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Real-World Patient Characteristics, Treatment Patterns, and Outcomes in Patients with Mantle Cell Lymphoma in China: A Retrospective Analysis Using a Real-World Database

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Background: Significant advancements and novel therapeutic options have emerged in the treatment of mantle cell lymphoma (MCL) in recent years. However, there is a dearth of research on real-world treatment patterns, healthcare utilization, and costs associated with MCL in middle-income countries like China. Given that MCL predominantly affects the elderly population, this study aimed to assess the characteristics, treatment approaches, healthcare resource utilization (HCRU), costs, and survival outcomes in a representative sample of patients diagnosed with MCL in Tianjin City.

Methods: This retrospective study utilized integrated regional electronic healthcare records spanning from 2004 to 2022. The sample included patients newly diagnosed with MCL who had a continuous series of healthcare encounters, with the index date set as the date of the initial MCL diagnosis. The study examined treatment patterns, all-cause and MCL-related HCRU and costs, as well as overall survival in both the initial treatment and relapsed/refractory settings.

Results: The study identified 475 patients who had a confirmed diagnosis and met the specified inclusion/exclusion criteria. Overall, the patients with MCL had an average age of 58 at the index date, with 123 (25.9%) being female, and 139 (29.3%) having insurance coverage. The average Charlson Comorbidity Index (CCI) during the baseline period was 1.8 (SD:2.1), and the most prevalent comorbid conditions included hypertension (23.6%), pulmonary infection (21.9%) and diabetes (13.6%). A total of 250 (54%) patients had received treatment specific to MCL, with 57 (22.8%), 138 (55.2%), and 45 (18.0%) initiating chemotherapy, immunochemotherapy, and targeted therapy in first-line treatment, respectively. Among those who received targeted therapy,44 (50.0%), 40 (45.5%), 1 (1.1%) and 3 (3.4%) were treated with ibrutinib, zanubrutinib, orelabrutinib, and venetoclax, respectively. Additionally, 43 (9.1%) and 4 (0.8%) underwent stem cell transplantation and CAR-T therapy, respectively.

Regarding HCRU, 367 patients (77.3%) experienced hospitalizations, with 328 (69.1%) of these hospitalizations related to MCL. Over the study period, the utilization of emergency department (ED) and outpatient services increased. The average monthly per person utilization rates for inpatient, outpatient, and emergency department visits were 0.62, 0.23, and 0.61, respectively. The mean total monthly healthcare costs were $9454.0 (inpatient), $895.9 (outpatient), $129.9 (ED), and $1739.0 (medication). The median overall survival (OS) from initiation of first-line (1L) treatment was 72.4 months, respectively. The 1-year and 3-year survival rates were 95.3 % and 86.9% from the initial diagnosis, and 78.6% and 71.4% from 1L treatment initiation, respectively.

Conclusions: This real-world study, utilizing regional healthcare data, revealed distinctive demographic, clinical, and tumor-related characteristics among patients diagnosed with MCL. These patients demonstrated diversity in terms of age, insurance status, and healthcare resource utilization. As novel therapies continue to emerge, future investigations should address the unmet needs of patients with MCL, ensuring improved accessibility to innovative treatments.

Disclosures No relevant conflicts of interest to declare.