13th DHC 2019
January 23-24-25
Papendal, Arnhem

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Dutch Hematology Congress

Primary therapy and relative survival in primary myelofibrosis: a population-based study among 1,599 patients diagnosed in The Netherlands, 2001-2016

Stefanie Slot,[1] Otto Visser,[2] Nicolaas P.M. Schaap,[3] Jeroen J.W.M. Janssen,[1] Peter A.W. te Boekhorst,[4] Sonja Zweegman,[1] Avinash G. Dinmohamed[1,5,6]

[1]Amsterdam UMC, Vrije Universiteit Amsterdam, Department of Hematology, Amsterdam, The Netherlands; [2]Department of Registration; Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [3]Department of Hematology, Radboud University Medical Center, Nijmegen, The Netherlands; [4]Department of Hematology, Erasmus MC Cancer Institute, Rotterdam, The Netherlands; [5]Department of Research; Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [6]Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands

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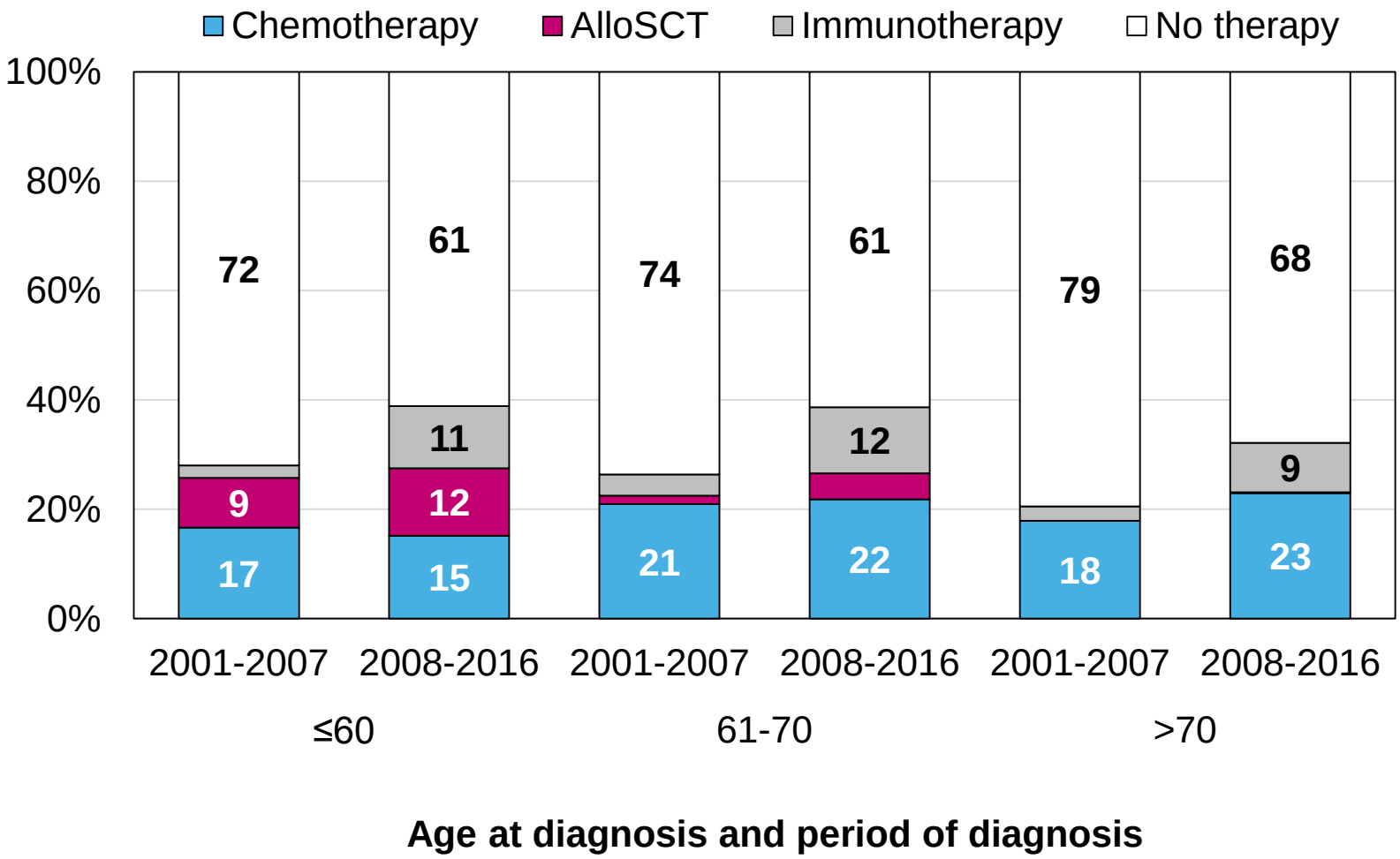
Primary therapy of patients with pMF

According to age at diagnosis and period of diagnosis



Proportions are depicted in the bars

Primary therapy of patients with pMF

Data from 401 patients diagnosed during 2014-2016

Netherlands comprehensive cancer organisation

No anti-neoplastic therapy (N = 223; 56%)

Chemotherapy (N = 89; 22%)

- **98%:** hydroxyurea (n = 88)
- **2%:** melfalan (n = 1)

Immunotherapy (N = 71; 18%)

- **75%:** ruxolitinib (n = 54)
- **9%:** pegylated-IFN-α (n = 6)
- **9%:** thalidomide (n = 6)
- **4%:** lenalidomide (n = 3)
- **4%:** momelotinib (n = 2)

AlloSCT (N= 18; 4%)

- **72%:** RIC-alloSCT (n = 13)
- **28%:** myeloablative alloSCT (n = 5)

Primary therapy of patients with pMF

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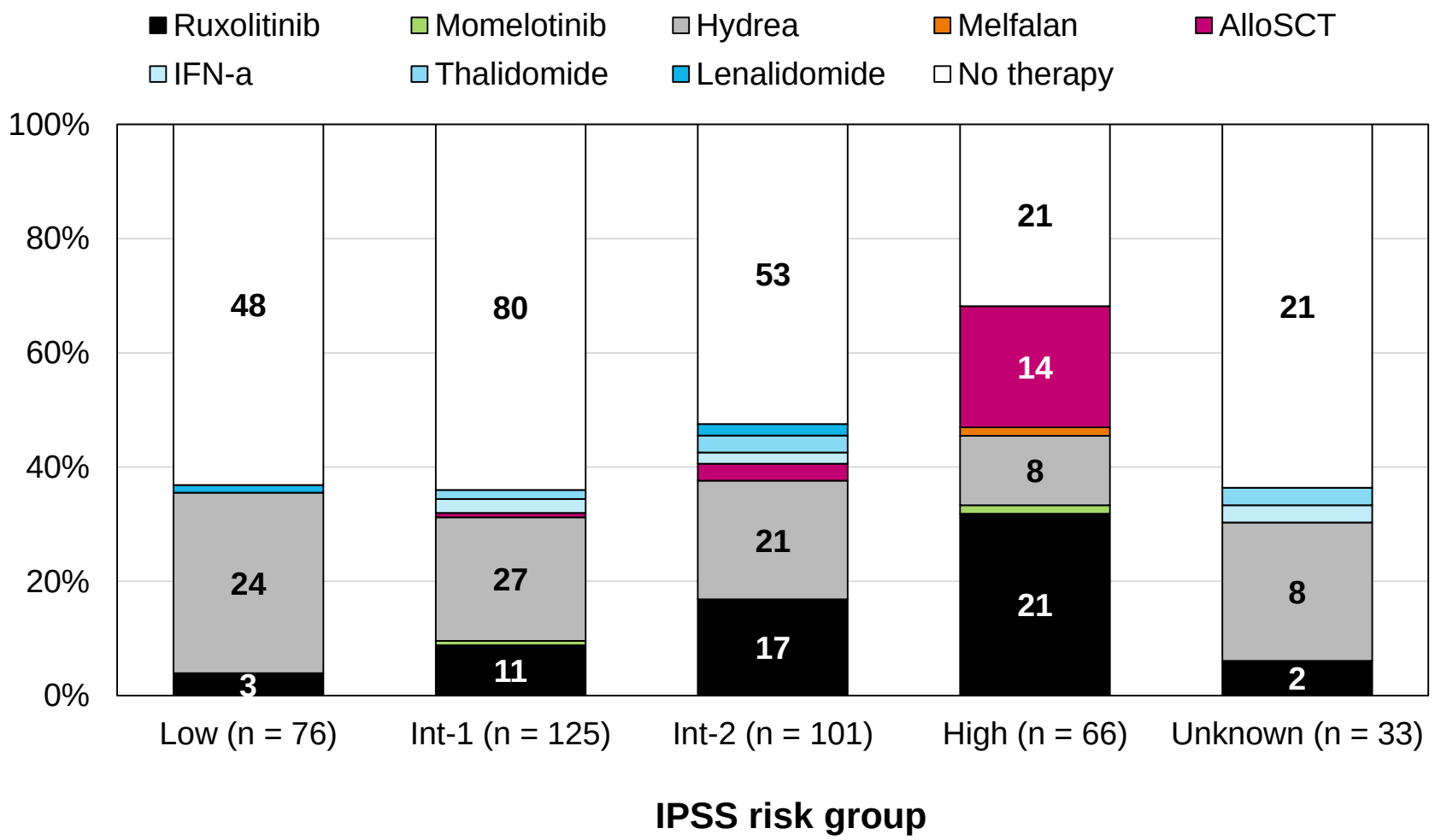
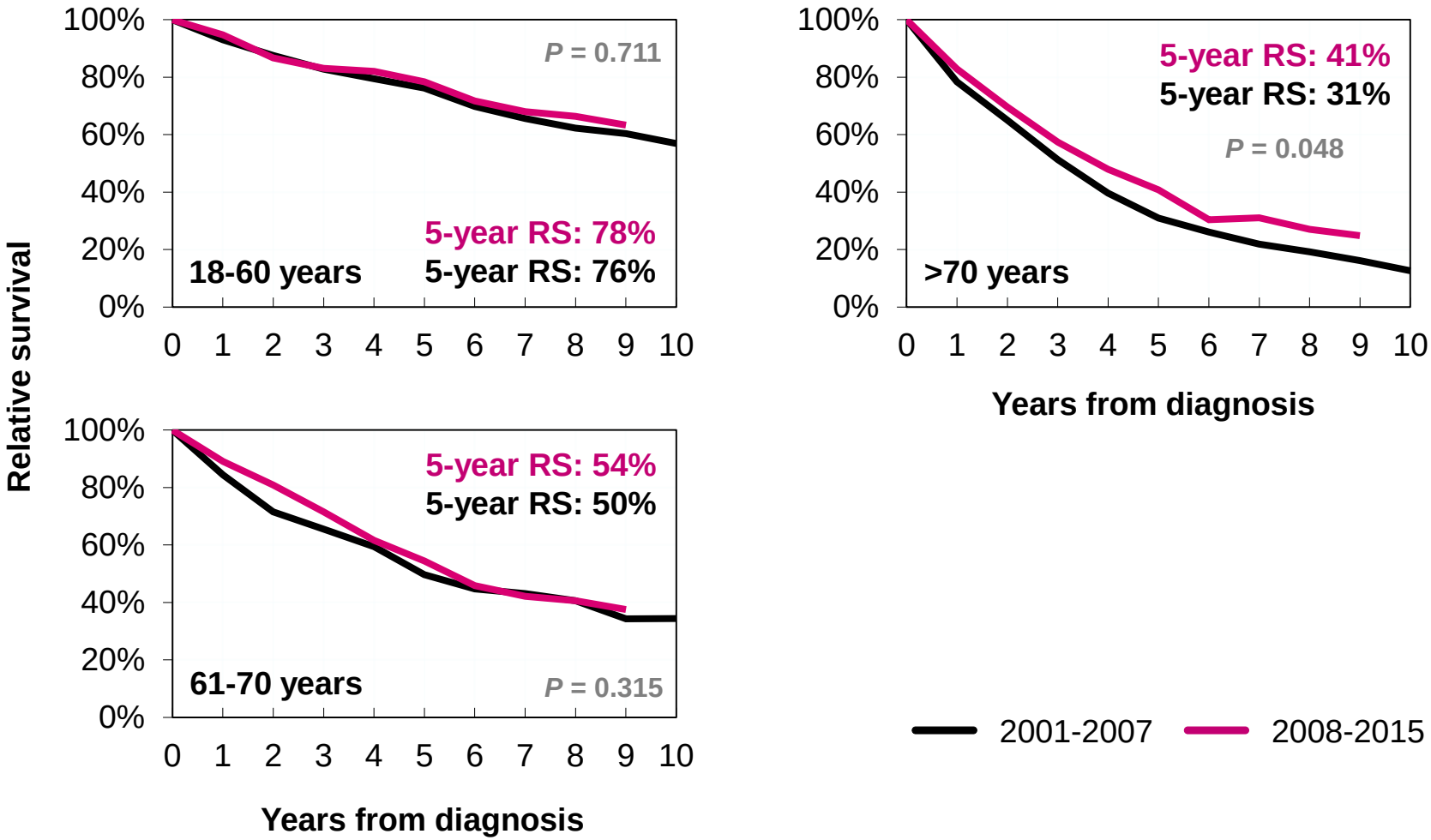
Netherlands comprehensive cancer organisation



Absolute numbers are depicted in the bars

Relative survival of pMF

According to age at diagnosis and period of diagnosis



Summary

- The majority of patients received no anti-neoplastic therapy
  - Application of immunotherapy increased modestly
- Patients with pMF experience considerable excess mortality
  - Current treatment practices might be inadequate to improve outcome
  - Survival improved in >70 years: better management or earlier diagnosis?
- Future population-based research is needed to assess the impact of improved management and novel agents on pMF outcome
  - For example, broader application of RIC-alloSCT and ruxolitinib
    - The latter registered for routine use in The Netherlands as from 2014

Survival continues to increase in diffuse large B-cell lymphoma: a population-based analysis among patients diagnosed in the Netherlands between 1989 and 2016

Müjde Durmaz,[1] Djamila E. Issa,[2,3] Otto Visser,[4] Sonja Zweegman,[2] Marie José Kersten,[5] Pieternella J. Lugtenburg,[6] Martine E.D. Chamuleau,[2] Avinash G. Dinmohamed[1,6,7]

[1]Department of Research, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [2]Amsterdam UMC, Vrije Universiteit Amsterdam, Department of Hematology, Amsterdam, The Netherlands; [3]Department of Internal Medicine, Jeroen Bosch Hospital, Den Bosch, The Netherlands; [4]Department of Registration, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [5]Amsterdam UMC, University of Amsterdam, Department of Hematology, Amsterdam, The Netherlands; [6]Department of Hematology, Erasmus MC, Cancer Institute, Rotterdam, The Netherlands, [7]Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands

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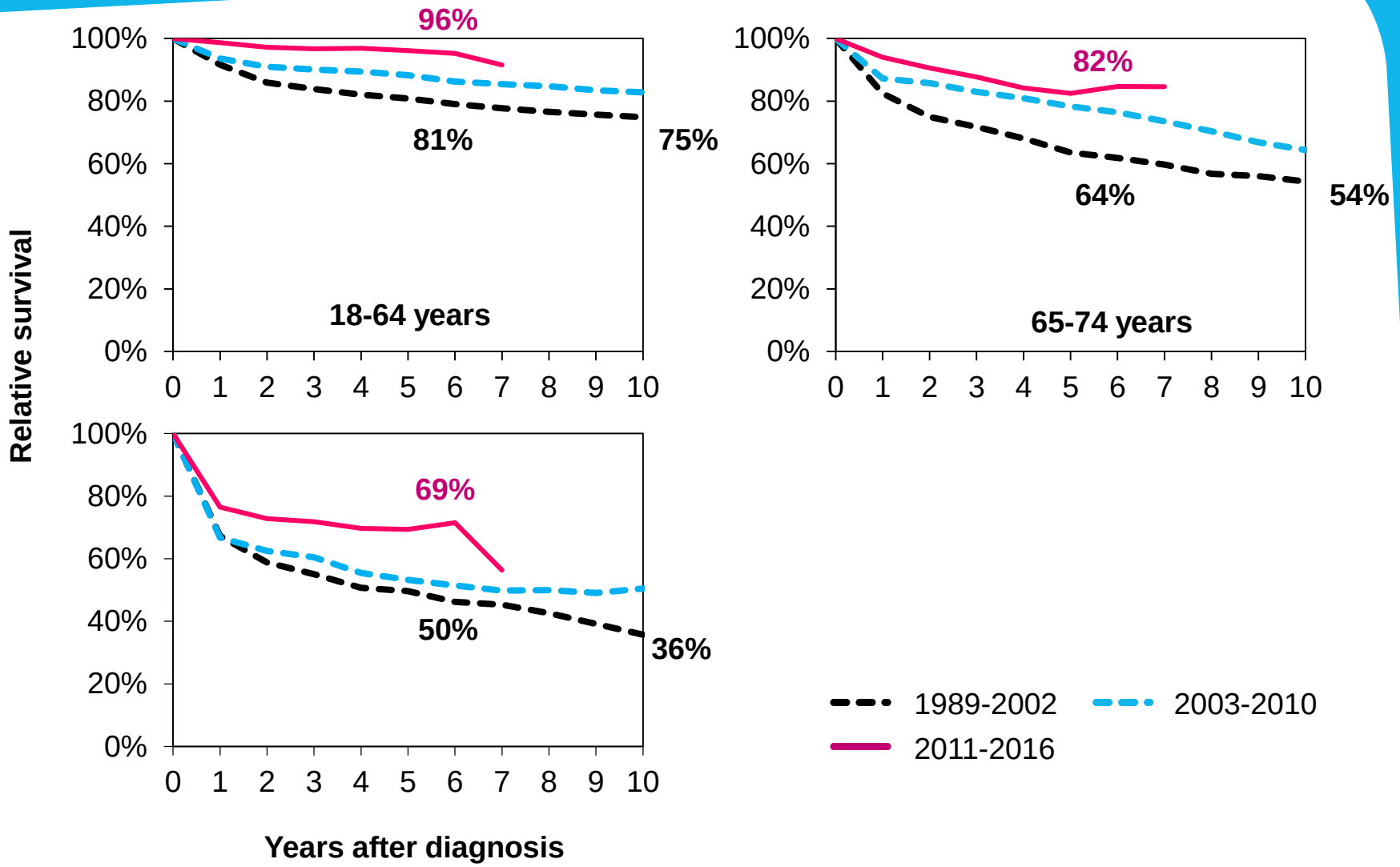
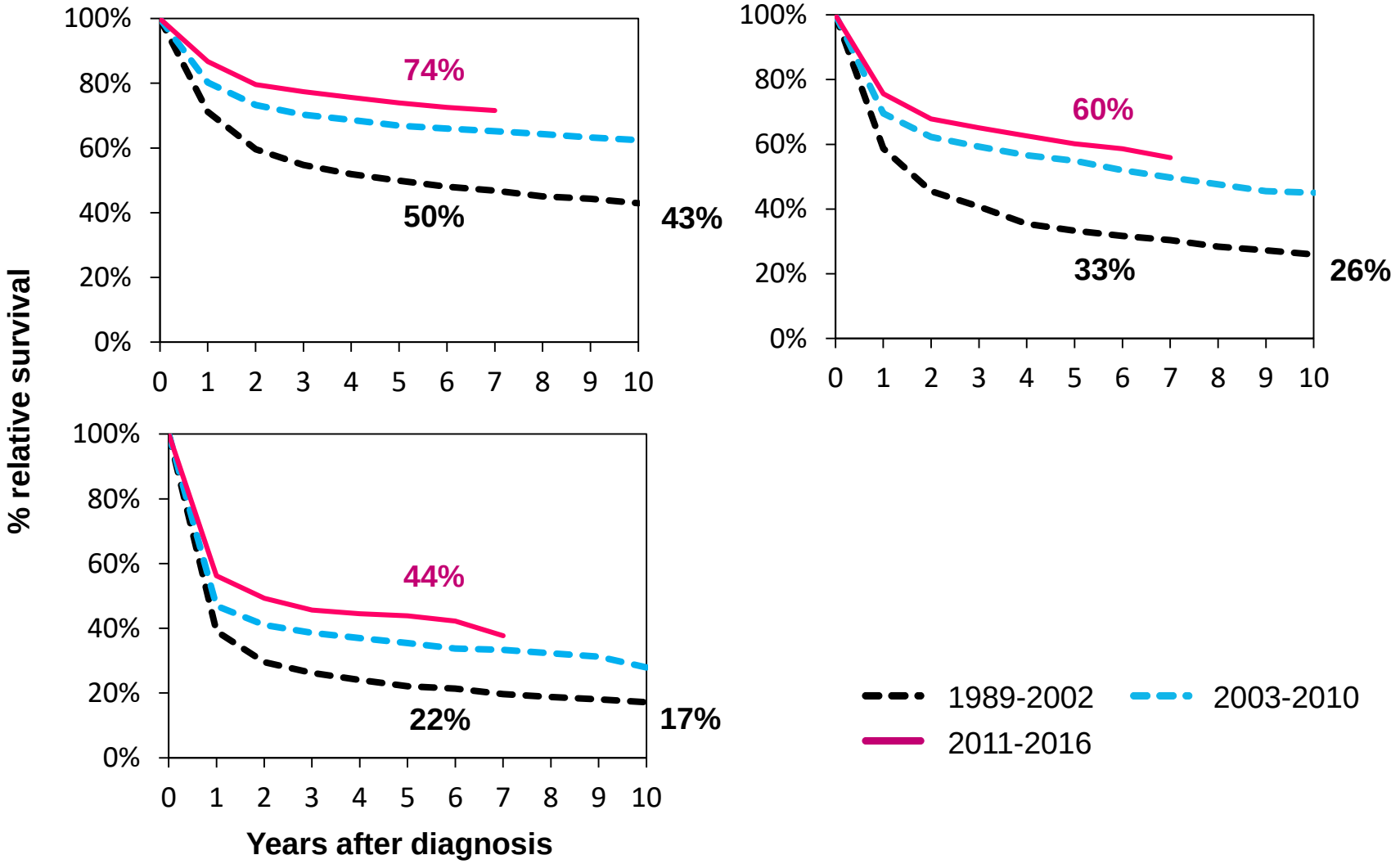
Relative survival of stage I DLBCL

According to age at and calendar period of diagnosis



Relative survival of DLBCL stage II-IV

According to age at and calendar period of diagnosis



Conclusion

- In contemporary clinical practice, survival continues to increase among patients with DLBCL in The Netherlands
  - Attributed to changes in therapy over time
    - Especially among patients with stage II-IV DLBCL
  - Also, advances in supportive care, staging techniques, and risk-adapted therapy might have accounted for the improvement

- The current population-based study provides a benchmark to assess survival with novel treatment strategies for DLBCL

Incidence, primary therapy, and survival of follicular lymphoma (FL): a population-based analysis in the Netherlands, 1989-2016

Manette A.W. Dinnessen,[1] Marjolein W.M. van der Poel,[2] Sanne H. Tonino,[3] Otto Visser,[4] Marie José Kersten,[3] Pieternella J. Lugtenburg,[5] Avinash G. Dinmohamed[1,5,6]

[1]Department of Research, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [2]Department of Internal Medical, Division of Hematology, Maastricht University Medical Center, Maastricht, The Netherlands; [3]Department of Hematology, Amsterdam University Medical Center, Academic Medical Center, Cancer Center Amsterdam, Amsterdam, The Netherlands; [4]Department of Registration, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [5]Department of Hematology, Erasmus MC Cancer Institute, Rotterdam, The Netherlands; [6]Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands

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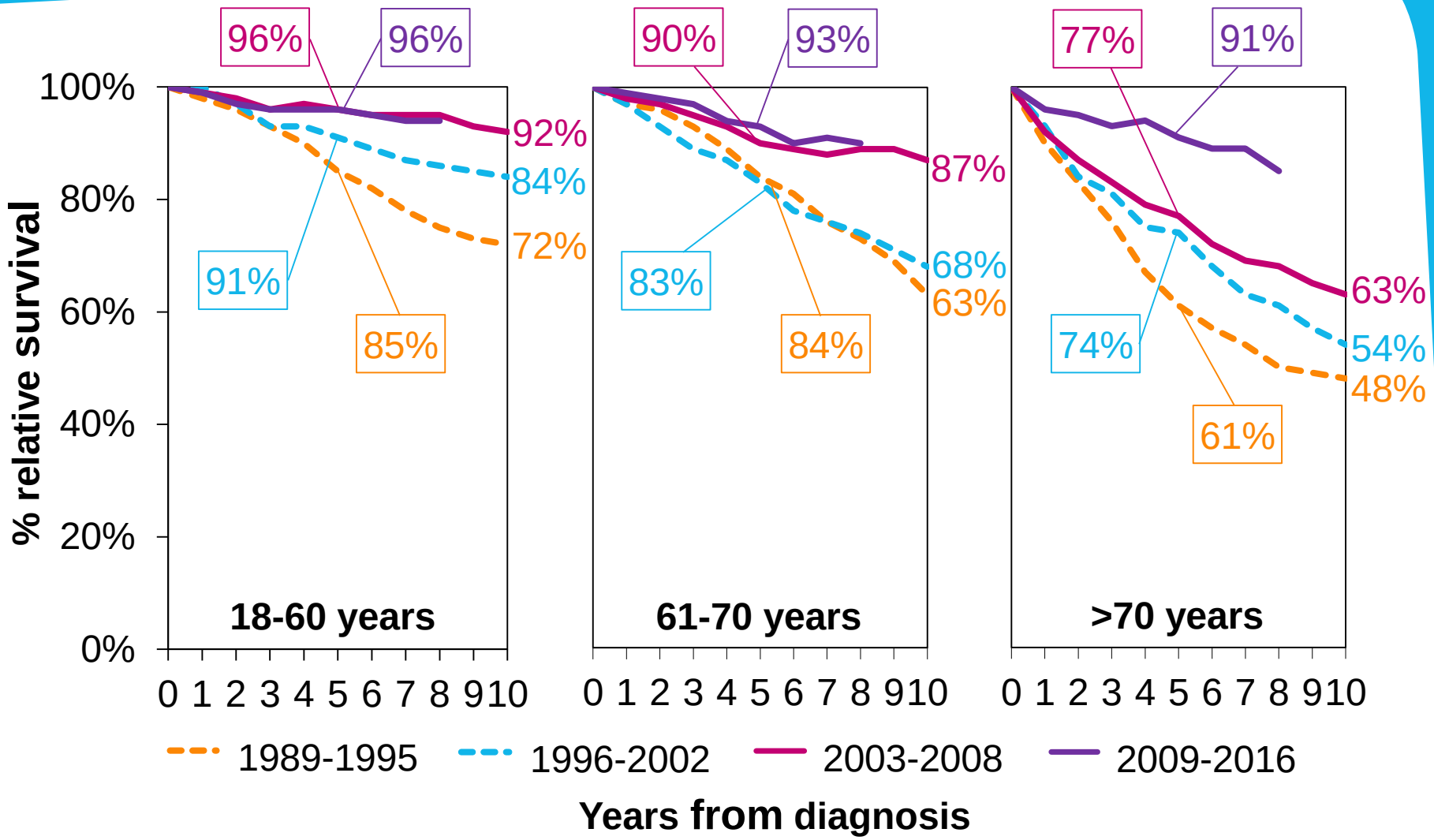
Relative survival of limited-stage FL

According to age at and period of diagnosis

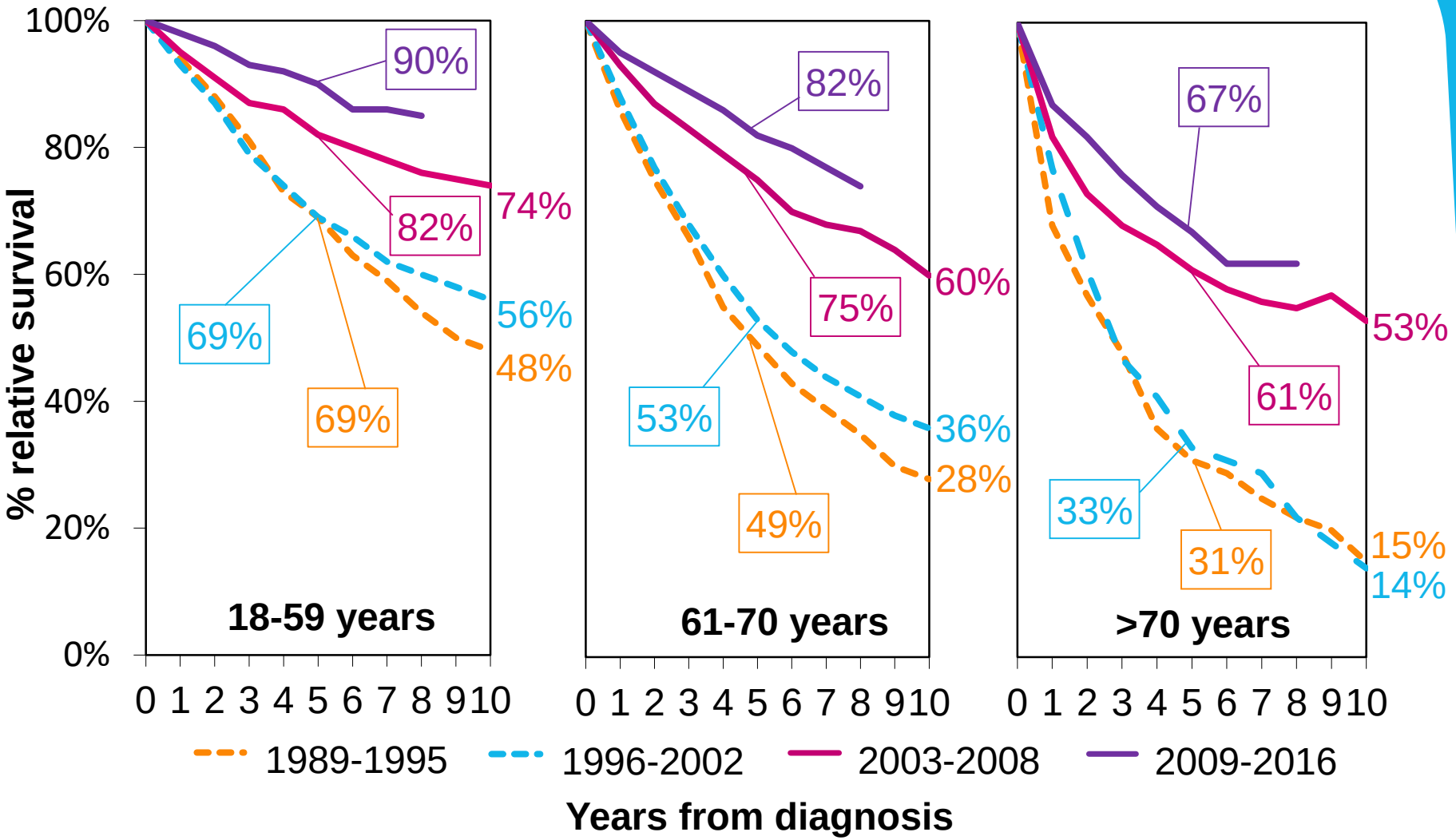
Netherlands comprehensive cancer organisation



Relative survival of advanced-stage FL

According to age at and period of diagnosis

Netherlands comprehensive cancer organisation



Conclusions (2/2)

- Survival increased across both stage and all age groups
  - Most pronounced in older age groups and advanced-stage FL
- For limited-stage FL, the effect of age on survival seems to have diminished over time
  - Excess mortality was as low as 10% in in the most current period
- For advanced-stage FL, there was a massive jump in improvement of survival after the introduction of rituximab

Survival continues to increase in CLL: a population-based analysis among 20,324 patients diagnosed in the Netherlands between 1989 and 2016

Lina van der Straten,[1,2] Mark-David Levin,[2] Otto Visser,[3] Eduardus F.M. Posthuma,[4,5] Jeanette K. Doorduijn,[6] Arnon P. Kater,[7] Avinash G. Dinmohamed[1,7,8]

[1]Department of Research, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [2]Department of Internal Medicine, Albert Schweitzer Hospital, Dordrecht, The Netherlands; [3]Department of Registration, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [4]Department of Internal Medicine, Reinier The Graaf Hospital, Delft, The Netherlands; [5]Department of Hematology, Leiden University Medical Center, Leiden, The Netherlands; [6]Department of Hematology, Erasmus MC Cancer Institute, Rotterdam, The Netherlands; [7]Department of Hematology, Amsterdam UMC, Academic Medical Center, Amsterdam, The Netherlands; [8]Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands

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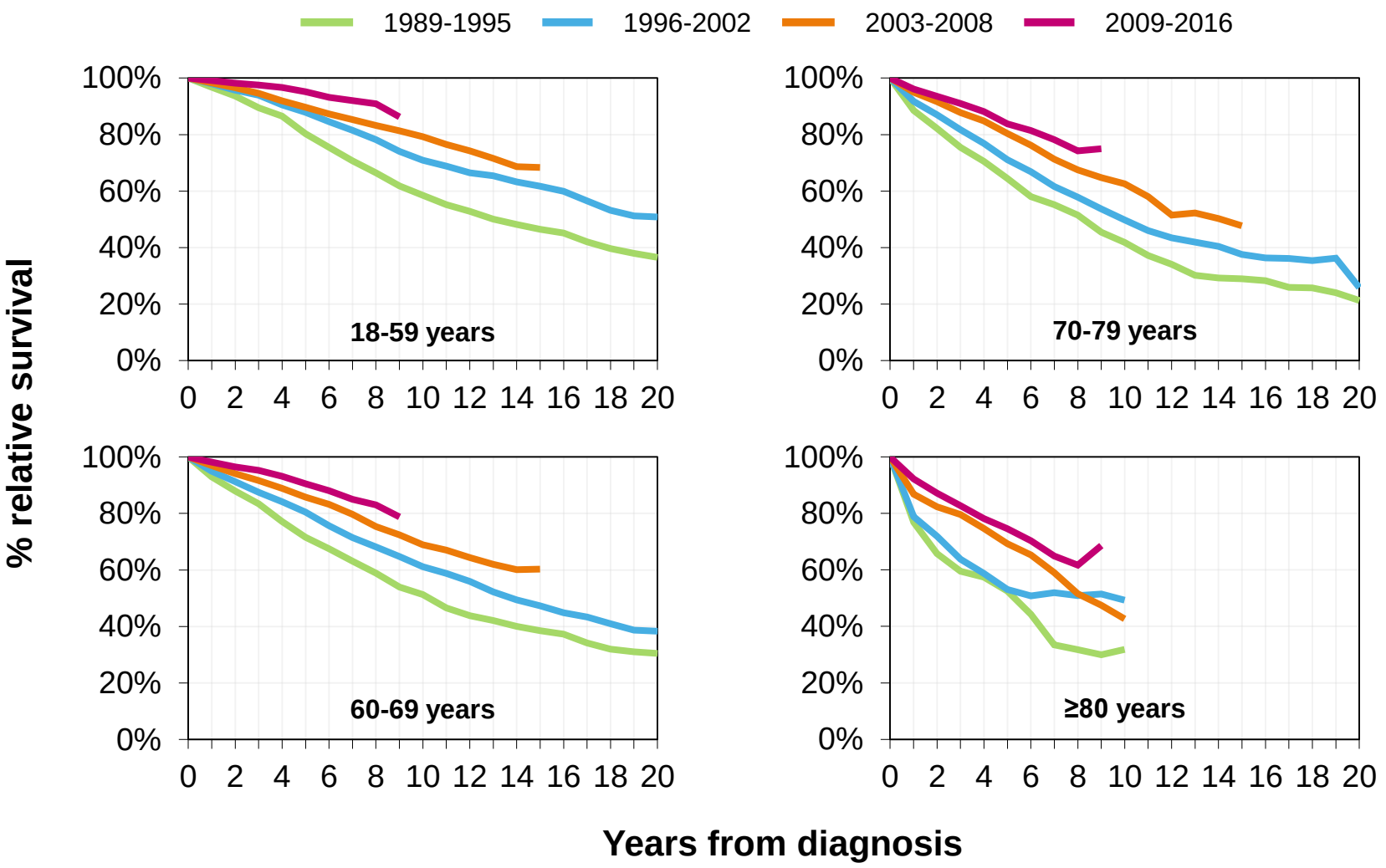
Relative survival of CLL

According to age at and calendar period of diagnosis

Netherlands comprehensive cancer organisation



Summary

- In this large, nationwide, population-based study, 5- and 10-year RS improved over time among patients with CLL across all age groups

- Advances in supportive care and ameliorated management might have accounted for the improvement
  - Earlier CLL detection might also artificially increase survival estimates
    - However, this would have only marginally biased our results, as the overall ASR remained comparatively steady since the period 2003-2008

- Kinase inhibitors and anti-apoptotic agents may further improve RS
  - The current study thus provides a benchmark for future research

Treatment and survival of patients with primary plasma cell leukemia: a population-based study among 192 patients in The Netherlands, 1989 to 2016

Mirian Brink,[1] Otto Visser,[2] Sonja Zweegman,[3] Pieter Sonneveld,[4] Annemiek Broijl,[4] Niels W.C.J. van de Donk,[3] Avinash G. Dinmohamed,[1-3]

[1]Department of Research, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [2]Department of Registration, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands; [3]Amsterdam UMC, Vrije Universiteit Amsterdam, Department of Hematology, Amsterdam, The Netherlands; [4]Department of Hematology, Erasmus MC Cancer Institute, Rotterdam, The Netherlands; [5]Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands

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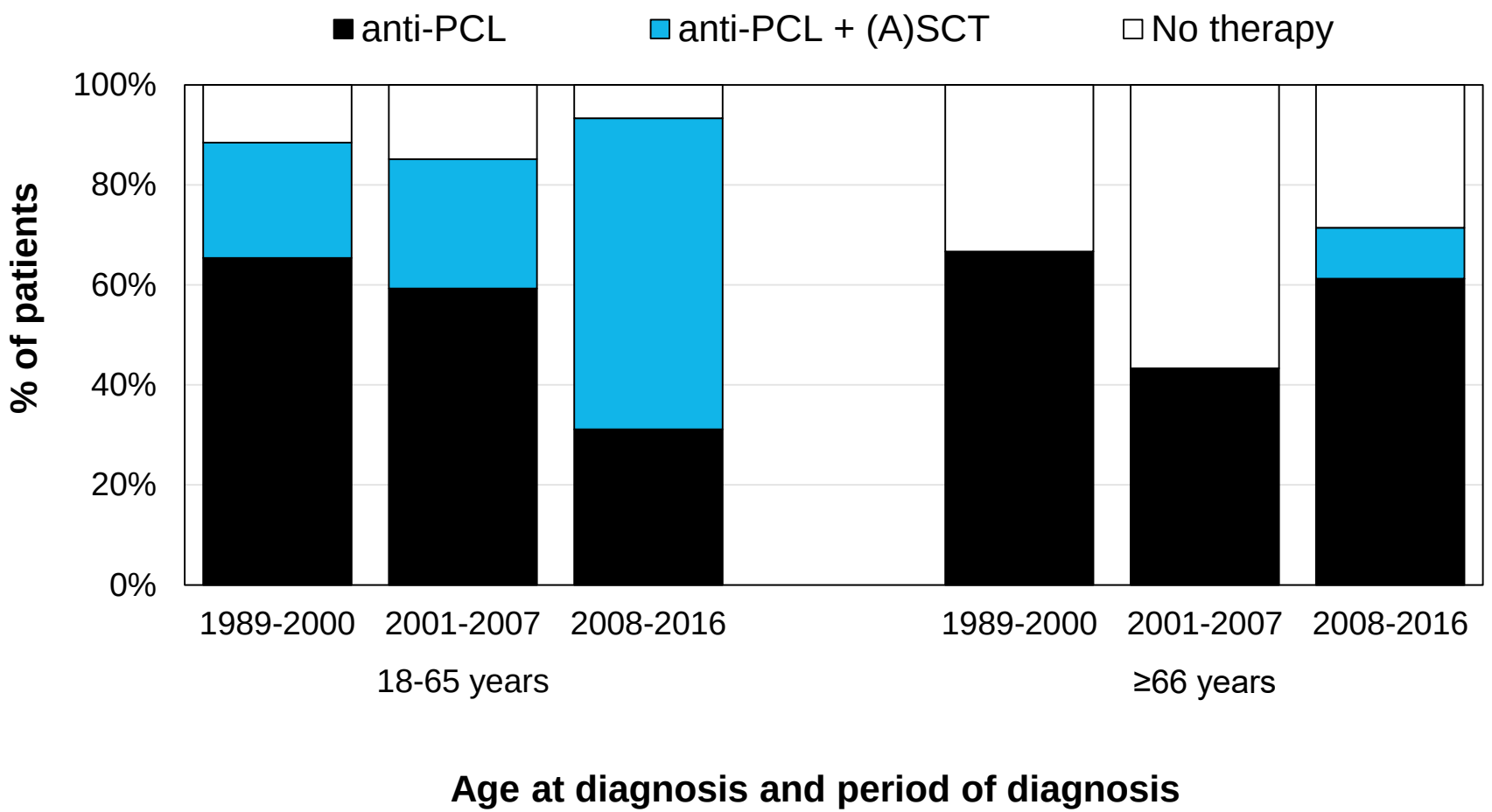
Patient characteristics at diagnosis

Characteristics	Calendar period			Total	
	1989-2000	2001-2007	2008-2016	No.	
Total No. of patients	41	57	94	**192**	
Sex					
Male	61%	47%	51%	100	**52%**
Female	39%	53%	49%	92	**48%**
Age, years					
Median (IQR)	63 (51-71)	66 (57-76)	66 (60-75)	**65 (58-74)**	
18-65	63%	47%	48%	98	51%
≥66	37%	53%	52%	94	49%
Hospital type of diagnosis					
non-academic	78%	75%	76%	146	**76%**
academic	22%	25%	24%	46	24%
Previous malignancy					
No	93%	95%	85%	172	90%
Yes	7%	5%	15%	20	**10%**

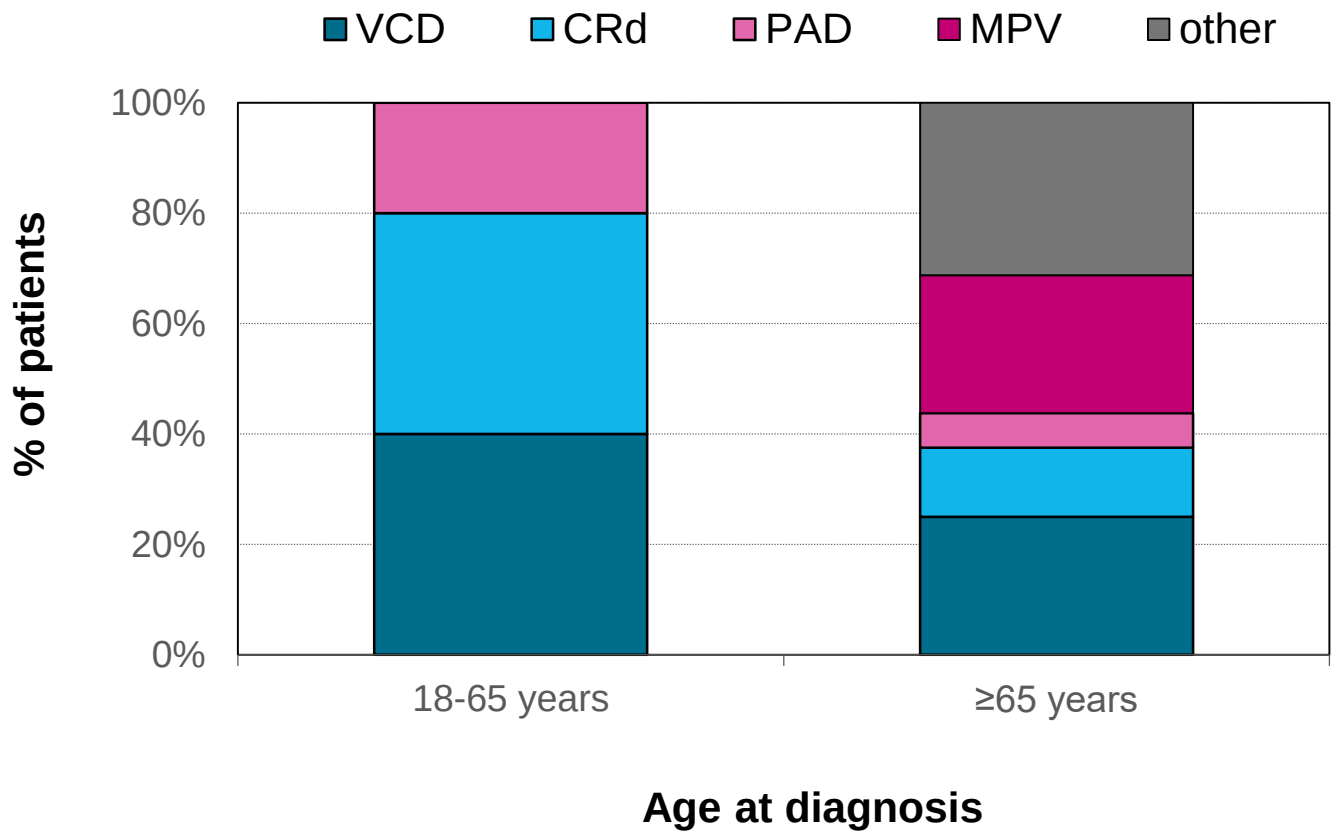
Abbreviation: IQR, inter quartile range

Primary therapy of pPCL in The Netherlands



Primary therapy of pPCL in The Netherlands, 2014-2016

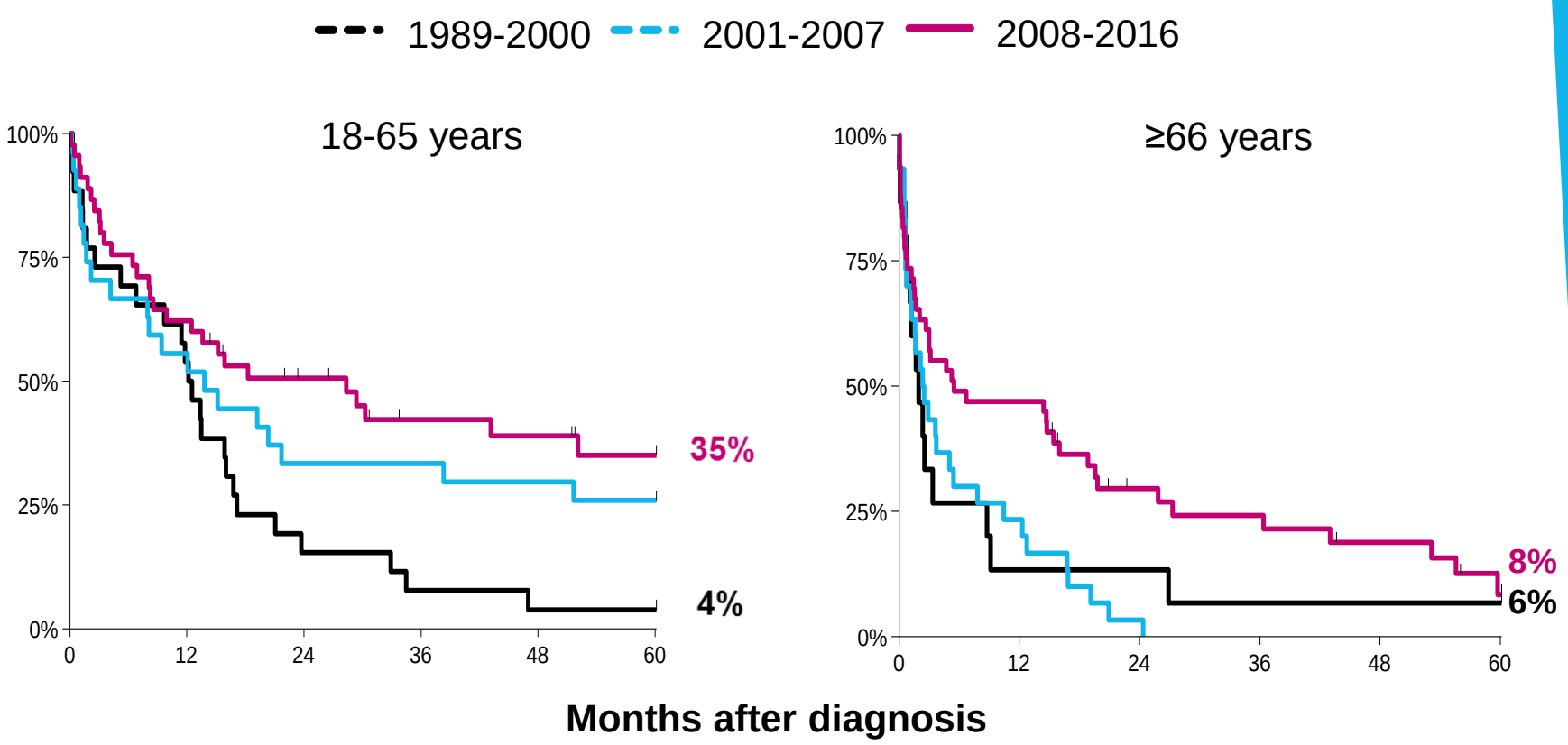
Netherlands comprehensive cancer organisation



Overall survival of pPCL in The Netherlands

	18-65 years		≥66 years
Median OS (months)	12.2 → 28.4	Median OS (months)	2.0 → 5.5

Overall survival of pPCL in The Netherlands



Summary

- pPCL is a very rare malignancy
- Application of (A)SCT increased substantially over time
  - for patients aged ≤65, but also for the elderly
- Overall survival improved greatly over time for patients ≤65 years
  - largely explained by changes in the application of therapy over time
- Therapeutic advances gradually translate into benefits for patients with pPCL, particularly among patients aged ≤65

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