Real-World Patterns of Care and Financial Burden Among Patients With Follicular Lymphoma in the US

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Background: Follicular lymphoma (FL) accounts for up to 30% of all lymphoma cases, of whom ~20% progress within 24 months of first treatment (tx). Tx patterns were evaluated by time to next tx (TTNT), pharmacy costs, and healthcare resource utilization (HCRU) in patients (pts) with FL in the US.

Material and Methods: A retrospective study was conducted using the Symphony Integrated Dataverse, linked electronic medical records, and specialty pharmacy and in-office dispensing datasets. Enrolled pts were ≥18 years old and initiated first-line (1L), second-line (2L), third-line (3L), or fourth-line (4L) therapy for FL between 1/1/2019 and 12/31/2022. Pts were categorized by line of tx (LOT) into non-mutually exclusive cohorts based on tx initiation date. Each cohort was followed for ≥90 days (d) until lost to follow-up or study end period (3/31/2023). Pts were required to have continuous pre-index enrollment. Within each LOT cohort, pts were categorized into 6 mutually exclusive subgroups based on tx: bendamustine + rituximab (BR); rituximab monotherapy (R-mono); cyclophosphamide, doxorubicin, prednisone, rituximab + vincristine (R-CHOP); bendamustine + obinutuzumab (BO); lenalidomide + rituximab (R2); and all other regimens. TTNT, HCRU, and pharmacy costs were measured during follow-up. HCRU included outpatient visits and hospital claims, per patient per month (PPPM) for the duration of each LOT.

Results: In total, 9579 pts initiated 1L; 3061, 952, and 263 pts initiated 2L, 3L, and 4L, respectively. The median follow-up was 719 d (1L), 652 d (2L), 578 d (3L), and 468 d (4L). Mean age at index was similar across LOT, and R-mono was the most common regimen, followed by BR and R-CHOP. The median (range) TTNT across regimens was 417 d (159-691) in 1L, 444.5 d (225-661) in 2L, 414 d (174-784) in 3L, and 382.5 d (200.5-599.5) in 4L. Mean (SD) all-cause hospitalizations PPPM were 0.35 (1.72) in 1L, 0.79 (3.36) in 2L, 1.94 (6.29) in 3L, and 1.85 (5.00) in 4L. Mean (SD) FL-related hospitalizations PPPM were 0.13 (0.76) in 1L, 0.18 (1.02) in 2L, 0.36 (1.56) in 3L, and 0.45 (2.12) in 4L. Average (SD) pharmacy costs PPPM increased from $1033 ($3963.80) in 1L to $2166.60 ($6001.10) in 2L, $2943.70 ($6413.10) in 3L, and $3374.10 ($7361.30) in 4L.

Conclusions: TTNT decreased while hospitalizations and pharmacy costs increased with successive LOT, suggesting high financial burden and unmet needs in pts with relapsed/refractory FL.