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Patterns of Treatment and Outcomes in MCL Patients in Australia: An Analysis of the Population-Wide Pharmaceutical Benefits Scheme Dataset

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DECLARATION OF INTERESTS

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Study Objective and Key Research Questions

Study Objective:

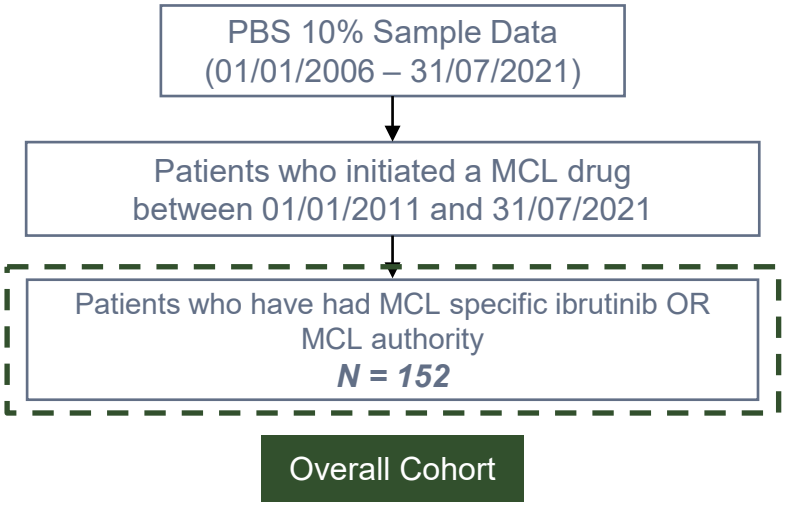
- To understand the treatment patterns and outcomes of patients with MCL in Australia using the PBS 10% dataset

Key Research Questions:

- Treatment patterns – patient characteristics and usage of various 1L and R/R regimens
- Time to next treatment – time from initiation on 1L treatment to initiation of first R/R treatment
- Duration on treatment – time on oral treatments
- Overall survival – time from initiation on 1L or R/R treatment to death

1L, first-line; MCL, mantle cell lymphoma; PBS, Pharmaceutical Benefits Scheme; R/R, relapsed/refractory.

Cohort Selection and Patient Characteristics

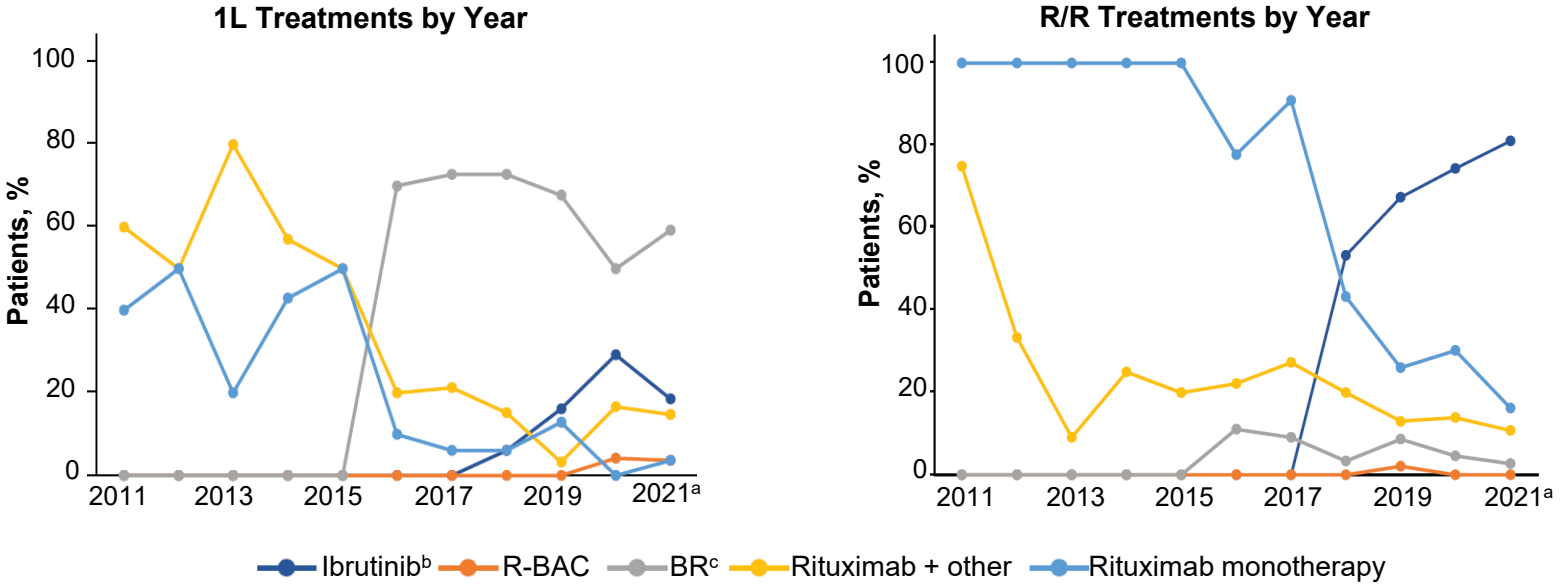


- Most patients were male (68%) and 60+ years old (85%)
- Anti-hypertensives were the most common comedications at baseline

MCL main cohort	All patients (N=152)
Age at index date[a]	
Mean (SD), y	70.9 (11.6)
Median (range), y	74 (28-89)
Age ranges, n (%)	
0-59 y	23 (15.1)
60-69 y	33 (21.7)
70-79 y	64 (42.1)
80+ y	32 (21.1)
Sex, n (%)	
Women	48 (31.6)
Men	104 (68.4)
Comedications at baseline, n (%)	
Antihypertensives	67 (44.1)
Anticoagulants	22 (14.5)
Antiplatelets	10 (6.6)
Antiarrhythmics	5 (3.3)
Antidiabetics	16 (10.5)
Antipsychotics/antidepressants	19 (12.5)

[a] Defined as the start date of any MCL treatment.
MCL, mantle cell lymphoma; PBS, Pharmaceutical Benefits Scheme.

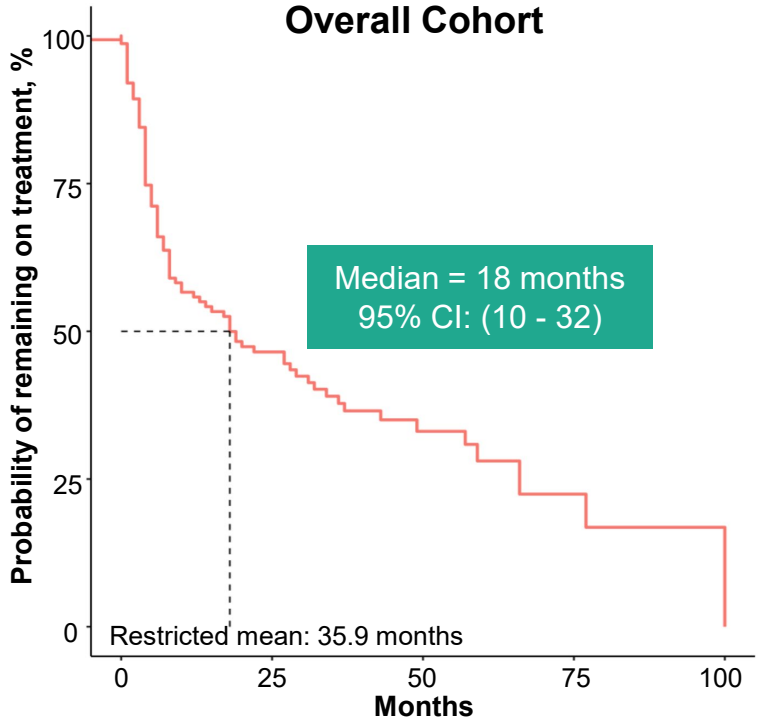
MCL Treatment Patterns in the PBS 10% Data Set



- For 1L, use of rituximab-containing regimens other than BR decreased; BR is currently the most common treatment
- For R/R, BTKis are currently the most common treatment

[a]Data for 2021 ended in July; [b]Ibrutinib was listed on the PBS for R/R treatment in August 2018. [c]BR was listed on the PBS for 1L treatment in May 2016.
January 2011-July 2021. *P<.0001. For R/R treatment, patients were double counted when they received multiple regimens during a year.
1L, first-line; BR, bendamustine + rituximab; BTKi, Bruton tyrosine kinase inhibitor; MCL, mantle cell lymphoma; PBS, Pharmaceutical Benefits Scheme; R-BAC, rituximab + bendamustine and cytarabine; R/R, relapsed/refractory.

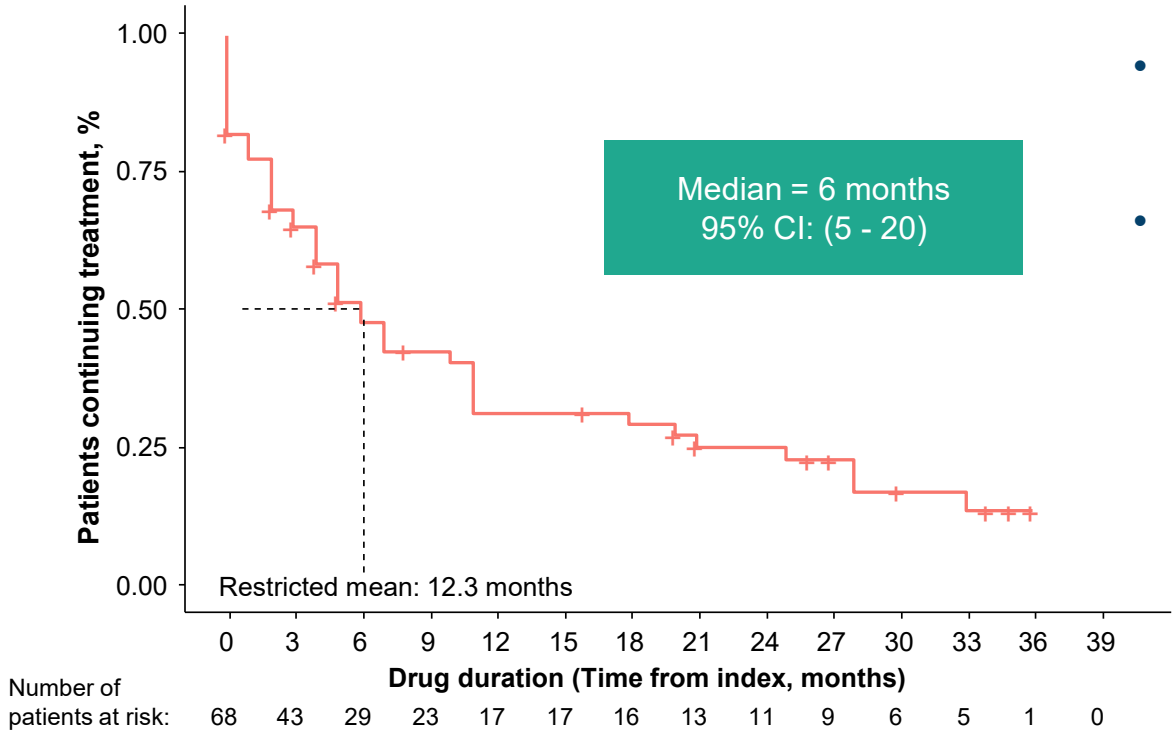
Median Time to Next Treatment



- Median time to start R/R treatment: 18 months
- Patients on BR were more likely to start R/R treatment compared with those on rituximab + other
- Patients taking diabetes medication were more likely to start R/R treatment compared with those not taking diabetes medication

TTNT is defined as the time in consecutive days between the commencement of index therapy in front line to commencement of subsequent line of therapy (R/R). An event is defined as commencement of R/R therapy. Patients were censored at the last date of data extraction (July 2021) or death.
BR, bendamustine + rituximab; CI, confidence interval; R/R, relapsed/refractory; TTNT, time to next treatment.

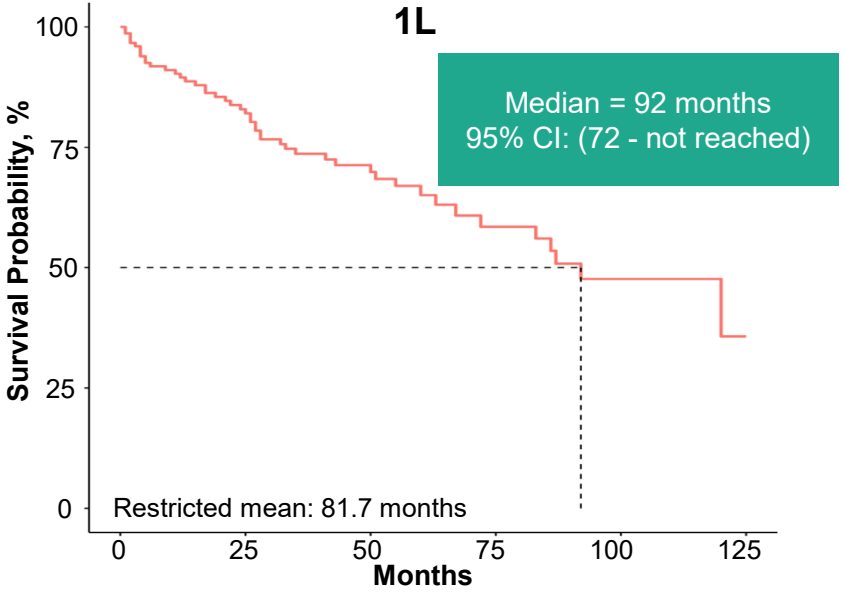
Duration on Ibrutinib Therapy

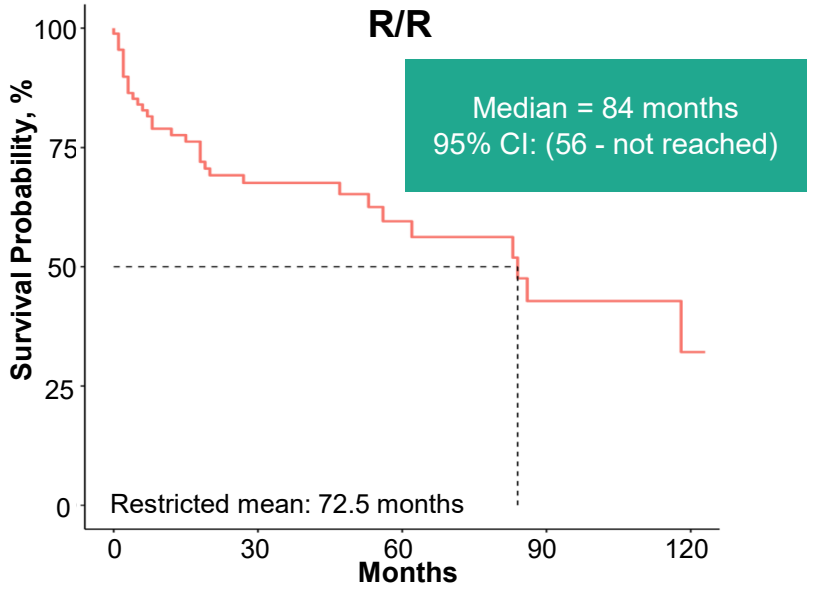


- The median duration on ibrutinib was 6 months
- Women were more likely to discontinue ibrutinib than men

Patients were considered to have discontinued treatment if there was no dispensing of the treatment of interest for 180 days.
CI, confidence interval.

Overall Survival





Months	0	12	24	36	48	60
Number at risk (Survival probability %)	152 (100%)	116 (89.5%)	96 (82.9%)	72 (73.7%)	54 (71.3%)	35 (65.1%)

Months	0	12	24	36	48	60
Number at risk (Survival probability %)	89 (98.9%)	59 (77.6%)	48 (69.2%)	34 (67.6%)	27 (65.2%)	20 (59.5%)

Overall survival is defined as the time from commencement of the index treatment in 1L until the time of death from any cause measured in consecutive days. Patients are censored at the last date of data extraction (July 2021).
1L, first-line; CI, confidence interval; R/R, relapsed/refractory.

Conclusions

- In Australia, MCL treatment patterns have significantly changed since the introduction of novel therapies, including bendamustine-containing regimens and BTKis
- Use of 1L rituximab-based regimens, except BR, decreased during the study period, while use of BR for 1L treatment and use of BTKis for R/R treatment have increased
- The median TTNT was 18 months
- The median duration on therapy for ibrutinib was 6 months
    - The duration observed in this study was shorter than what has been seen in clinical trials, likely due to the comparatively shorter follow-up time in this analysis
- The median overall survival in the 1L setting was more than 7 years, while the R/R population had a shorter survival observed
- Limitations of this analysis included a low sample size since MCL is a rare subtype of NHL and the dataset only included 10% of the population; the likelihood of missing data since the PBS 10% data set tracked data back to only 2006; also, potential errors in data entry (eg, wrong authority code for a given drug since International Classification of Disease numbers were not provided) may have affected the selection of eligible patients

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