SOHO 2026 RWE WM Symphony Abstract

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Abstract Submission Deadline: May 15, 2026, at 11:59 PM CST

Abstract Guidelines

- **Abstract Title:** No word/character limit. Must be in bold title case
- **Abstract Body:** US English
    - No tables/figures allowed
    - Maximum of 350 words (not including title, authors, keywords and affiliations), structured using the following headings (or similar): Context, Objective, Design, Setting, Patients (or participants, interventions), Main Outcome Measure(s), Results, and Conclusions
    - If encore abstract, include encore credit line (100 word limit)

Category: Indolent B-Cell Lymphoma (IBCL)

Abstract Title

Patterns of Treatment Utilization and Sequencing Across Lines of Therapy (LOT) in Waldenström Macroglobulinemia (WM): Real-World Evidence (RWE) from the United States

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Keywords (up to 5):

Waldenström macroglobulinemia, indolent non-Hodgkin lymphoma, Real-world data, Treatment patterns

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CONTEXT:

In WM, different treatments are available across LOT, but RWE is limited on treatment utilization and sequencing during the relapsing-remitting course of WM.

DESIGN/SETTING/PATIENTS:

This retrospective observational study used the US Symphony Integrated Dataverse® data to identify adults with ≥1 WM diagnostic code with treatment initiated 01/2020-08/2025. Patients were categorized into eight mutually exclusive groups by treatment regimens: bendamustine-based chemotherapy (B/BR), rituximab-monotherapy (R-mono), other rituximab-combinations (R-combo), Bruton tyrosine kinase inhibitor (BTKi; zanubrutinib, ibrutinib)-, bortezomib-, venetoclax-based regimens, and other regimens.

MAIN OUTCOME MEASURES:

Patient sociodemographic and clinical characteristics were analyzed, utilization was analyzed overall, by year and LOT, and sequencing was visualized via Sankey diagram. All-cause healthcare resource utilization (HCRU) during treatment was reported per-patient-per-year (PPPY).

RESULTS:

Of 7583 patients with WM who initiated first LOT (1L), 2251 (29.7%) initiated 2L, and 976 (12.9%) 3L+. BTKis were the most frequently used across LOT, with zanubrutinib used most commonly and with increasing frequency over time. The most common 1L regimens were B/BR (27.1%), R-mono (22.3%), and zanubrutinib (19.6%). In 2L and 3L+, the most common regimens were R-mono (19.9% and 20.3%, respectively), zanubrutinib (18.6% and 14.7%), and ibrutinib (14.8% and 15.4%). In patients who received 1L BTKi, B/BR was the most common subsequent treatment (42.7% after zanubrutinib; 22.2% after ibrutinib). For patients who received 1L B/BR, BTKis were the most common 2L (zanubrutinib, 35.6%; ibrutinib, 16.4%). The most common 3L+ after 2L zanubrutinib were B/BR (33.3%) and venetoclax (30.0%), and after 2L ibrutinib were BTKis (50.0%; zanubrutinib, 34.6%; ibrutinib retreatment, 15.4%) and B/BR (13.5%). Outpatient visits PPPY were lower for BTKis (zanubrutinib [1L, 12.0; 2L, 13.6; 3L+, 13.2]; ibrutinib [13.6, 15.2, 16.0]) than B/BR (33.7, 37.0, 33.7), R-combo (42.3, 30.4, 35.0), and R-mono (33.2, 32.2, 32.6). Mean inpatient visits PPPY were lowest for zanubrutinib (1L, 1.2; 2L, 1.0; 3L+, 1.6) and ibrutinib (1.7, 1.1, 1.4), and highest for 1L venetoclax (4.7), 3L+ venetoclax (3.4), and 2L bortezomib (3.8).

CONCLUSIONS:

In this real-world study, while BTKi was the predominant class across LOT, treatment frequently alternated between BTKi- and B/BR-based regimens. Further studies of long-term outcomes are needed to optimize real-world treatment sequencing.

ENCORE CREDIT: (22/100 words)

This abstract will be presented at the 2026 European Hematology Association Congress, June 11-14, 2026, in Stockholm, Sweden**.**