

Incorporating New Treatments
Into the Management of B-Cell
Malignancies



### Learning Objectives

- Review the opportunities and challenges associated with the availability of new treatments for B-cell malignancies
- Learn about strategies, solutions, and resources for incorporating new treatments into clinical practice

 Review currently available treatment modalities for B-cell malignancies and the factors involved in clinical decision making



## Navigating New Advances in Treatment Options for B-Cell Malignancies





Mature B-cell malignancies account for ~ 85% - 90% of NHL cases, and major subtypes include DLBCL (32%), CLL/SLL (19%), FL (17%), MZL (8%), and MCL (4%)<sup>1,2</sup>



The treatment paradigm for these B-cell malignancies is rapidly evolving with the availability of newer targeted therapies and cellular immunotherapy, in addition to traditional approaches such as chemoimmunotherapy and stem cell transplantation<sup>3</sup>



Awareness and informed decision making are critical to improve patient outcomes when navigating the use of new therapeutics in B-cell malignancies<sup>3</sup>



Recent approvals of several targeted therapies for B-cell malignancies have rapidly expanded treatment options and improved standard of care, necessitating a renewed focus on treatment sequencing and clinical decision making across indications<sup>3</sup>

CLL/SLL, chronic lymphocytic leukemia/small lymphocytic leukemia; DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma; NHL, non-Hodgkin's lymphoma; MCL, mantle cell lymphoma; MZL, marginal zone lymphoma

1. Al-Hamadani M, et al. Am J Hematol. 2015;90(9):790-795. 2. Leukemia and Lymphoma Society. Accessed August 15th, 2023. https://www.lls.org/lymphoma/non-hodgkin-lymphoma/nhl-subtypes. 3. Flaherty C. Accessed August 2, 2023. https://www.onclive.com/view/new-and-anticipated-advances-across-hematologic-malignancies-necessitate-improved-navigation-of-current-options.



## Awareness of New Treatments to Community Oncology is Complex



Community oncologists provide ~80% of cancer care in the US, treating a wide variety of malignancies<sup>1</sup>

Navigating this complex landscape requires a proactive approach to new developments related to approvals, clinical practice guidelines, and reimbursement<sup>2</sup>

On any given day, community oncologists may manage multiple tumor types, creating unique challenges for integration of new treatments<sup>1</sup>

The rapid development of new treatments including those for B-cell malignancies has led to a wealth of information and complicated the decision making process<sup>2</sup>

<sup>2.</sup> Coggins J. Accessed August 2, 2023. https://www.chiefhealthcareexecutive.com/view/community-oncologists-can-influence-the-future-of-oncology-with-advocacy-jonathan-coggins.



<sup>1.</sup> Wallis C. Accessed August 2, 2023. https://www.scientificamerican.com/article/a-wave-of-new-cancer-treatments-challenges-community-oncologists-to-keep-up.

## Potential Barriers and Solutions for Incorporation of New Treatments in B-Cell Malignancies



#### **Potential Solutions Potential Barriers** Limited time and resources for navigating Professional (e.g., ACCC, LLS) and state societies myriad of information (e.g., clinical guidelines provide ongoing access to the medical education updates, press releases, new publications)<sup>1,2</sup> and clinical guideline updates<sup>5</sup> Medical congresses, regional "best of" meetings, Lack of familiarity or confidence prescribing a and IME/CME programs have on-demand access new product or treatment modality<sup>1</sup> to data on new and emerging treatments<sup>5</sup> Academic hospitals/leading cancer centers offer Requirement of unfamiliar and/or technically opportunities for networking and access to complex genetic/biomarker testing to initiate subspecialty expertise and laboratory services<sup>5,6</sup> therapy<sup>2</sup> Community oncology or patient advocacy groups Cost of care, limited payer coverage, and = **\*** = **\*** can be leveraged for financial assistance challenging reimbursement<sup>3,4</sup> programs for patients<sup>7</sup>

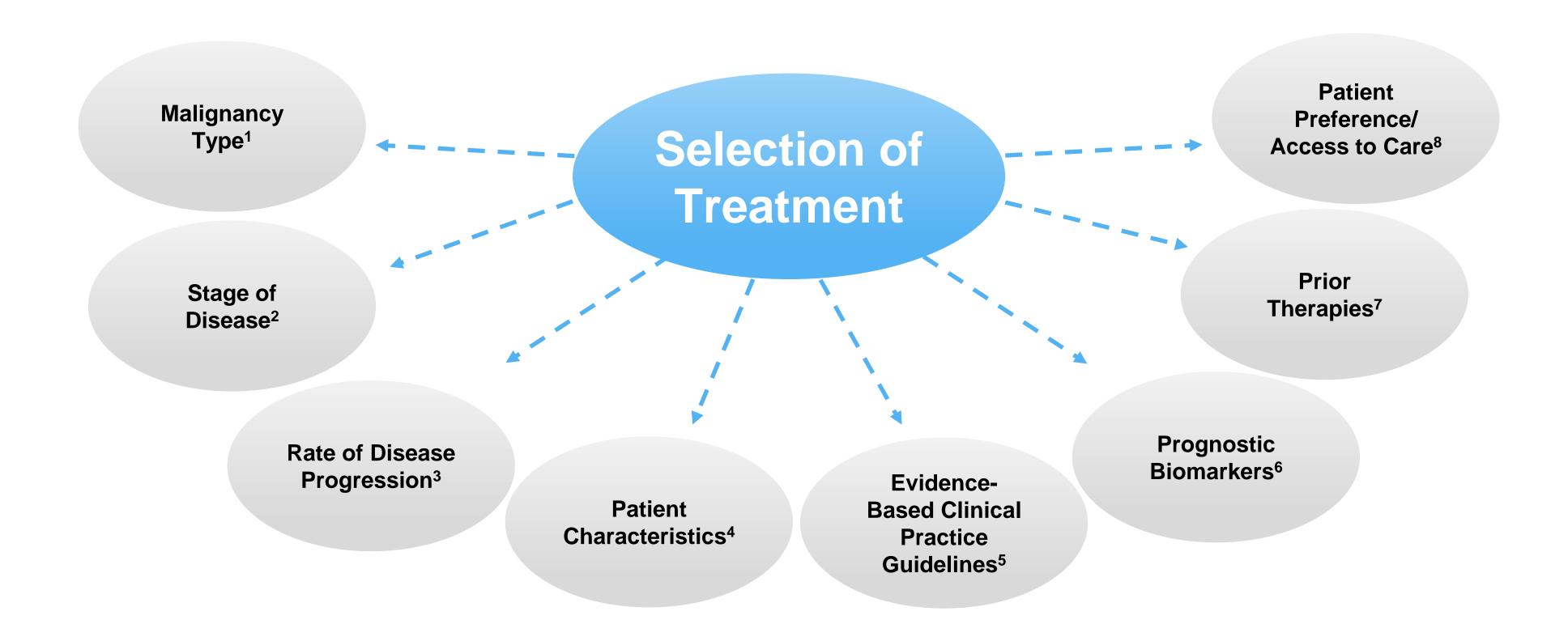
CME, continuing medical education; IME, independent medical education

<sup>1.</sup> Flaherty C. Accessed August 2, 2023. https://www.onclive.com/view/new-and-anticipated-advances-across-hematologic-malignancies-necessitate-improved-navigation-of-current-options. 2. Wallis C. Accessed August 2, 2023. https://www.scientificamerican.com/article/a-wave-of-new-cancer-treatments-challenges-community-oncologists-to-keep-up. 3. Patel K, Mukhi H. Accessed August 2, 2023. https://www.targetedonc.com/view/incorporating-biomarker-testing-in-community-cancer-clinics-a-real-world-pilot-study. 4. ASCO Daily News. Accessed August 15, 2023. https://dailynews.ascopubs.org/do/podcast-challenges-oncologists-face-2023. 5. Leick E. Accessed August 8, 2023. https://www.onclive.com/view/community-oncologist-underscores-importance-of-education-and-collaboration. 6. Ridgeway JL, et al. *Implement Sci Commun*. 2021;2(1):92. 7. Coggins J. Accessed August 2, 2023. https://www.chiefhealthcareexecutive.com/view/community-oncologists-can-influence-the-future-of-oncology-with-advocacy-jonathan-coggins.



### Decision Making Criteria in the Treatment of B-Cell Malignancies





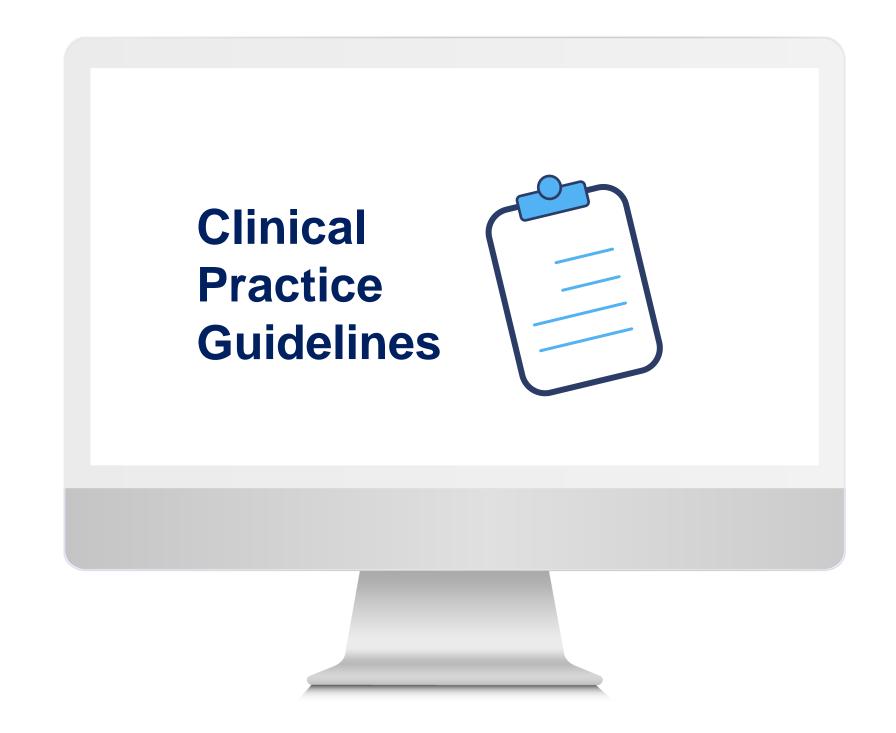
<sup>1.</sup> Jamil A, Mukkamalla SKR. In: StatPearls [Internet]. StatPearls Publishing; 2023. Accessed August 15, 2023. https://www.ncbi.nlm.nih.gov/books/NBK560826. 2. Cheson BD, et al. *J Clin Oncol*. 2014;32(27):3059-3068. 3. Lumish M, et al. *J Hematol Oncol*. 2021;14(1):5. 4. Terret C, et al. *Expert Rev Hematol*. 2015;8(3):329-341. 5. InformedHealth.org. Accessed August 15, 2023. https://www.ncbi.nlm.nih.gov/books/NBK390308. 6. Sun R, et al. *Mod Pathol*. 2016;29(10):1118-1142. 7. Ngu H, et al. *Am Soc Clin Oncol Educ Book*. 2022;42:1-14. 8. Loh KP, et al. *Blood Adv*. 2020;4(21):5492-5500.



## The Role of Clinical Practice Guidelines in the Treatment of B-Cell Malignancies



- Evidence-based clinical practice guidelines, such as those established for B-cell malignancies are used across multiple practice settings to reduce variability and ensure quality treatment for all patients<sup>1</sup>
- Clinical practice guidelines should be used as a tool to help physicians navigate very large bodies of data and make evidencebased decisions in an objective and time-efficient manner<sup>2</sup>
- Many clinical practice guidelines, including those for the treatment of B-cell malignancies are available online and offer subscription services that provide timely updates of recent clinical practice guidelines and educational resources<sup>3</sup>



<sup>2.</sup> Munteanu M, Burke J. Accessed August 7, 2023. https://www.hmpgloballearningnetwork.com/site/jcp/article/barriers-lymphoma-clinical-practice-guideline-adherence-pilot-mixed-methods-research-study 3. cdc.gov. Accessed August 15, 2023. https://www.cdc.gov/csels/phio/clinical-guidelines/index.html



<sup>1.</sup> InformedHealth.org. Accessed August 15, 2023. https://www.ncbi.nlm.nih.gov/books/NBK390308.

# Looking Beyond the Guidelines: Embracing Shared Patient Decision Making When Incorporating New Treatments



#### New bi-directional patient-centered view





In addition to clinical factors reflected in evidence-based guidelines, empowering patients when making healthcare decisions can improve overall quality of care<sup>1,2</sup>

1. Loh KP, et al. Blood Adv. 2020;4(21):5492-5500. 2. Katz SJ, et al. J Oncol Pract. 2014;10(3):206-208.



## Case Scenario: A New Treatment Is Approved for a Rare B-Cell Malignancy





"I just received an email alert for a newly approved treatment option for patients with a rare B-cell malignancy. I'm not sure if I will even see this type of patient in my practice, but I want to be prepared. Where should I start?"

Community Oncologist

#### Helpful Steps and Considerations

- ✓ Seek Education Resources research and attend upcoming continuing education sessions through professional societies or independent providers
- Network and Collaborate establish and maintain relationships with academic oncologists and subspecialists involved directly in the trial
- ✓ Connect With a Leading Cancer Center obtain new treatment education, access to genetic/biomarker testing, and referral to authorized treatment centers



## Case Scenario: A Patient With a B-Cell Malignancy Relapsed Shortly After Standard of Care





"I treated a patient for a B-cell malignancy. It's been less than 4 months since they received initial therapy, and they have already progressed. I'm not sure what to say to my patient and where to look for the best treatment options."

Community Oncologist

#### **Helpful Steps and Considerations**

- ✓ Review Clinical Practice Guidelines review the latest disease-specific, evidence-based clinical guidelines for recommended treatment options
- Consult With Subspecialists utilize professional societies and/or partnerships with leading cancer centers for help in case review and treatment selection
- ✓ Advocacy Groups work with a patient advocacy group to better understand patient educational needs and financial assistance programs



# Case Scenario: When Is Molecular Biomarker Testing Required for Treatment Selection for a B-Cell Malignancy?





"I'm treating a patient with a B-cell malignancy who requires immediate treatment. I understand that the tumor type necessitates molecular biomarker testing to select the best therapy, but how do I choose the right tests, order them, and interpret the results?"

Community Oncologist

#### **Helpful Steps and Considerations**

- ✓ Review Clinical Practice Guidelines utilize clinical practice guidelines as a starting point for selecting and interpreting molecular biomarker testing
- ✓ Connect With a Leading Cancer Center connect with leading cancer center to obtain access to specialized molecular testing and expertise in test selection and interpretation of results



### Summary



- The treatment paradigm for B-cell malignancies is rapidly changing with the availability of newer targeted therapies and cellular immunotherapy, necessitating straightforward and timely access to educational tools
- Several resources and strategies exist to help community physicians incorporate new therapies into their practice including professional societies, medical congresses, and leading cancer center partnerships
- To optimize patient care, several decision making factors (e.g., clinical practice guidelines, patient preference) must be assimilated when incorporating new treatments



### Tools and Resources for the Treatment of B-Cell Malignancies





#### ACCC – Association of Community Cancer Centers

Provides nationwide member access to ongoing support and educational information relative to new treatments and technologies, public policy changes, and cost-effective care delivery accc-cancer.org

#### ASCO – American Society of Clinical Oncology

Provides members with opportunities for collaboration, professional networking, and knowledge exchange in a worldwide oncology community asco.org

#### ASH – American Society of Hematology

A global professional society for clinicians and scientists providing research, education, and advocacy resources for blood diseases hematology.org

#### COA – Community Oncology Alliance

An organization for community oncology patients and practices with practice and advocacy resources

communityoncology.org

#### LLS – Leukemia and Lymphoma Society

A nonprofit that funds blood cancer research and provides disease support and educational resources for both patients and healthcare professionals lls.org

#### NCCN - National Comprehensive Cancer Network®

Not-for-profit alliance of 33 leading cancer centers focused on patient care, research, and education; provides clinical practices guidelines in oncology (NCCN Guidelines®) nccn.org