

# CLINICAL CARE OPTIONS® ONCOLOGY

# **Evolution in Practice Patterns and Differences Among Experts and Community** Healthcare Providers in the Treatment of Patients With Chronic Lymphocytic Leukemia

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### Background

- Targeted therapies are dramatically changing the treatment landscape for chronic lymphocytic leukemia (CLL)
- Given the rapid pace of new approvals and expanded indications for targeted agents in CLL, healthcare providers (HCPs), particularly those practicing in community settings with limited experience in CLL, can be challenged to make treatment decisions that optimize outcomes for their patients
- To assist HCPs in managing patients with CLL, we have developed and regularly updated an online treatment decision support tool in collaboration with CLL experts
- Here, we report an analysis of data from the 2 most recent CLL tool iterations capturing differences in practice patterns among HCPs compared with CLL experts over time and the impact of case-specific expert recommendations on HCP treatment decisions

## **Tool Design and Analysis**

- 5 experts provided treatment recommendations for different case scenarios in the newly diagnosed and relapsed/refractory disease settings for each iteration of the tool:
- Case scenarios based on factors experts considered important for treatment selection, including age, fitness, cytogenetic abnormalities, *IGHV* mutation status, and previous treatment
- Expert recommendations compiled in March 2017 (2017 version) and September 2018 (2018 version)
- 2018 expert panel: Farrukh T. Awan, MD, MS; Steven E. Coutre, MD; Nicole Lamanna, MD; Jeff P. Sharman, MD; Andrew D. Zelenetz, MD, PhD
- To use the tool, HCPs enter their patients' information and their intended treatment plan; expert recommendations for their specific patient scenario are then provided
- Current tool available online at clinicaloptions.com/CLLTool

#### **Tool Screenshot Examples**

Enter Patient Details Does your patient have a del(17p) or other <i>TP53</i> mutation? Yes [ <u>Change</u> ]	2. Entry of intended treatment	
Treatment setting? Relapse or refractory disease after first-line therapy [Change]		
What is your patient's age and fitness? < 65 years of age and fit [Change]	What treatment are you considering for your patient? Bendamustine ± rituximab Ibrutinib Idelalisib ± rituximab	
What first-line treatment has your patient received? BTK inhibitor (ibrutinib, acalabrutinib) [Change]	Acatabrutinib     FCR, FR, or PCR     Lenalidomide ± rituximab	
My patient has: History of cardiac arrhythmias, anticoagulation therapy, difficult-to-control hypertension Hepatic dysfunction, colitis, or interstitial lung disease Bulky disease, diminished CrCl, ALC > 25K	Venetoclax Venetoclax + chlorambucil Venetoclax Other (single-agent chlorambucil, cladribine, HDMP + rituximab, etc) Unsure	
SUBMIT (AFTER COMPLETING	SUBMIT (AFTER COMPLETING QUESTIONS ABOVE)	

	Treatment Regimen	Comments
Expert 1	Venetoclax	
Expert 2	Venetoclax	Would consider alloSCT or CAR T for eligible patients or idelalisib + rituximab.
Expert 3	Venetoclax	
Expert 4	Venetoclax + rituximab	Consider alloSCT if MRD-negative state is not achieved.
Expert 5	Venetoclax + antibody (rituximab or obinutuzumab)	

- This analysis compared the intended treatment of HCPs with expert recommendations for specific cases entered in the tool:
  - 2017 version: March to July 2017
  - 2018 version: October 2018 to July 2019

# **Tool Participant Demographics** 2017 version: 753 patient cases entered by 406 HCPs 2018 version: 656 patient cases entered by 363 HCPs



#### **Case Characteristics**

#### Treatment setting

- Newly diagnos
- Relapsed/refr

Presence of del(17p) mutation

- Yes
- No
- Unknown

Presence of IGHV mu

- Yes
- No
- Unknown

\*Only asked for newly diagnosed patients without del(17p) and TP53 mutation.

#### Impact of Expert Recommendations on Treatment Plan

# 2017 Tool 25% 16% Changed

No change Undecided

expert recommendations.

#### Results



# **Treatment After Ibrutinib**



- expert recommendations

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#### **Characteristics of Patient Cases Entered by HCPs**

s, n (%)	2017 Tool (n = 753)	2018 Tool (n = 656)
sed	478 (63)	443 (68)
actory	275 (37)	213 (32)
or <i>TP53</i>		
	250 (33)	216 (33)
	468 (62)	440 (67)
	35 (5)	0 (0)
itation*	(n = 315)	(n = 310)
	97 (31)	99 (32)
	114 (36)	117 (38)
	104 (33)	94 (30)



Tool impact questions were optional and available after users received

## Conclusions

 Practice patterns for the management of patients with CLL differ considerably between experts and community HCPs Expert recommendations were generally consistent in both the 2017 and 2018 tool iterations, and there was consensus for most cases • There appears to be an increased alignment in treatment choice by HCPs and expert recommendations from 2017 to 2018 Among HCPs who used this tool, more than one half indicated that the expert recommendations would change their intended treatment plan,

suggesting that this online treatment decision support tool can help optimize the care of patients with CLL by aligning community practice with