during the Patterns of Care survey indicate that participating physicians address a variety of common FL-related treatment decisions during a typical year.

Decisions regarding first-line therapy for older (>60 years old) patients with FL are encountered once every seven weeks and for younger patients every 10 weeks (Figure 1).

General Case Information and Patient Demographics

From April 14 to July 9, 2010, a total of 186 cases of newly diagnosed FL were entered into a web-based data collection instrument by 38 US-based medical oncologists. A median of 4.5 cases per participant were recorded, with a minimum of one and a maximum of 15 (Figure 2).

Demographics:

- Median patient age was 66, with 45 percent younger than age 65, 26 percent age 65 to 74 and 29 percent age 75 years or older.
- Fifty-three percent of patients were women.

Symptomatology:

Approximately 60 percent of patients were considered to be moderately or very symptomatic from the disease at the time treatment was initiated (Figure 3). The fraction of patients experiencing varied levels of symptomatology was similar across the three age groups (Figure 3).

Risk Stratification:

Overall, 62 percent of patients had intermediate- or high-risk disease based on FLIPI score, with no remarkable differences across age groups (Figure 4).

1 APPROXIMATELY HOW OFTEN PER YEAR DO YOU MAKE THE FOLLOWING DECISIONS RELATED TO FOLLICULAR LYMPHOMA?*

	Median
First-line therapy, younger patients (<60)	5
First-line therapy, older patients (≥60)	8
Maintenance rituximab	6
Second- or later-line therapy for relapse	5

* Patterns of Care survey of 45 medical oncologists recruited for the cross-sectional case survey

2 CROSS-SECTIONAL CASE SURVEY OF 186 UNSELECTED CONSECUTIVE PATIENTS RECEIVING INITIAL THERAPY FOR FOLLICULAR LYMPHOMA

- 38 community-based oncologists representing 14 states who participated in prior CME programs
- All cases diagnosed since January 2008
- Expansion of previous case-data collection initiative implemented in 2009
- Database open from April through July 2010
- Individual FL case data collected:
  - Median number of cases: 5
  - Maximum number of cases submitted by one physician: 15

3 LEVEL OF DISEASE-RELATED SYMPTOMS AT THE TIME THE FIRST TREATMENT WAS INITIATED

	Overall (n = 186)	<65 yo (n = 84)	65-74 yo (n = 49)	≥75 yo (n = 53)
Very symptomatic	19%	20%	20%	17%
Moderately symptomatic	39%	34%	45%	39%
Mildly symptomatic	23%	23%	23%	23%
Not at all symptomatic	19%	23%	12%	21%

Front-Line Treatments

A minority of patients (22 percent) were observed without treatment or underwent radiation therapy alone. Of those managed systemically, most received R-CHOP or R-CVP. A higher percentage of older patients received R-CVP and rituximab monotherapy, and R-CHOP was more common among younger patients compared to the other age groups (Figures 5, 7).

In patients treated in 2010 there was a marked increase in the use of bendamustine/rituximab as induction treatment relative to prior years, with approximately 30 percent of patients receiving this regimen (Figure 6).

Treatment Response and Safety/Tolerability

More than half of patients were reported by their treating oncologists to have experienced a complete response to first-line therapy, suggesting rates that are somewhat higher than those found in most published studies. However, it is important to note that status of bone marrow response and whether a follow-up bone marrow biopsy was obtained were not collected.

In more than 90 percent of the cases the course of therapy went very well or fairly well in terms of side effects and toxicity, with similar results across all age groups (Figure 8).

Ninety-two percent of patients receiving systemic therapy were treated with one of five regimens (Figure 9). Regardless of the treatment received, more than 90 percent of these patients were reported to have a partial or complete response to treatment with no significant problems due to side effects or toxicity (Figure 9).

4 WHAT WAS THE PATIENT'S INITIAL RISK GROUP BASED ON FLIPI SCORE?

	Overall (n = 186)	<65 yo (n = 84)	65-74 yo (n = 49)	≥75 yo (n = 53)
Low	32%	35%	27%	28%
Intermediate	40%	41%	44%	36%
High	22%	20%	25%	23%
Not calculated/ unknown	6%	4%	4%	13%

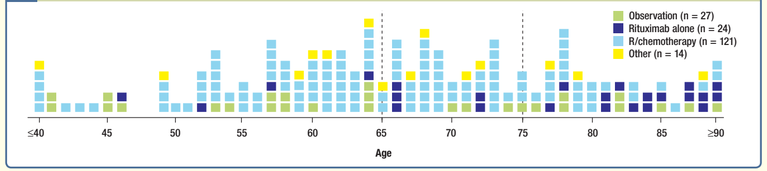
5 PLEASE DESCRIBE THE FIRST TREATMENT THIS PATIENT RECEIVED

	Overall (n = 186)	<65 yo (n = 84)	65-74 yo (n = 49)	≥75 yo (n = 53)
Observation	14%	18%	6%	17%
R-CHOP	26%	37%	28%	7%
R-CVP	25%	17%	24%	38%
R monotherapy	13%	5%	10%	28%
Radiation therapy	8%	8%	10%	6%
Fludarabine/ rituximab	6%	6%	12%	2%
Bendamustine/ rituximab	6%	8%	6%	2%
Other	2%	1%	4%	1%

6 PROPORTION OF PATIENTS RECEIVING TREATMENT BY YEAR INITIAL THERAPY STARTED

	2008 (n = 80)	2009 (n = 80)	2010 (n = 26)
R-CHOP	26%	30%	15%
R-CVP	25%	25%	23%
R monotherapy	16%	11%	8%
Radiation therapy	9%	6%	12%
Bendamustine/rituximab	0%	4%	31%

7 INITIAL TREATMENT FOR NEWLY DIAGNOSED FOLLICULAR LYMPHOMA BY AGE (N = 186)



8 CLINICIAN-REPORTED RESPONSES TO AND TOLERABILITY OF INITIAL INDUCTION TREATMENT (BY PATIENT AGE)*

Response to treatment	Overall (n = 171)	<65 yo (n = 77)	65-74 yo (n = 46)	≥75 yo (n = 48)
Complete response	57%	59%	70%	42%
Partial response	26%	22%	22%	35%
Minimal response/stable disease	11%	14%	4%	13%
Progressive disease	6%	5%	4%	10%
Overall side effects/ toxicities	(n = 186)	(n = 84)	(n = 49)	(n = 53)
Therapy went very well: Same or fewer problems than expected	58%	57%	53%	66%
Therapy went fairly well: Minor or moderate problems, not difficult to manage	38%	39%	43%	32%
Significant problems that were difficult to manage	2%	4%	0%	0%
Major problems with significant consequences	2%	0%	4%	2%

* Excludes patients in early treatment and not yet evaluated

9 CLINICIAN-REPORTED RESPONSES TO AND TOLERABILITY OF TOP FIVE SELECTED INDUCTION REGIMENS*

Response to treatment*	R-CHOP (n = 47)	R-CVP (n = 43)	R monotherapy (n = 22)	Radiation therapy (n = 12)	Bendamustine/rituximab (n = 8)
Complete response	77%	70%	36%	92%	37%
Partial response	19%	28%	54%	8%	63%
Stable disease	2%	2%	5%	0%	0%
Progressive disease	2%	0%	5%	0%	0%
Overall side effects/toxicities	(n = 49)	(n = 46)	(n = 24)	(n = 15)	(n = 11)
Therapy went very well: Same or fewer problems than expected	35%	59%	83%	93%	9%
Therapy went fairly well: Minor or moderate problems, not difficult to manage	61%	37%	13%	7%	91%
Significant problems that were difficult to manage	2%	4%	0%	0%	0%
Major problems with significant consequences	2%	0%	4%	0%	0%

* Excludes patients in early treatment and not yet evaluated

CONCLUSIONS:

Use of an online cross-sectional case survey enabled the collection of a significant amount of information on unselected FL cases during a three-month time period. Analysis of these data indicates the following:

- Benefits and side effects do not appear to vary significantly across the three selected age groups, suggesting that practicing oncologists are able to modify treatment selection, dose and schedule to achieve similar results for both older and younger populations without a disproportionate difference in toxicity.
- The induction therapies reported by practicing oncologists in this survey tend to follow published guidelines.
- Treatment-response and side-effect data from this cross-sectional case survey are largely consistent with the findings from previously published clinical trial data. Higher rates of physician-reported complete response may be attributable to subjective assessment in routine practice or inconsistencies in the use of confirmatory bone marrow biopsies relative to the clinical trial setting.

Although additional work is merited to further understand and compare specific doses and schedules of the treatments administered as induction therapy for FL, these survey findings suggest that the rapidly developing clinical research in this area is being effectively applied in the practices of medical oncologists.

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