

Global Clinical, Economic, Health-Related Quality of Life Burden, and Treatment Outcomes in Follicular Lymphoma: A Systematic Review

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OBJECTIVES: To review the reported disease burden of follicular lymphoma (FL) and treatment outcomes in relapsed/refractory (R/R) FL.

METHODS: A systematic literature review was conducted to identify studies reporting the disease burden (incidence/prevalence, survival, economic, and HRQoL) of FL and/or treatment outcomes associated with interventions in R/R FL. Full-text studies were only considered in the disease burden screening, except in the evaluation of HRQoL, which included abstracts. The treatment outcomes search included full-text and abstracts of Phase 2 or 3 trials and real-world studies. The search was executed on 10/10/2022 and included PubMed and Embase records from 2017.

RESULTS: 130 publications were included (47 disease burden; 83 treatment outcomes). Age-adjusted incidence rates for FL averaged 2.15 per 100,000 person-years (n=9) and were increasing over time. Five- and ten-year survival rates averaged 81.7% (n=21) and 75.8% (n=9), respectively. Treatment costs per patient per month (PPPM) for newly diagnosed FL patients in the US included estimates of \$10,192-\$12,183 and \$3,179 over patients' first year and first three years, respectively. FL-specific healthcare costs (PPPM) were \$2,463-\$12,972 in 1L, \$2,455-\$12,658 in 2L, \$8,616-\$14,352 in 3L, and \$7,146-\$25,759 in 4L+. Within studies reporting HRQoL (n=2), physical, role, and social functioning declined as line of therapy (LOT) increased, and EQ-5D-5L scores were lower for active treatment compared to remission. Costs/healthcare resource utilization and HRQoL were measured in one study each. Within 61 trials and 26 real-world treatment outcomes studies, average ORR and mPFS were 62.6% (n=75) and 16.9 months (n=44), respectively. The PFS benefit was associated with an improvement in HRQoL between study arms.

CONCLUSIONS: The incidence of FL has been increasing over time, with patients demonstrating prolonged survival requiring several therapies. The economic/HRQoL burden increases as patients progress through LOTs. Evaluations of the effect of interventions on economic/HRQoL outcomes could help comprehensively assess their value to health systems.