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# Understanding treatment preferences in relapsed/refractory mantle cell lymphoma: a survey of patients, caregivers, and physicians

**Authors:** Anita Kumar,[1] Swetha Challagulla,[2] Erlene Seymour,[2] Susan Buchanan,[2] Yan Meng,[3] Todor I. Totev,[3] Béatrice Libchaber,[4] Dominic Pilon,[4] Keri Yang,[2] Krish Patel[5]

**Affiliations:** [1]Memorial Sloan Kettering Cancer Center, Basking Ridge, NJ, USA; [2]BeOne Medicines, Ltd, San Carlos, CA, USA; [3]Analysis Group, Inc, Boston, MA, USA; [4]Analysis Group, Inc, Montreal, QC, Canada; [5]Sarah Cannon Research Institute, Nashville, TN, USA

**Introduction**: Treatment options for patients with relapsed/refractory mantle cell lymphoma (R/R MCL) continue to expand, creating increasingly complex trade-offs among efficacy, safety, and treatment administration characteristics. Understanding stakeholder perspectives, including those of patients, caregivers, and physicians, may help contextualize the benefits and burdens of emerging therapies for R/R MCL.

**Methods**: A cross-sectional online survey was conducted between May and June 2026 among patients with R/R MCL receiving second-line or later (2L+) therapy as well as caregivers and physicians involved in the care of patients with R/R MCL. Survey domains focused on perceptions of efficacy and safety outcomes and preferences for treatment administration characteristics. Participants completed survey exercises comparing hypothetical unbranded treatment profiles that varied in efficacy, safety, and administration characteristics. Profiles were designed to reflect treatment characteristics of currently available and emerging therapies for R/R MCL including a one-time, intensive chimeric antigen receptor (CAR) T-cell therapy and continuous oral treatment with either a B-cell lymphoma inhibitor or a non-covalent Bruton tyrosine kinase inhibitor. Treatment preferences were assessed by having respondents select from a predefined list of treatment options or characteristics, including a “no preference” option. For ranking-based questions (eg, prioritization of efficacy, safety, and convenience attributes), respondents ranked attributes from most to least impactful; responses were aggregated and analyzed using mean rank scores.

**Results**: A total of 56 patients with R/R MCL, 36 caregivers, and 101 treating physicians participated. Patients and caregivers had a mean age of 47 and 40 years, respectively;

most were male (66% and 72%, respectively), lived in urban/suburban areas vs. rural (95% and 89% vs 5% and 11%), had at least a bachelor's degree (82% and 83%), and were employed (80% and 97%). MCL affected employment for 79% of patients and 69% of caregivers. Physicians were similarly represented across academic and community practice settings (47% and 53%, respectively), and most were hematology-oncology specialists (78%).

Across stakeholder groups, clinical outcomes were prioritized over treatment convenience, with efficacy and safety ranked highest (mean score, 1.8-2.5) and treatment schedule or being able to continue normal activities ranked lowest (mean score, 3.5-4.1). Among patients and caregivers, commonly identified adverse events (AEs) of concern included atrial fibrillation (64% and 81%, respectively), cytopenia (63% and 72%), bleeding/bruising (55% and 72%), cytokine release syndrome (CRS; 50% and 39%), neurological events (29% and 36%), and severe infections (23% and 44%). Among physicians, AEs with a median influence score of 4.0 (highly influential) for treatment selection included severe infections, CRS, atrial fibrillation, neurological events, tumor lysis syndrome, cytopenia, bleeding/bruising, neuropathy, and severe fatigue.

In treatment-profile comparisons, 54% of patients indicated that they preferred continuous oral therapy with ramp-up over a CAR T–like profile when efficacy and safety were equivalent. Preference for oral therapy with ramp-up increased to 70% when CAR T was associated with higher CRS risk and similar efficacy but decreased to 41% when CAR T was associated with higher CRS risk and better disease control.

When oral treatment with ramp-up was associated with improved efficacy and safety compared with oral treatment without ramp-up, most stakeholders were willing to accept the ramp-up requirement, including 95% of patients, 86% of caregivers, and 88% of physicians.

**Conclusions:** Patients, caregivers, and physicians with experience managing R/R MCL consistently prioritized meaningful clinical benefit over treatment convenience. Across stakeholder groups, willingness to accept oral treatment with ramp-up was high when treatment was associated with improved efficacy or safety. These findings highlight the importance of balancing clinical benefit, safety, and treatment burden when evaluating emerging therapies for R/R MCL. Patients who participated in the survey were younger, predominantly urban/suburban, and highly educated; therefore, these preferences may best reflect younger, better-resourced patients and should be generalized cautiously to the broader R/R MCL population.