Barriers to Optimal Care and Educational Opportunities for European Physicians Treating Patients With Relapsed/Refractory (R/R) CLL

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Background

- HCPs who manage patients with CLL are challenged to provide optimal care as treatment paradigms rapidly evolve
- In addition, differential availability of novel agents globally can complicate treatment selection and educational initiatives

Aim

- To determine specific **concerns and educational opportunities among HCPs** who manage patients with **R/R CLL in Europe**

Methods

- From September to October 2024, small-group virtual workshops from 5 European countries brought together physicians treating CLL with national experts to discuss patient case scenarios and share experiences
- Surveys and interviews conducted before and after these workshops, as well as discussions from the workshops, were analyzed to identify treatment trends and barriers to care for patients with R/R CLL

Conclusions

- There is **notable variance** in how European physicians manage specific patients with R/R CLL in different locations
- **Barriers** to optimal treatment of R/R CLL in European countries most notably included **administrative challenges**
- Physicians reported multiple **areas of educational need, including biomarker testing, treatment of "double refractory" CLL, and management of AEs**
- This educational initiative suggests that **community-informed education can strengthen clinical expertise** through sharing of clinical experiences, potentially improving patient outcomes

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Barriers to Optimal Care

National guidelines can be outdated and may not be fully reflective of current treatment nuances

Restrictions on compassionate use programs and **regulatory/reimbursement delays** can impede access to new treatments

Educational Needs

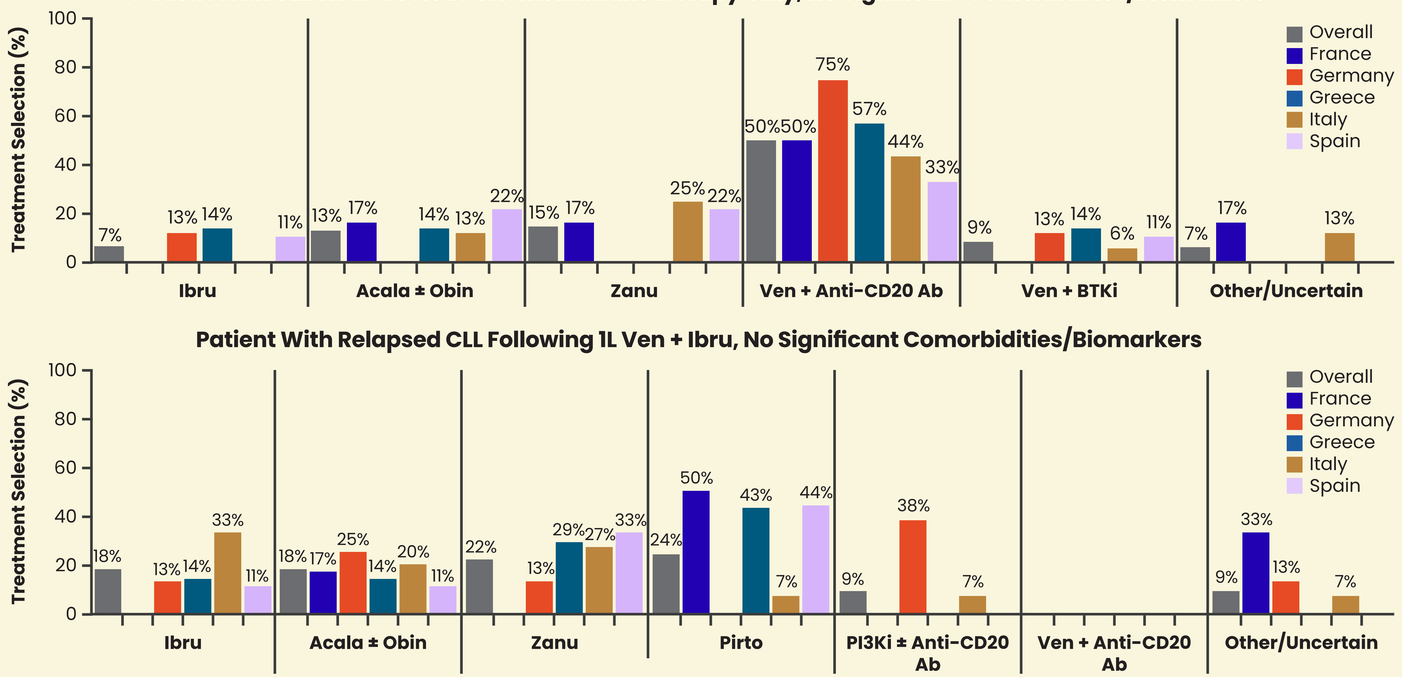
Established **biomarkers** are straightforward to interpret, but complex/less common biomarkers require the support of experts

Treating patients with CLL **refractory to both venetoclax and a covalent BTKi** poses a significant challenge

Approaches to **venetoclax rechallenge** after relapse differ, with many having limited experience with this approach

Managing CV AEs with BTKis, including AFib and HTN, can be a significant challenge, particularly in older patients with comorbidities

Selected Case Management by Country



Patient With Relapsed CLL Following 1L Ven + Obin (3 Yr Off Therapy), 2L Acala, No Significant Comorbidities, *BTK* C481 Mutation

78% selected pirtobrutinib as an optimal therapeutic choice

Participants and Education Impact

Figure 1. Characteristics of the 51 physicians participating in the program.

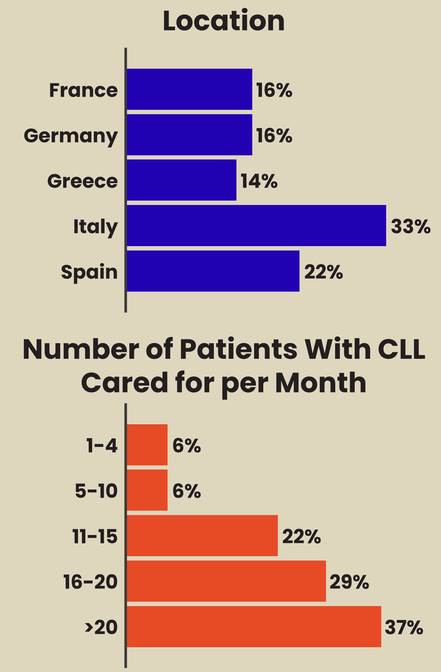


Figure 2. Observations by participants on the impact of the educational format of the program (open discussion of cases with same-country experts).

Enhanced Awareness of Established and Novel Treatment Options

Clarification of Areas of Uncertainty

Increased Confidence in Managing Complex Cases

Reinforcement of Current Practice