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905. OUTCOMES RESEARCH-LYMPHOID MALIGNANCIES

Real-World Patient Characteristics, Treatment Patterns, and Outcomes in Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Leukemia in China: A Retrospective Analysis Using a Real-World DatabaseYin Liu¹, Yanfei Chen¹, Yue Xiao¹, Ruijian Huang¹, Feng Jiang¹, Shuhua Yi, MD², Jifang Zhou³¹China Pharmaceutical University, Nankin, China²State Key Laboratory of Experimental Hematology, National Clinical Research Center for Blood Diseases, Haihe Laboratory of Cell Ecosystem, Institute of Hematology & Blood Diseases Hospital, Chinese Academy of Medical Sciences&Peking Union Medical College, Tianjin, China³China Pharmaceutical University, Nanjing, Jiangsu, China

Background: Innovation in chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL) has yield tremendous progresses and new treatment options recently. However, real-world treatment patterns, healthcare utilization and costs associated with CLL/SLL are not well studied in middle-income countries such as China. Because CLL/SLL predominantly affects older adults, this study aimed to evaluate baseline characteristics, treatment patterns, healthcare resource utilization (HCRU), costs, and survival in a representative sample of patients from Tianjin city who newly diagnosed with CLL/SLL.

Methods: This retrospective study used integrated regional electronic healthcare records from 2004 to 2022. The sample included patients newly diagnosed with CLL/SLL with continuous healthcare encounters (index date = first CLL/SLL diagnosis date). Outcomes included treatment patterns, all-cause and CLL/SLL-related HRU and costs, and overall survival in the frontline and relapsed/refractory settings.

Results: We identified 3665 patients meeting the inclusion/exclusion criteria. Overall, patients with CLL/SLL were 62 years of age at index date, 1409 (38.5%) were female, and 910 (24.8%) had insurance coverage. Patients had an average CCI of 1.6 (SD:2.0) during baseline, and the most common comorbid conditions were hypertension (8.9%), pulmonary infection (7.8%) and diabetes (5.9%). 1500 (41.0%) of patients had been exposed to CLL/SLL-directed treatment, with 856(57.0%), 343(22.9%) and 301(20.0%) of patients exposed to chemotherapy, immunochemotherapy and targeted therapy in first-line treatment, respectively. Among the subgroup of patients received targeted therapy, 335 (74.4%), 98 (21.8%), 5 (1.1%), 4 (0.9%) and 8 (1.8%) used ibrutinib, zanubrutinib, orelabrutinib, venetoclax, and lenalidomide. 15 (0.4%) and 2 (0.05%) patients received stem cell transplantation and CAR-T, respectively.

In terms of HCRU, 2434 of patients (66.4%) had a hospitalization due to any cause, 1769 (48.4%) of which were CLL/SLL-related. Emergency department and outpatient service use increased over the study period. Mean per person per month (PPPM) use for inpatient, outpatient and ED visits were 0.53, 0.30 and 0.59, respectively. Mean total PPPM healthcare costs were \$ 3125.0 (inpatient), \$ 488.1 (outpatient), \$ 87.6 (ED), and \$ 1085.8 (medication).

Median OS from initial diagnosis or 1L treatment initiation were not achieved. The 1-year and 3-year survival rate was 95.1% and 88.5% from 1L treatment initiation, 97.6% and 92.8% from the initial diagnosis.

Conclusions: In this real-world study using regional healthcare data, we observed distinct demographic, clinical and tumor-related characteristics. Patients were diverse in terms of age, insurance status and healthcare resource utilization. As newer therapies continue to accumulate, future studies should examine how unmet needs in patients with CLL/SLL can be addressed to ensure better access to novel treatment.

Disclosures No relevant conflicts of interest to declare.

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