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Treatment preferences and decision-making in first-line mantle cell lymphoma (MCL): perspectives from patients, caregivers, and physicians

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Introduction: The treatment landscape for first-line (1L) MCL is evolving rapidly, particularly with the introduction of Bruton tyrosine kinase inhibitor (BTKi)-based regimens and other novel approaches. As treatment options expand, decisions increasingly involve trade-offs between efficacy, safety, treatment duration, and maintenance requirements. This study evaluated treatment preference among patients, caregivers, and physicians, and assessed the impact of maintenance requirements on treatment choice in 1L MCL.

Methods: An online cross-sectional survey was conducted among treatment-naive (TN) and 1L patients with MCL, caregivers of TN and 1L patients with MCL, and physicians involved in the care of TN or 1L patients with MCL. Survey respondents completed a series of treatment-choice exercises designed to assess the importance of treatment outcomes and characteristics, including efficacy (overall survival [OS], progression-free survival [PFS], overall response [OR], and symptom management), safety (cytopenia, atrial fibrillation [AFib], severe infections, tumor lysis syndrome [TLS], nausea or vomiting, hypertension, bleeding or bruising, hair loss, severe fatigue, headaches, and diarrhea), and treatment convenience (route of administration, treatment duration, and

maintenance requirements). Participants also evaluated trade-offs between treatment strategies representative of currently available and emerging 1L treatment approaches.

Results: In total, 44 patients, 38 caregivers, and 101 physicians participated. Patients and caregivers had a mean (median) age of 42 (42) and 41 (40) years, respectively. Most patients (77%) and caregivers (84%) had obtained a university degree or higher, and the majority were employed (73% and 92%, respectively). MCL substantially affected employment, with 64% of patients and 63% of caregivers reporting employment changes attributable at least in part to MCL. Physicians represented academic (47%) and community practices (53%) in similar proportions.

Patients and caregivers prioritized avoiding serious or life-threatening side effects over efficacy, with lower mean (median) priority scores for avoiding serious or life-threatening side effects than for efficacy among both patients (2.5 [2.0] vs 3.1 [3.0]) and caregivers (2.5 [2.0] vs 2.6 [2.0]) (1=highest priority; 5=lowest priority). In contrast, physicians prioritized efficacy over avoiding serious or life-threatening side effects (mean [median]: 1.6 [1.0] vs 2.4 [2.0]). Treatment convenience was consistently ranked as the lowest priority across stakeholders (mean [median]: 3.7 [4.0], 3.8 [4.0], and 4.0 [5.0] among patients, caregivers, and physicians, respectively). Among efficacy outcomes, OS and PFS were generally prioritized over OR and symptom management across stakeholders. Cytopenia, AFib, severe infections, and TLS emerged as the most influential side effects across stakeholders; these events were selected among the top five treatment concerns by 93%, 80%, 71%, and 66% of patients, respectively, and corresponding proportions among caregivers were 87%, 79%, 74%, and 55%. Physicians similarly rated severe infections (mean [median] influence score: 4.2 [4.0]), AFib (3.8 [4.0]), cytopenia (3.7 [4.0]), and TLS (3.6 [4.0]) as the most influential side effects in treatment selection (1=not at all; 5=extremely).

Across stakeholder groups, maintenance requirements emerged as an important driver of treatment choice. Among oral covalent BTKi (cBTKi) regimens, treatment without continuous intravenous (IV) maintenance requirements were preferred over those requiring IV maintenance treatment (patients: 48% vs 43%; caregivers: 58% vs 18%; physicians: 66% vs 27%), assuming comparable efficacy and safety. Stakeholders

generally preferred oral continuous cBTKi regimens that improved efficacy and safety and did not require continuous IV maintenance treatment over an IV fixed-duration regimen (patients: 50% vs 43%; caregivers: 63% vs 26%; physicians: 86% vs 12%).

Conclusions: Although the relative importance assigned to efficacy and safety outcomes differs between patients, caregivers, and physicians, all stakeholder groups favored treatment approaches that combined strong clinical outcomes with reduced maintenance burden. These findings suggest that continuous IV maintenance requirements may play a meaningful role in treatment decision-making and should be considered alongside efficacy and safety when evaluating emerging 1L MCL treatment strategies.