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Time needed to complete: 42m

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www.reachmd.com

info@reachmd.com

(866) 423-7849

The Realities of Treatment

Announcer:

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Dr. Mukherjee:

Welcome to this CME on ReachMD, and I am Dr. Sudipto Mukherjee. Here with me today is Dr. Corey Casper.

Dr. Casper, let's talk data. Can you give us a breakdown of some of the recently published data, including real-world data on iMCD [idiopathic multicentric Castleman disease] that was released at ASH 2022?

Dr. Casper:

Thanks, Dr. Mukherjee. It's a real pleasure to be able to summarize some of the data that inform how we can best treat patients with idiopathic multicentric Castleman's disease.

So we're very fortunate that the last several years there have been important and pivotal studies that have guided how we best manage patients with Castleman's disease, including some that were recently presented at ASH, the American Society of Hematology meeting in 2022, obviously, the large international meeting of hematology experts.

So at this meeting, we saw a very important real-world dataset. So we learn a lot about medications that are tested in randomized clinical trials, but this may not absolutely represent the truth of what happens to patients in the real world. So in this particular abstract, the investigators looked at a large series of patients with idiopathic multicentric Castleman's disease by abstracting records from their healthcare systems. They did this very rigorously and with a large number of patients. What they found was they tried to characterize the different regimens that were used for treatment and then the success of these regimens as evidenced by the subjective symptoms or the clinicians' determination of response, but also in the need to switch to additional therapies.

So what they found in this study was that there were some key pivotal findings. So first and foremost, unfortunately, the majority of patients were not initially treated per international guidelines. So the majority of patients did not receive siltuximab as first-line therapy. Now, when patients did happen to receive siltuximab for therapy for Castleman's disease, this, of all of the treatments that were looked at, was associated with the highest degree of durable response with close to 50% of patients responding to siltuximab. So again, this was nice data to suggest that when we follow our treatment guidelines, patients do respond appropriately to these treatments.

There were a number of other treatments that were used in patients. And unfortunately, one of the things that was seen was a reliance on steroids. Again, they were used frequently and intermittently and associated with frequent failures. And a number of patients were treated with chemotherapy, which seemed to be also associated with good responses but with also some toxicities.

There were some limitations of this study. This study really primarily looked at data that were abstracted retrospectively, so you don't have any ability to deal with missing data. The majority of these patients had the TAFRO variant of Castleman's disease, which again, may not represent the full population of patients with Castleman's disease. And another limitation is that, again, because these were data from the bedside, patients were not randomized, and so different patients may have received different treatments based on the

severity of their illness. So when you look to see their response, it may have been because they were less sick, not because they got a more effective regimen.

Anyway, all that taken together, we now know that there is effective treatment, and that treatment can be best optimized when you follow international guidelines.

There are a number of other important papers that have been published over the past couple of years that tell us a little bit more about how we treat Castleman's disease. I think we know now that, one, when Castleman's disease is treated, this long-term survival is excellent, over 90% 5-year survival for patients who are on appropriate therapy. And another important piece of data, I think, is that the treatments that we use, because they are often lifelong, are safe. So for more than 7 years, close to a decade, the treatments that we use for Castleman's disease, like siltuximab, haven't been associated with severe long-term toxicities.

So all this taken together, it's been a real pleasure to see that we now have a constellation of studies that support how we best treat patients with Castleman's disease.

Dr. Mukherjee:

Thank you, Dr. Casper, for so nicely summarizing a wealth of data coming out of ASH 2022 on iMCD. What is indeed very gratifying is now we see the effectiveness of this drug in iMCD patients at the population level outside the context of clinical trials. Because as we know, it is very challenging to replicate the findings from a clinical trial in the real world.

Well, this has been a brief but great discussion. Unfortunately, our time is up. Thanks for listening.

Announcer:

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