



Determining Clinical Practice Gaps for HCPs in Treating CLL Using CME-Based Surveys

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Background

- Targeted therapies have revolutionized the care of patients with chronic lymphocytic leukemia (CLL)
- Clinical research continues to refine best practices in the use of these treatments, and additional novel therapeutics continue to emerge

Objective

- Analyze current clinical practices of oncology healthcare professionals (HCPs) regarding the care of patients with CLL, along with their awareness of the latest evidence on novel investigational therapies for these patients

Methods

- Between March 2022 and June 2023, we conducted multiple live and online CME activities designed for experts to provide HCPs with evidence-based recommendations for the treatment of CLL
- Baseline/pre-education polling questions and surveys designed to assess key aspects of HCP knowledge, practice patterns, and confidence in this area were analyzed across the activities

Educational Activities

- 8 live and/or online activities (beginning in March) were included in this analysis
- The table below describes the format for each activity, along with the dates for which expert opinions were offered for case-based scenarios and for which HCPs provided baseline responses to polling questions

Activity No.	Description	Date of Expert Opinion	Dates of HCP Responses	HCP, N	MD, %	Nurse/NP/PharmD, %
1	Online video/text activity	3.2022	3.2022 to 1.2023	48	54	46
2	Online video/text activity	4.2022	4.2022 to 1.2023	57	49	49
3	Online survey	6.2022	6.2022	33	94	6
4	Online video/text activity	8.2022	8.2022 to 1.2023	145	57	41
5	Online treatment decision aid/survey	7/8.2022	9.2022 to 7.2023	491	63	33
6	Live event and online video	9.2022	9.2022 to 1.2023	100	67	30
7	Live webinar and online video	10.2022	10.2022 to 7.2023	98	59	41
8	Online text activity	12.2022	12.2022 to 7.2023	48	81	17

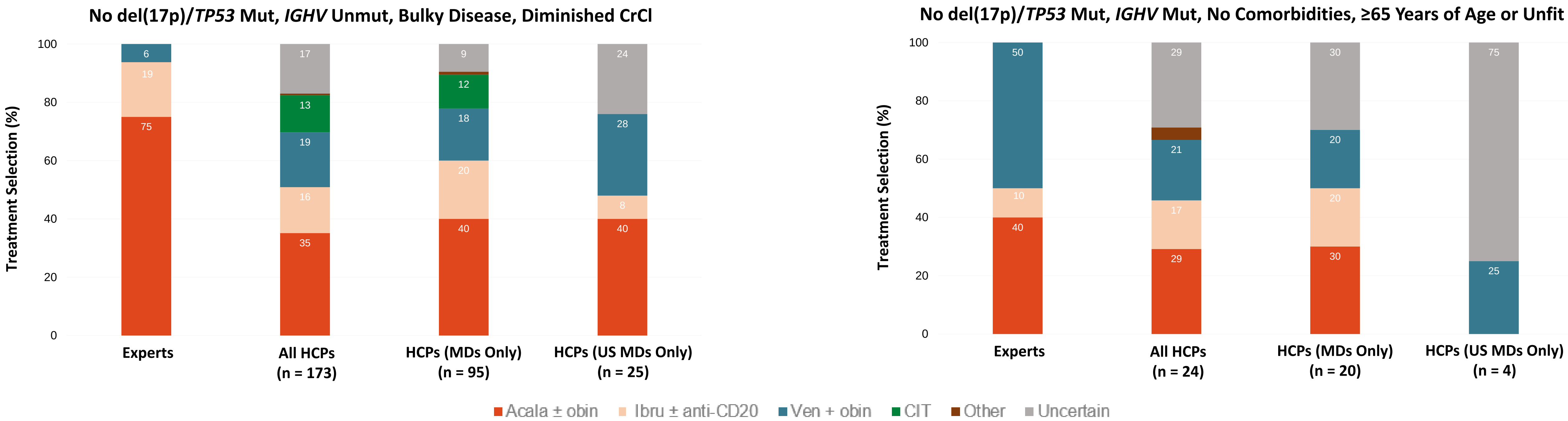
Acala, *acalabrutinib*; *AE*, *adverse event*; *CIT*, *chemoimmunotherapy*; *CrCl*, *creatinine clearance*; *HTN*, *hypertension*; *ibru*, *ibrutinib*; *mut*, *mutated*; *NP*, *nurse practitioner*; *obin*, *obinutuzumab*; *unmut*, *unmutated*; *ven*, *venetoclax*.

*Question also included language asking about confidence in recommending therapy for mantle cell lymphoma.
*All case analyses included data from activity 5, with the first case also including data from activity 4. Note that zanubrutinib was approved by the FDA to treat patients with CLL/small lymphocytic lymphoma in January 2023, after expert opinions were provided for these activities. *Other answer options included covalent BTK inhibitors.
§More than 1 AE could be selected.

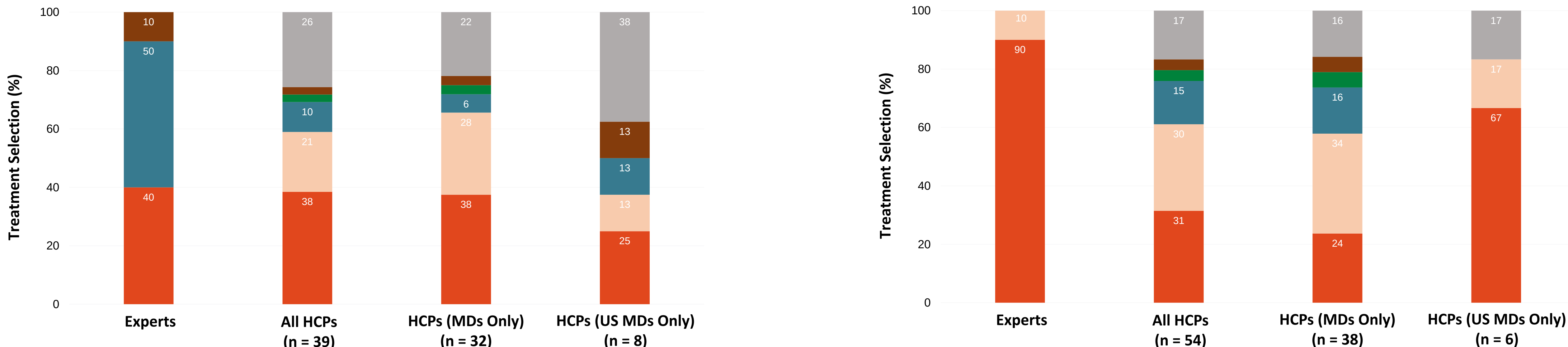
Results

Selecting Optimal Treatment for Patients With CLL

Assessment: HCPs were asked their optimal treatment choice for select case patients (characteristics listed), and choices were compared with those of CLL experts[†]

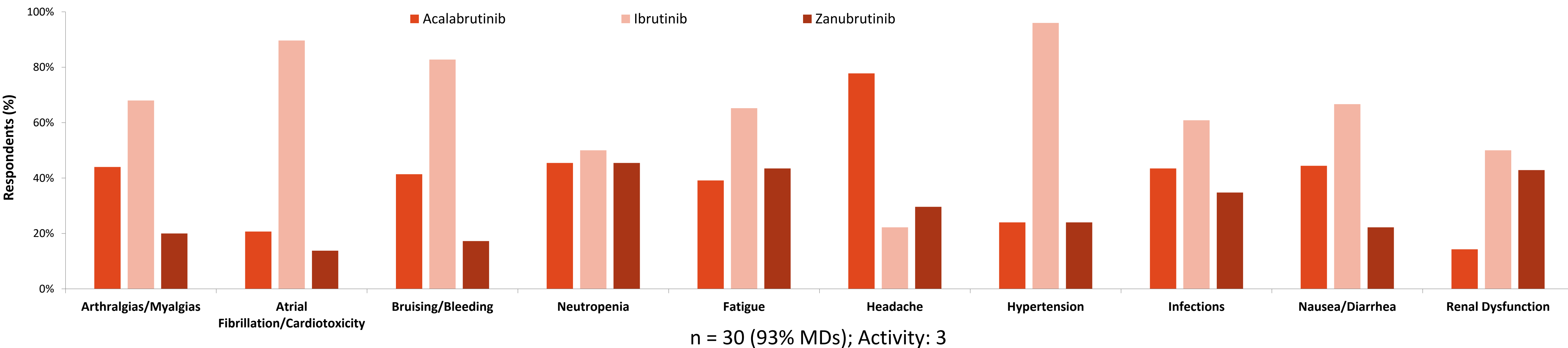


del(17p)/TP53 Mut; History of Cardiac Arrhythmias, Anticoagulation Therapy, or Difficult-to-Control HTN



Managing AEs Associated With CLL Therapy

Assessment: HCPs were asked to indicate the most clinically challenging AEs to manage with use of the different covalent BTK inhibitors they encounter in their practice[§]



Conclusions

- Many HCPs are challenged to optimally incorporate contemporary treatment recommendations into the care of patients with CLL and struggle to maintain knowledge of investigational therapies that may affect the treatment landscape in the near future
 - Significant variance was seen between expert and HCP treatment choices for different CLL case scenarios, particularly those with del(17p)/TP53–mutated disease
 - HCPs lacked confidence in managing AEs associated with BTK inhibitors
- Continuing educational activities designed to improve the knowledge, competence, and confidence of HCPs could benefit patients with CLL