



## The 65th ASH Annual Meeting Abstracts

## POSTER ABSTRACTS

## 905. OUTCOMES RESEARCH-LYMPHOID MALIGNANCIES

**Lymphoma-Related Quality of Life (QOL) Is Not Impacted By Initial Treatment Choice in Patients with Marginal Zone Lymphoma (MZL): Results from the Prospective Lymphoma Epidemiology of Outcomes (LEO) Cohort**

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**Background:** QOL can be affected by disease burden, side effects of treatment, and psychosocial effects of living with cancer. Although MZL is considered incurable, we previously found that patients diagnosed from 2002-2015 had a good QOL both at baseline (BL) and the first decade after diagnosis, regardless of treatment choice (Bommier et al., submitted). Here, we evaluate whether these findings can be extended to the 2015-2020 treatment era and a more diverse US cohort.

**Methods:** Adults with newly diagnosed MZL from 8 academic centers were prospectively enrolled within 6 months of diagnosis from 2015-2020 in the LEO cohort (NCT02736357). Participants were actively followed for disease progression/relapse, retreatment and death. QOL was measured at BL, and at 1, 2, 3 and 5 years after diagnosis using the Functional Assessment of Cancer Therapy-Lymphoma (FACT-Lym) scale (range 0-164), which consists of the FACT-General (FACT-G, range 0-104) plus a lymphoma-specific scale (range 0-60). Total FACT-G measures 4 QOL domains (range): physical (0-28), social/family (0-28), emotional (0-24), and functional (0-28) well-being (WB). We also used the Trial Outcome Index (TOI; range 0-112), which consists of FACT-G physical and functional WB plus the lymphoma-specific scale and is commonly used as an endpoint in treatment trials. All MZL patients with both BL and at least one follow-up QOL questionnaire were eligible for analysis. Patients were grouped by initial management: active surveillance (observation), local/antibiotic therapy (radiation, surgery, or anti- H.

*pylori* therapy), or systemic therapy (chemotherapy, targeted agents, or antibody therapy). Change in QOL scores over time was analyzed using mixed models for repeated measurements, and initial treatment groups were compared.

**Results:** Of 384 patients, 60% were female, 91% were White, 6.6% were Black/African American, and 13% were Hispanic (all races). The median age was 64 years (range 19-94). For initial management, 28% (N=106) were observed, 31% (N=118) received local/antibiotic therapy, and 42% (N=160) received systemic therapy. Across treatment groups, there were no significant differences by age, gender, race, or performance status, while there were differences by Hispanic ethnicity ( $p=0.006$ ), Ann Arbor stage ( $p<0.001$ ) and MALT-IPI score ( $p<0.001$ ) (Table).

At BL, patients receiving systemic therapy had lower physical WB ( $p=0.008$ ), emotional WB ( $p=0.04$ ), functional WB ( $p=0.03$ ), FACT-G total score ( $p=0.008$ ), lymphoma subscale ( $p<0.001$ ), FACT-Lym ( $p=0.001$ ) and TOI ( $p<0.001$ ) compared to observation and local/antibiotic therapy (Table). While FACT-G total scores were largely stable through 5 years after diagnosis, social/family WB declined from BL for patients initially receiving either local/antibiotic therapy (mean at 1-year -1.4,  $p<0.05$ ; 2-year -2.1,  $p<0.05$ ; 3-year -1.6,  $p<0.05$ ; 5-year -2.9,  $p<0.05$ ) or systemic therapy (mean at 2-year -1.2,  $p<0.05$ ; 3-year -1.4,  $p<0.05$ ; and 5-year -1.2,  $p<0.05$ ), while this was stable for observed patients. In patients receiving initial systemic therapy, there was a transient improvement in the lymphoma-specific scale (mean +1.7,  $p<0.05$ ) and TOI (mean +3.7,  $p<0.05$ ). Otherwise, QOL remained stable over time and global QoL (FACT-G, FACT-Lym), TOI, Lymphoma-specific scale (Figure), and the other FACT-G subscales (physical, emotional, or functional WB) did not differ by initial treatment strategy.

**Conclusions:** In the diverse LEO cohort from the recent treatment era, we confirm our prior findings for newly diagnosed MZL patients that QOL is globally stable over the first 5 years after diagnosis; emotional WB is not associated with initial treatment type, providing evidence that being initially observed does not negatively impact emotional health; and there is a decline in social/family WB (support from friends and family, family acceptance of illness, family communication, close to partner), which supports the need to consider interventions for patients to address these unmet needs. In addition, this study extends these findings to the lymphoma-specific scale, FACT-Lym, and TOI, which all showing largely stable trends in the 5 years after diagnosis and suggest that recent MZL treatment strategies, including systemic therapies, neither impair nor improve QOL.

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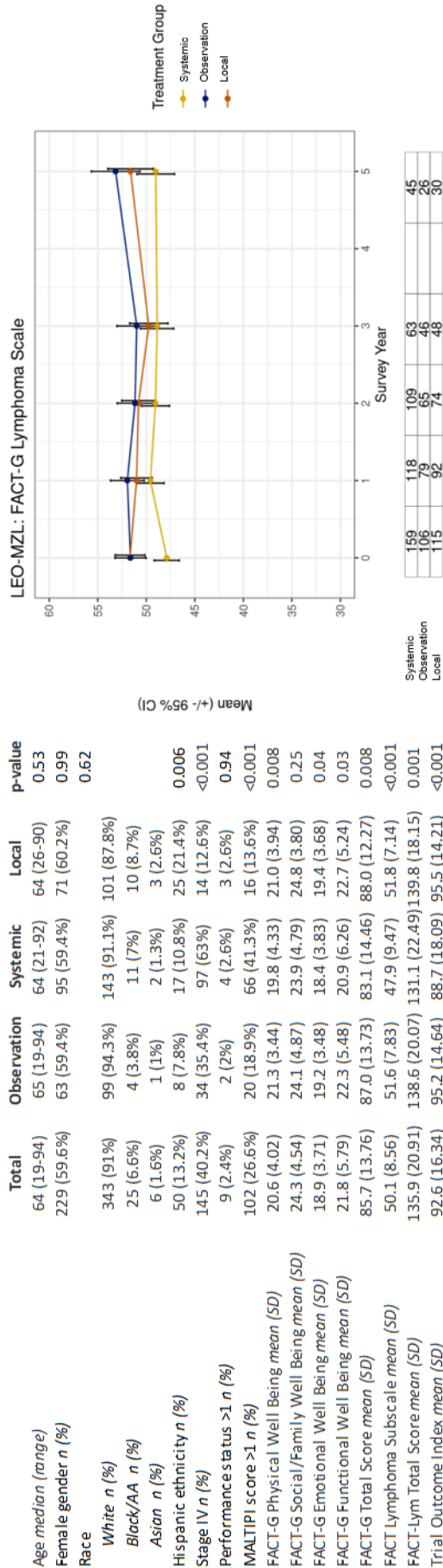


Figure 1