

Real-World Treatment Patterns, Chimeric Antigen Receptor T Cell Therapy Referral Barriers, and Time-to-Next Treatment in Patients With Third-Line or Later Follicular Lymphoma Who Experienced Progression ≤ 24 Months of First-Line Chemoimmunotherapy: a United States Claims Analysis

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Background

- The use of CD19-directed CAR T cell therapy has transformed the treatment landscape for patients with R/R FL, including those with high-risk disease features such as disease progression within 24 months of first-line (1L) chemoimmunotherapy (POD24)^{1–3}
 - Patients with POD24 experience poor clinical outcomes and represent a high-risk population with substantial unmet need⁴
- In the United States (US), CAR T cell therapy is delivered at activated/authorized treatment centers (ATC), which are mostly large academic institutions⁵
 - Potential barriers to accessing CAR T cell therapy have been described in other B-cell malignancies,^{6–8} yet real-world evidence among patients with FL remains limited
 - Characterizing treatment and referral patterns in FL may help identify opportunities to improve CAR T cell therapy access⁹
- Here, we describe treatment patterns among patients with third-line (3L) or later (3L+) FL and POD24, evaluate demographic and clinical characteristics associated with referral to an ATC and receipt of CAR T cell therapy, and compare time to next treatment (TTNT) between patients who received CAR T cell therapy and those treated with non–CAR T regimens

Methods

Figure 1. Study overview

