System-level barriers to uptake of existing and novel radioimmunotherapy for people with lymphoma

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Introduction

Radioimmunotherapy is:

- a targeted cancer therapy, sometimes considered a type of radioligand therapy
- shown to benefit people with certain types of lymphoma
- approved by the FDA and EMA for use in CD20-positive B-cell non-Hodgkin's lymphoma
- considered to be underused relative to its potential to benefit people with lymphoma
- under investigation for use in other types of lymphoma (e.g. new compounds are being explored in CD37- or CD22-positive B-cell lymphomas).

What is radioimmunotherapy?

Aim: To better understand the policy and system barriers to appropriate integration of existing and novel radioimmunotherapy into lymphoma care in the US and the UK, in order to improve future integration into relevant clinical guidelines and care pathways

Radioligand Therapy

POLICY NARRATIVE

Methodology

Application of the Radioligand Therapy Readiness Assessment Framework in lymphoma and other cancers, via:

- structured literature review
- semi-structured interviews with lymphoma experts in the US and the UK, including eight clinicians and nurses (“clinical experts”) and three patient advocates (“advocates”).

Figure 1. Domains and subdomains of the Radioligand Therapy Readiness Assessment Framework

Radioligand Therapy

Results

Definitions

Readiness is the ability of a health system to rapidly and sustainably adapt policies, processes, and infrastructure to support integration of a new radioimmunotherapy.

Integration is the adoption and assimilation of radioimmunotherapy into every aspect of a health system (e.g., governance, regulation, reimbursement, and service delivery frameworks) to ensure it is made available to all people who may benefit from it.

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POLICY NARRATIVE

Results

Barriers to system readiness

- Lack of recent clinical data and research (reported by *n*=5 clinical experts)
- Low awareness and understanding of radioimmunotherapy among newly licensed healthcare professionals (*n*=8 clinical experts)
- Limited awareness among patient advocates, patients, and policymakers (*n*=3 advocates)

Challenges for future integration

- Caution around uptake of new radioimmunotherapy agents resulting in reluctance to consider new therapies (*n*=7 clinical experts)
- Nonexistent referral pathways and unclear models of working (*n*=4 clinical experts)
- Complex or insufficient reimbursement (*n*=5 clinical experts)

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Policy implications

To help ensure that people who would benefit from radioimmunotherapy are able to get the treatment they need. Professional societies, decision-makers, and patient advocacy groups in the US and the UK will need to work together to:

- reach consensus on timing and eligibility criteria for use of radioimmunotherapy
- create accurate and consistent patient-friendly information on the therapy
- efficiently update clinical training and treatment guidelines to include approved radioimmunotherapy
- ensure that training requirements for the delivery of radioimmunotherapy are proportional to the risks of the therapy
- develop evidence-based referral and treatment pathways that ensure consistency of care and support
- invest in data collection and analysis to continually refine practice.

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Thank you

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