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## Real-world treatment (tx) patterns and economic burden of patients (pts) with marginal zone lymphoma (MZL)

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**Background:** MZL remains understudied with limited real-world evidence on how current tx conform to clinical guidelines. This study aimed to assess real-world tx patterns, costs, and healthcare resource utilization (HRU) in US MZL pts.

**Methods:** A retrospective, observational study was conducted using the IBM MarketScan® commercial and Medicare supplemental claims dataset (2017-2020). Newly diagnosed adult MZL pts ( $\geq 18$  yr) continuously enrolled 6 month pre- and 3 month post-index date, defined as the first diagnosis date, were included. Tx regimens were identified by line of therapy and mutually exclusively categorized as rituximab monotherapy (R-mono), bendamustine + rituximab (BR), rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP), ibrutinib (ibr), or other. Descriptive analyses were conducted to assess pt sociodemographic/clinical characteristics and tx utilization patterns (frequency, duration, discontinuation). Costs and HRU assessed included inpatient, outpatient, and pharmacy visits per-patient-per-month (PPPM). Multivariable logistic regression was conducted to examine predictors of costs and HRU.

**Results:** In 2491 MZL pts (median age = 63; 52% male), 59% were commercially insured (median age = 57) and 41% in Medicare (median age = 76). Common comorbidities were hypertension (44%), diabetes (17%), atrial fibrillation (AF; 16%), and gastroesophageal reflux disease (15%). Mean time from diagnosis to tx initiation was 223 days. A total of 1,781 (72%) pts received first-line (1L), 518 (29%) pts received second-line (2L) and 239 (13%) pts received third-line (3L) therapies.

R-mono was the most common regimen across both commercial and Medicare pts and all tx lines (Table). R-CHOP and BR were the second most used regimen in 1L with decreased use in 2L+. Ibr was used more in 2L+ setting but had the lowest 1L PPPM cost (median \$2958.9) than other regimens. Overall MZL pts had PPPM 4.6 outpatient visits, 0.5 hospitalization, and mean length of stay of 2.6 days. Total PPPM healthcare cost was \$19,895.8. Multivariable regression showed that baseline comorbidities (AF, renal disease, neutropenia) and tx discontinuation were significant predictors of higher costs and HRU.

**Conclusions:** This real-world data suggested that US MZL real-world tx pattern across lines of therapy follows the regimen recommendations by the National Comprehensive Cancer Network clinical practice guidelines and that MZL pts incur

high economic burden. Future studies are needed to evaluate long-term outcomes and the impact of heterogenous MZL subtypes.

	<b>Overall (N = 2,491)</b>			<b>Commercially insured (n = 1,480)</b>			<b>Medicare sup (n = 1,011)</b>	
	<b>1L</b>	<b>2L</b>	<b>3L</b>	<b>1L</b>	<b>2L</b>	<b>3L</b>	<b>1L</b>	<b>2L</b>
<b>R-Mono (%)</b>	44.6	71.0	79.9	43.2	70.0	78.9	46.6	72.6
<b>R-CHOP (%)</b>	20.3	3.5	2.1	22.1	4.6	2.7	17.5	1.9
<b>BR (%)</b>	19.7	9.5	4.2	20.2	9.2	9.2	18.9	9.8
<b>Ibr (%)</b>	1.0	3.9	4.2	0.8	3.6	4.6	1.4	4.2
<b>Other (%)</b>	14.4	12.2	9.6	13.7	12.5	12.5	15.6	11.6