

Physician-reported treatment patterns and outcomes in marginal zone lymphoma in South Korea

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ABSTRACT

Background: Due to the rarity of marginal zone B-cell lymphoma (MZL), its management remains largely understudied. Only 1 chemoimmunotherapy—cyclophosphamide, vincristine, and prednisone plus rituximab (R-CVP)—is reimbursed in the first-line setting in South Korea. This study assessed physician-reported treatment patterns and outcomes in patients with advanced-stage MZL.

Methods: Twelve South Korea–based hematologists were surveyed in 2023. They had at least 5 years of experience managing at least 10 patients with MZL per year and spent at least 4 days per week directly involved in patient care. Based on their clinical practice and experience, physicians responded to questions on the proportion of patients prescribed first-, second-, and third-line treatments and the most prescribed treatments for nodal MZL (NMZL), extranodal MZL (EMZL), and splenic MZL (SMZL). Medians were reported.

Results: Among patients with advanced-stage MZL, 90% received first-line systemic treatment, most commonly R-CVP (NMZL, 70%; EMZL, 80%; SMZL, 75%). Approximately 25% of patients with advanced-stage MZL who received first-line systemic treatment had relapse or recurrence; of these patients, at least 75% received second-line treatment. Choice of second-line and third-line treatments was more varied. The most prescribed second-line systemic treatments were bendamustine with rituximab (EMZL, 25%; NMZL, 12%); ifosfamide, carboplatin, and etoposide (NMZL, 25%; SMZL, 20%); and dexamethasone, cytarabine, and cisplatin (DHAP) (SMZL, 20%). DHAP was the most common regimen for SMZL. Approximately 30% of patients who received second-line treatment received third-line treatment, with the most frequently reported treatment being DHAP (NMZL, 20%; EMZL, 25%; SMZL, 10%).

Conclusions: This survey provided valuable insights about treatment patterns and outcomes in patients with advanced MZL. While the choice of first-line treatment was relatively consistent, more guidance is needed on the selection of subsequent treatments.