touch™ ONCOLOGY

Maximizing the possibilities in the evolving treatment paradigm for R/R follicular lymphoma: From optimal sequencing to shared decision-making

Practice aid for R/R follicular lymphoma

For more information, visit: www.touchONCOLOGY.com

There is now a wide range of approved therapeutic options for patients with R/R FL

	Drug name	Indication	FDA approval date	NCCN guidance[8]
CAR T-cell therapy	**Axicabtagene ciloleucel**	Adults with R/R FL; ≥2 lines of systemic therapy[1–3]	March 2021[1]	Preferred regimen (≥ third-line)
	Lisocabtagene maraleucel		May 2024[2]	
	Tisagenlecleucel		May 2022[3]	
CD20/CD3 BsAb	**Epcoritamab (SC)**	Adults with R/R FL; ≥2 lines of systemic therapy[4,5]	June 2024[4]	Preferred regimen (≥ third-line)
	Mosunetuzumab		December 2022[5]	
EZH2 inhibitor	**Tazemetostat**	• Adults with *EZH2*mut positive R/R FL; ≥2 prior systemic therapies • Adults with R/R FL with no satisfactory alternative treatment options[6]	June 2020[6]	Other recommended regimen (≥ third-line)
BTK inhibitor	**Zanubrutinib + obinutuzumab**	R/R FL; ≥2 lines of systemic therapy[7]	March 2024[7]	Other recommended regimen (≥ third-line)

Recent evidence supports the use of approved therapies in patients with R/R FL

	Drug name	Efficacy	Safety
CAR T-cell therapy	**Axicabtagene ciloleucel**[9]	ZUMA-5 study (n=127); mFU: ≥3 years **ORR:** 94%; Estimated 36-month **PFS:** 54%	**Grade ≥3 SAEs** after 18-months (n=124): 8%
	Lisocabtagene maraleucel[10]	TRANSCEND FL (n=130); mFU: 19 months **Bridging therapy** (n=45) **ORR:** 93% **No bridging therapy** (n=79) **ORR:** 99%	**Bridging therapy:** (n=49) **Grade 3 CRS:** 0; **Grade 3 NE:** 6% **No bridging therapy:** (n=81) **Grade 3 CRS:** 1%; **Grade 3 NE:** 0
	Tisagenlecleucel[11]	ELARA study (N=97); FU: ≥3 years **ORR:** 86%	Most common **grade ≥3 AEs:** Neutropenia and anaemia
CD20/CD3 BsAb	**Epcoritamab (SC)**[12]	FL-dose expansion cohort from EPCORE™ NHL-1 trial (n=128); mFU: 17 months **ORR:** 82%; **mPFS:** 15.4 months	Most common **TEAEs:** CRS, injection-site reaction, COVID-19
	Mosunetuzumab[13]	Subgroup analysis of high-risk patients* (N=90); FU: ≥3 years 36-month **PFS:** 43%; 36-month **OS:** 83%	**Rate of CRS:** 44%
EZH2 inhibitor	**Tazemetostat**[14]	Open-label, single-arm trial (N=99); mFU: 22.0 (*EZH2*mut) and 35.9 months (*EZH2*wt)† ***EZH2*mut** (n=45) **ORR:** 69%; **mPFS:** 13.8 months ***EZH2*wt** (n=54) **ORR:** 35%; **mPFS:** 11.1 months	Most common **grade ≥3 TRAEs:** thrombocytopenia, neutropenia, anaemia
BTK inhibitor	**Zanubrutinib + obinutuzumab**[15]	ROSEWOOD study; ZO vs O; (N=217; R, 2:1); mFU: 20.2 months **ZO** - **ORR:** 69%; **mPFS:** 28.0 months **O** - **ORR:** 46%; **mPFS:** 10.4 months	Most common **AEs with ZO:** thrombocytopenia, neutropenia, diarrhoea

*POD24, ≥4th line of therapy, aged ≥65 years (NCT02500407), figures for overall population; †NCT01897571.

touch™ ONCOLOGY

Multiple factors influence treatment decisions in R/R FL

Factors influencing optimal treatment sequencing in R/R FL[16,17]

- Disease burden
- Patient performance status
- Duration of response after first therapy
- Potential presence of high-grade transformation
- Anticipated depth and duration of response
- Patient preference
- Prior treatment regimens
- Potential need for future lines of therapy

Risk/benefit ratio of each option should be assessed in the context of the patients' overall condition and their individual goals for therapy[16]

Key factors influencing a patient's treatment decision in R/R FL[16–18]

- Preservation of patient QoL
- Availability of psychosocial/caregiver support
- Distance from treatment centre
- Short-term treatment-related side effects: e.g. CRS or ICANS
- Long-term and cumulative toxicities
- Administration schedule: e.g. repeat doses vs 'one and done'
- Convenience of administration
- Speed of access to therapy: e.g. off-the-shelf or bespoke
- Ability of the patient to tolerate therapy e.g. due to advanced age, frailty, comorbidities

Shared decision-making and equity of access is important in R/R FL

Shared decision-making in R/R FL

What does shared decision-making mean for patients?[16,17,19]

- Better identification of patients' needs, individual goals for therapy, perceptions and expectations
- Identification of patient-specific issues, e.g. need for travel or preference for less intrusive treatment regimens

How does shared decision-making impact outcomes?[19,20]

- Increased adherence to treatment
- Increased patient satisfaction
- Increased patient wellbeing and QoL

Improving access for patients from all backgrounds[21–25]

- **Practising equity-based communication** and using preferred languages to improve health outcomes and build stronger patient–provider relationships
- **Tailoring information for minority populations** to improve decision-quality and patient-provider communication
- Use of **telemedicine or virtual visits**
- Improved **community engagement** strategies
- Enhanced **patient education** to empower self-referral
- **Introducing measures to improve access** e.g. transportation to treatment centre

Abbreviations and references

Abbreviations

AE, adverse event; BsAb, bispecific antibody; CAR, chimeric antigen receptor; CRS, cytokine release syndrome; FU, follow-up; ICANS, immune effector cell-associated neurotoxicity syndrome; mFU, median FU; mPFS, median PFS; mut, mutant; NE, neurological event; O, obinutuzumab; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; POD24, progression of disease within 24 months; QoL, quality of life; R, randomization; R/R FL, relapsed/refractory follicular lymphoma; SAE, serious AE; SC, subcutaneous; TEAE, treatment-emergent AE; TRAE, treatment-related AE; wt, wildtype; ZO, zanubrutinib + obinutuzumab.

References

1. FDA. 2021. Available at: https://bit.ly/3yrpXCp (accessed 23 July 2024).
2. FDA. 2024. Available at: https://bit.ly/44UqhG1 (accessed 23 July 2024).
3. FDA. 2022. Available at: https://bit.ly/3URVsgL (accessed 23 July 2024).
4. FDA. 2024. Available at https://bit.ly/45GW9OX (accessed 23 July 2024).
5. FDA. 2022. Available at: https://bit.ly/3QWa91b (accessed 23 July 2024).
6. FDA. 2020. Available at: https://bit.ly/4bIdA3X (accessed 23 July 2024).
7. FDA. 2024. Available at https://bit.ly/3QR8nyk (accessed 23 July 2024).
8. NCCN Clinical Practice Guidelines in Oncology. B-Cell Lymphomas Version 2.2024 – 30 April 2024. Available at: www.nccn.org (accessed 23 July 2024).
9. Neelapu SS, et al. *Blood*. 2024;143:496–506.
10. Reguera JL, et al. Presented at: 2024 ASCO Annual Meeting, Chicago, IL, USA, 31 May–4 June 2024. Abstr. 7068.
11. Dreyling M, et al. *HemaSphere*. 2024;8(Suppl.1):2686–8.
12. Linton K, et al. *Blood*. 2023;142(Suppl.1):1655–7.
13. Assouline S, et al. *HemaSphere*. 2024;8(Suppl.1):288–9.
14. Morschhauser F, et al. *Lancet Oncol*. 2020;21:1433–42.
15. Zinzani PL, et al. *J Clin Oncol*. 2023;41:5107–17.
16. Qualls D, Salles G. *Haematologica*. 2022;107:19–34.
17. Skarbnik AZ, Patel K. *Front Oncol*. 2023;13:1120358.
18. Gurumurthi A, et al. *Blood Adv*. 2023;7:5713–6.
19. Glatzer M, et al. *Oncology*. 2020;98:370–8.
20. Driever EM, et al. *Patient Educ Couns*. 2020;103:77–82.
21. Garling KA, Segpvia G. *US Pharm*. 2023;48:43–7.
22. Marjadi B, et al. *Int J Environ Res Public Health*. 2024;20:4657.
23. Nathan AG, et al. *J Gen Intern Med*. 2016;31:663–76.
24. Hoffman MS, et al. *Transplant Cell Ther*. 2023;29:440–8.
25. Mikhael J, et al. *JCO Oncol Pract*. 2022;18:800–7.

touch™ ONCOLOGY