

Management of Follicular Lymphoma: Assessment of Practice Patterns of US Hematologists/Oncologists

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BACKGROUND

- Frontline treatment of follicular lymphoma (FL) yields high response rates, but most patients relapse. In addition, response rates and duration of response decline with subsequent treatments. These factors make management of this disease challenging.
- This study was conducted to assess current clinical practices of hematologist/oncologist specialists (Hem/Onc) related to management of patients with FL in order to identify knowledge, competency, and practice gaps and barriers to optimal care.



METHODS

Hematologists/Oncologists
n=274

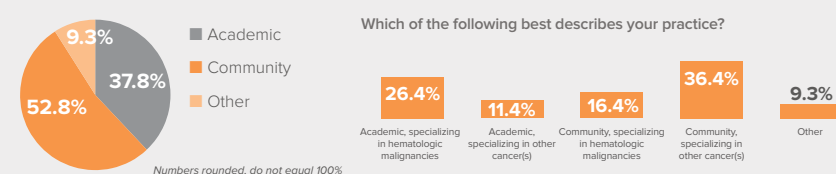


- A continuing medical education (CME)-certified clinical practice assessment consisting of 25 multiple-choice knowledge- and case-based questions was developed to assess practice gaps.
- The questions were designed to measure knowledge, skills, attitudes, and competence of Hem/Oncs regarding risk stratification and evidence-based recommendations for optimal care of patients with FL.
- Respondent confidentiality was maintained and responses were de-identified and aggregated prior to analyses. The survey instrument was made available online to physicians without monetary compensation or charge.
- The survey launched on March 23, 2018, and these results are based on responses of 274 Hem/Oncs collected through July 18, 2018.

RESULTS

The results are reported by grouping questions into specific themes in the management of patients with FL

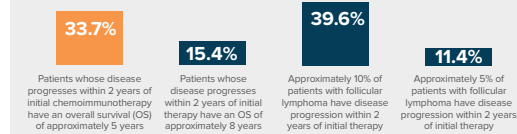
DEMOGRAPHICS



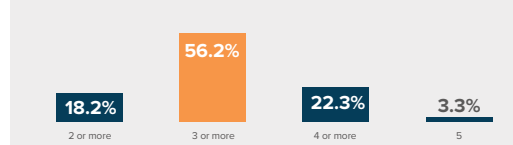
KNOWLEDGE OF PROGNOSTIC INDICATORS AND RISK STRATIFICATION TOOLS

On average, only 50% of Hem/Oncs demonstrated knowledge about prognostic factors, Follicular Lymphoma International Prognostic Index (FLIPI) 1 scoring, and genes included in the m-7 FLIPI. Less than half were aware of how FLIPI 2 differs from FLIPI 1, and only 18% knew the impact of *EZH2* mutations on prognosis.

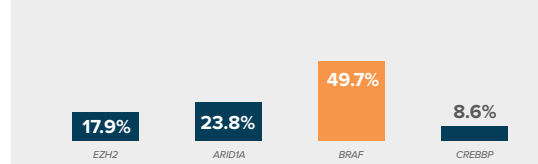
Q1: Which of the following most accurately describes an outcome associated with follicular lymphoma?



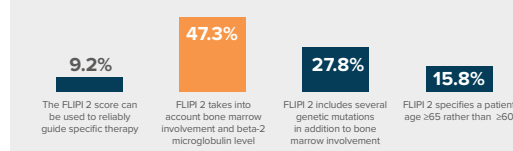
Q3: How many risk factors must be present to meet the FLIPI 1 criteria for high risk?



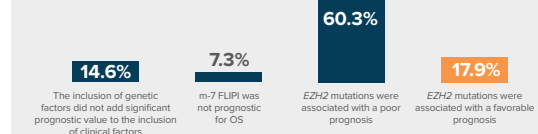
Q19: Which of the following is not one of the genes included in m-7 FLIPI?



Q4: How does FLIPI 2 differ from FLIPI 1?



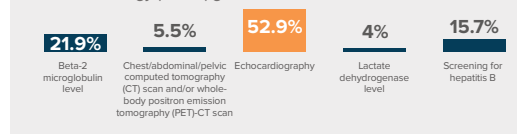
Q20: Which of the following was among the findings of a population-based validation study of m-7 FLIPI?



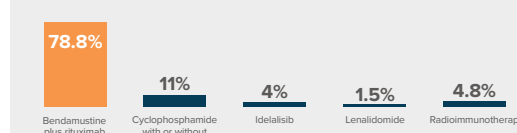
KNOWLEDGE OF EVIDENCE-BASED GUIDELINES

Over half of Hem/Oncs are aware of guideline-based recommendations for initial patient assessment and treatment of newly diagnosed and relapsed grade 2 FL.

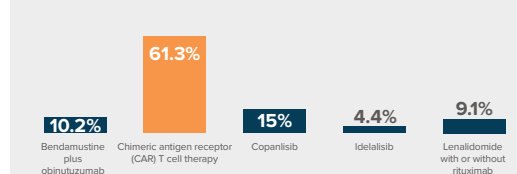
Q5: Which of the following is NOT a routine component of the initial assessment of follicular lymphoma according to the National Comprehensive Cancer Network (NCCN) and European Society of Medical Oncology (ESMO) guidelines?



Q6: A 34-year-old man has been diagnosed with grade 2 follicular lymphoma. According to the NCCN, which of the following is a category 1 recommendation for first-line treatment?



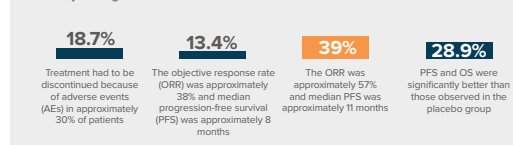
Q7: A patient with grade 2 follicular lymphoma experienced relapse approximately 1 year after being treated with RCHOP in the first-line setting. Which of the following is NOT among the second-line therapies recommended by the NCCN?



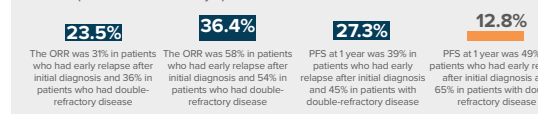
KNOWLEDGE OF TRIAL DATA

Hem/Onc knowledge of trial data ranged widely from 12.8% to 66.3%. There was a trend toward less awareness of data presented at conferences and recently released data, indicating the challenge to stay up-to-date in a rapidly evolving field.

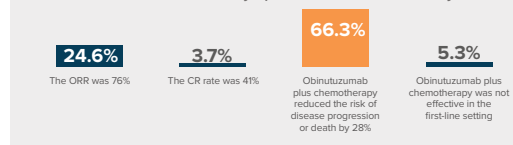
Q8: In 2017, Gopal and associates reported the results of a retrospective post-hoc subgroup analysis of the efficacy and safety of idelalisib in patients with high-risk follicular lymphoma who had early relapse after initial chemotherapy. What did the study findings include?



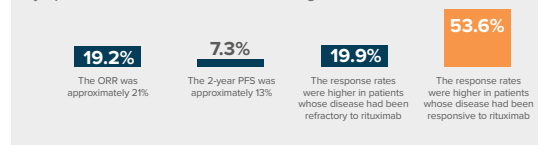
Q9: At the 2017 American Society of Clinical Oncology (ASCO) Annual Meeting held June 2-6 in Chicago, Illinois, Andorsky and associates reported results of the MAGNIFY trial, a phase 3b study of the use of lenalidomide plus rituximab in patients with relapsed or refractory non-Hodgkin lymphoma. Double-refractory disease was defined as disease refractory to rituximab as monotherapy or in combination with chemotherapy. Which of the following most accurately describes what they found in patients with follicular lymphoma?



Q12: The phase 3 GALLIUM study compared the use of obinutuzumab in combination with chemotherapy with rituximab plus chemotherapy in the first-line treatment of follicular lymphoma. What did this study find?



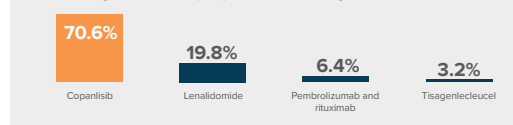
Q16: Bartlett and associates recently reported the results of a phase 2 study of single-agent ibrutinib in patients with relapsed or refractory follicular lymphoma. What was one of their findings?



TAILORING TREATMENT AND MANAGING ADVERSE EVENTS

Hem/Oncs demonstrated a strong ability to tailor therapy selections, including utilizing novel agents, such as second-generation phosphoinositide 3-kinase (PI3K) inhibitors.

Q10: A 54-year-old patient with follicular lymphoma has experienced relapse after being treated with RCHOP in the second-line setting. The patient had previously received first-line treatment with bendamustine and rituximab. What treatment has been approved by the US Food and Drug Administration (FDA) for use in this setting?



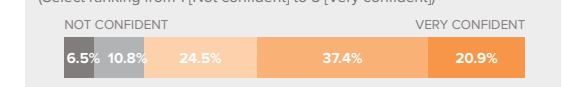
Hem/Oncs displayed above-average awareness of therapy-related adverse events (AEs) for first-generation PI3K inhibitors, but demonstrated less awareness of the AE profile of second-generation PI3K inhibitors.



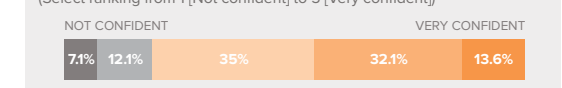
CONFIDENCE

- Confidence reported by Hem/Oncs regarding the treatment of patients is similar across the two confidence questions, with a slightly higher percentage being more confident treating newly diagnosed FL compared with relapsed/refractory FL.
- Less than 50% of Hem/Oncs are confident in their ability to risk-stratify patients with FL, which is suboptimal because risk stratification should be included in the rationale for treatment selection.

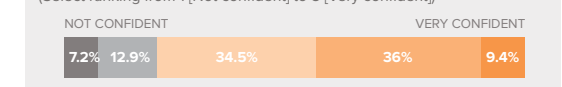
How confident are you in your ability to treat patients with newly diagnosed follicular lymphoma? (Select ranking from 1 [Not confident] to 5 [Very confident])



How confident are you in your ability to treat patients with relapsed or refractory follicular lymphoma? (Select ranking from 1 [Not confident] to 5 [Very confident])



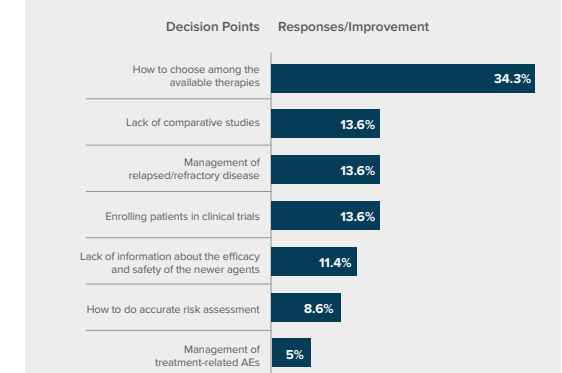
How confident are you in your ability to evaluate and risk-stratify patients with follicular lymphoma? (Select ranking from 1 [Not confident] to 5 [Very confident])



BARRIERS TO OPTIMAL MANAGEMENT OF PATIENTS WITH FL

Hem/Oncs indicated they are challenged to choose among available therapies and to select treatment for patients with relapsed/refractory FL.

What do you think is the most significant barrier to the effective management of follicular lymphoma?



CONCLUSION

- This research about clinical practices in management of FL identified gaps in knowledge and competence of Hem/Oncs regarding:
 - Risk stratification
 - Identifying and managing adverse events of second-generation PI3K inhibitors
 - Implementation of evidence-based guidelines and trial data into treatment decisions
 - Tailoring therapy and selecting treatment for newly diagnosed and relapsed/refractory FL
- In order to provide optimal care to patients with follicular lymphoma, additional education focused on these areas is required for Hem/Oncs.

ACKNOWLEDGMENTS

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