Aim: Current frontline treatments for mantle cell lymphoma (MCL) have high initial response rate. However, most patients develop refractory or recurrent disease. This retrospective observational study describes course of treatment and occurrence of treatment failure (TF) in patients with MCL.

Methods: Adult patients with ≥1 diagnosis of MCL and ≥1 claim for a medication used to treat MCL were identified in the IMS PharMetrics Plus database (January 2008 - September 2013). Patients were excluded if they had evidence of a non-hematologic malignancy, used a non-MCL antineoplastic agent, or received a stem cell transplant during the 12-month baseline period. Initial therapy was defined as the single agent or the combination of medications used to treat MCL that was given to patients in the first 30 days following the 1st claim for a medication (index date) used to treat MCL. TF was identified based on earliest occurrence of one of the following events: initiation of a new treatment for MCL that was not part of the initial therapy; resumption of any MCL treatment following a minimum of 3-month break in treatment; stem cell transplant; radiotherapy; hospital mortality; or hospice care.

Results: A total of 1,316 patients with MCL were identified (mean patient age: 62 years old; proportion female: 28%). Patients were observed for 21.3 months on average following treatment initiation. Median time between 1st MCL diagnosis and 1st claim for a medication used to treat MCL was 32 days. Mean Charlson comorbidity index was 3.5. Of the 1,316 patients with MCL, 811 (62%) experienced TF. Main observed measures for TF were initiation a new MCL treatment that was not part of the initial therapy (36%; mean time to TF (TTF): 206 days), resumption of any MCL treatment (26%; TTF: 285 days), stem cell transplant (22%; TTF: 139 days), and radiotherapy (16%; TTF: 138 days).

Conclusions: A majority (62%) of patients with MCL experienced TF, which was mainly observed through initiation of alternative therapies or the need for a holiday after initial therapy. These data help stakeholders understand MCL treatment failure patterns. Further research evaluating the reasons and economic implications of treatment failure is warranted.

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