

# Outcomes for Recurrent Mantle Cell Lymphoma post-Ibrutinib Therapy: A Retrospective Cohort Study from a Japanese Administrative Database

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## Background

**Mantle cell lymphoma (MCL)** is a rare, aggressive subtype of non-Hodgkin lymphoma

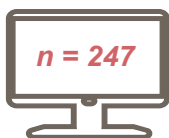


**Ibrutinib** is approved for relapsed/refractory MCL treatment, but **patients often develop resistance** over time



**Real-world health outcomes** after ibrutinib discontinuation are **limited**, and **standard post-ibrutinib therapies** are **lacking**

## Study Method



**Retrospective cohort study** of patients with MCL who had discontinued ibrutinib using data from a **hospital claims database**

**Overall survival** was measured from the end of ibrutinib therapy

## Results

**Among all patients who discontinued ibrutinib:**

Median overall survival: **5.6 months**



**38.9%** of patients with activity of daily living (ADL) data were **functionally dependent**

**55.5%** received **other therapy after discontinuing ibrutinib**



Most common **adverse event** during ibrutinib and subsequent therapy: **infection**

**Among patients who received post-ibrutinib therapy (n=137):**

Subsequent therapy was **negatively associated** with **age ≥ 75** and **emergent hospital admissions**



Median duration of post-ibrutinib therapy **1.5 months**



Median overall survival **8.7 months**



Immediate post-ibrutinib regimens were **highly diverse**, reflecting a lack of standard of care

Among patients who did not receive post-ibrutinib therapy (n=110), median overall survival was **2.3 months**

## Main limitations

No cross-hospital tracking or possible repeated tracking of individual patients



Diagnostic information based on claims for reimbursement (may not reflect actual clinical status)



Possible confounding due to different indications for ibrutinib vs. other therapies  
No background adjustment

## Conclusions

Patients with MCL who discontinue ibrutinib have **poor health outcomes** regardless of subsequent therapy



**Safe, effective, and standardized** post-ibrutinib therapies are **urgently needed**

