

## Real-World Adherence and Healthcare Resource Utilization of Bruton Tyrosine Kinase Inhibitors (BTKi) in Mantle Cell Lymphoma

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**Background:** This study aimed to examine treatment adherence and healthcare resource utilization (HCRU) of BTKi treatment in mantle cell lymphoma (MCL).

**Methods:** The Symphony Integrated Dataverse (IDV®) was used to conduct a retrospective observational study. Adult patients with MCL initiating their first BTKi or second BTKi (after ibrutinib) between 01/2020 and 10/2023 were included in the study. The index was defined as the date of BTKi initiation. Patients without 30 days of continuous enrollment pre- and post-index date were excluded. Patients were followed until the end of the study period or lost to follow-up. Adherence was evaluated by compliance and persistence. Compliance was calculated as the proportion of days covered >0.80 using 30-day intervals from initiation to 1 year. Persistence was measured as the proportion of patients who remained in treatment among patients with sufficient follow-up periods. HCRU was measured by all-cause outpatient visits, inpatient services, and other medical/hospital services per-patient-per-month (PPPM) during BTKi treatment.

**Results:** Among 2,122 patients who were first-time BTKi users, there were significant differences for mean age at index (acalabrutinib=70; ibrutinib=68; zanubrutinib=70,  $P<.0001$ ), commercial insurance (acalabrutinib=34%; ibrutinib=42%; zanubrutinib=47%,  $P<.0001$ ), and baseline atrial fibrillation (acalabrutinib=1.94%; ibrutinib=1.24%; zanubrutinib=3.47%,  $P=0.0232$ ). A total of 228 patients switched from ibrutinib to acalabrutinib or zanubrutinib. Adherence results suggested zanubrutinib had numerically better 1-year compliance ( $P=0.2176$ ) and treatment persistence at 1 and 2 years ( $P=0.2687$ ;  $P=0.6270$ ) for patients who switched from ibrutinib to zanubrutinib or acalabrutinib (Table). HCRU showed that the mean (SD) outpatient visits (1.12 [1.67] vs 1.62 [3.17];  $P=0.1755$ ) and inpatient services (0.22 [0.68] vs 0.68 [3.12];  $P=0.1693$ ) were lower in patients switched from ibrutinib to zanubrutinib than acalabrutinib.

**Conclusions:** In this study, zanubrutinib was associated with a trend towards improved compliance, persistence, and HCRU when used as the first BTKi and after prior ibrutinib.

**Table**

	Ibrutinib	Acalabrutinib	Zanubrutinib
<b>First-time BTKi patients, n</b>	725	878	519
Compliance at 1 year, %	11.80	16.45	16.73
Persistence at 1 year / 2 years, %	30.6 / 15.7	32.8 / 16.3	33.1 / 18.6
<b>BTKi patients switched from Ibrutinib, n</b>		140	88
Compliance at 1 year, %		10.26	19.45
Persistence at 1 year / 2 years, %		30.2 / 13.0	38.6 / 16.3