Educational Outcomes of a Global CME Program on Bispecific Antibodies for Relapsed/Refractory Follicular Lymphoma: Comparison by Geography and Practice Setting

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Introduction

As novel bispecific antibodies (BsAbs) are incorporated into the treatment of relapsed/refractory follicular lymphoma (R/R FL), healthcare professionals (HCPs) require ongoing education to improve outcomes in patients.

Approved BsAb for R/R FL:

- **United States (US):** epcoritamab and mosunetuzumab
- **European Union (EU):** epcoritamab, mosunetuzumab, and odronextamab

Aim

To assess geographic (US vs non-US) and practice setting (urban vs rural) differences in HCPs' knowledge, competence, and readiness to implement BsAb therapies in the management of R/R FL using pretest and posttest outcomes and polling responses from a CME program.

Method

Study Design

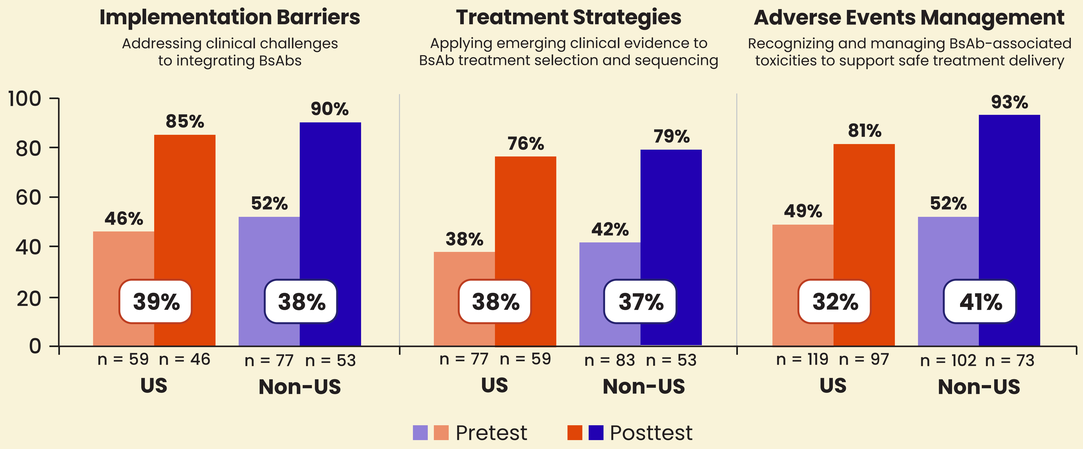
- A retrospective analysis of a BsAb educational program in R/R FL, comprising certified enduring activities and a podcast, conducted from September 12, 2025, to September 4, 2026

Evaluation

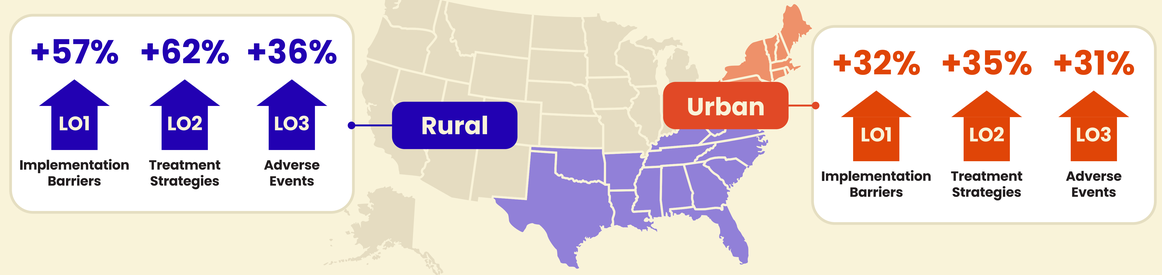
- Pearson's chi-square tests
  - Compare correct responses between US and non-US learners
- Fisher's exact test
  - Compare correct responses between urban and rural learners
- Polling responses
  - New content
  - Intent to change practice
  - Confidence in changing practice

Results

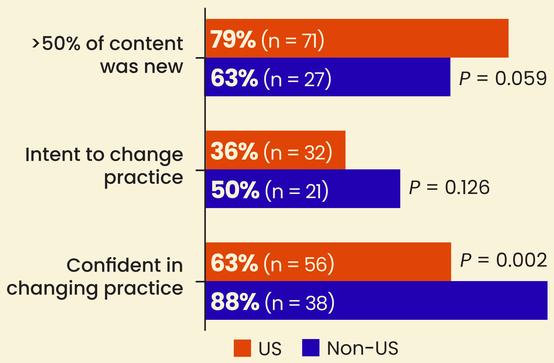
Statistically Significant Improvement in Assessment Scores Across All Learning Objectives in Both Regions



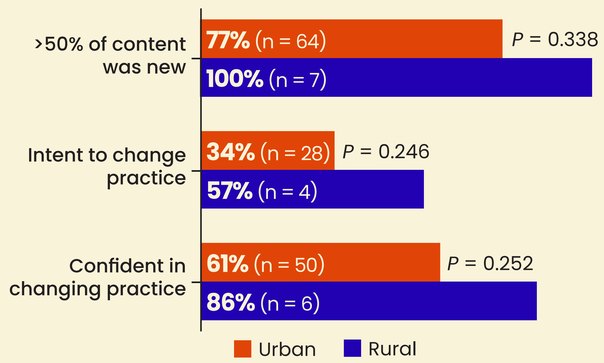
Rural HCPs Showed Larger Knowledge Gains Across All 3 Learning Objectives



Higher Content Novelty Among US HCPs Did Not Translate Into Greater Practice Change Intent



Rural HCPs Reported Greater Content Novelty and Readiness to Implement Change



Total Learners

8963 HCPs
61% US
32% Non-US

Top 3 Professions

33% Physicians
25% Pharmacists
13% Nurses

Conclusions

- The program improved learning outcomes among all geographical and practice settings
- Geographic differences in familiarity with BsAbs and local regulatory approvals may have influenced both perceived novelty and confidence in practice change
- Future education should strengthen BsAb implementation among US HCPs and expand outreach to rural HCPs

Limitations

- Differences in professional composition and subgroup size should be considered when interpreting findings
- Interpretation is limited because test responses were not consistently matched at the individual level
- Findings reflect aggregate improvement rather than individual learner improvement
- Rural HCPs comparisons were underpowered (n = 8) and unable to detect statistical significances

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