

### Transcript Details

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## Understanding the Challenges & Unmet Needs in MCL

### Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we'll examine the persistent challenges in mantle cell lymphoma care with Dr. Tycel Phillips, who's an Associate Clinical Professor in the Division of Lymphoma, Department of Hematology, and Hematopoietic Cell Transplantation at City of Hope in Duarte, California. Here's Dr. Phillips now.

### Dr. Phillips:

We look at the barriers to care to patients with lymphoma. I think we can separate it into two sort of situations. One being an access issue. With mantle cell lymphoma being a rare non-Hodgkin's lymphoma, we do have situations where most patients are likely treated in the community. And in that situation, these patients may or may not have access to drugs. And sometimes, what a lot of us would like to do is refer these patients for clinical trials because mantle cell lymphoma is one form of non-Hodgkin's lymphoma that lacks a standard of care. There's a lot of variation in heterogeneity when it comes to managing and treating these patients. Given that, obviously, we're still out on a look to try to find an optimal regimen for these patients. As such, clinical trial participation is very important for this patient population.

And then the second aspect to access is obviously how the patient presents to the clinic. Mantle cell lymphoma is a disease of the elderly, typically male patients. And in that situation, it's not necessarily what we consider the healthiest patient population. So certain comorbidities may prevent patients from getting certain treatments, which also highlights the importance of clinical trials as a lot of the things we're doing in the clinical trial setting is to minimize the impact that patient comorbidities may have on choice of upfront therapy, allowing us a more liberalized use of what we treat these patients with that's not based on certain things such as what we do right now, which is to dichotomize patients based on age and fitness into certain sort of treatment baskets.

So for clinicians, the challenges we face, one part is also some of the same things that patients face as obviously from our end, we would like to get patients in as soon as possible and as healthy as possible for some of these treatments. So getting the patients into the clinic and into their appropriate sort of treatment setting is important.

From an academic side, trying to get patients referred to us to evaluate and discuss clinical trial participation is important. I mean, as far as those of community, as far as patient's insurance and sort of allowing how they sort of have coverage and support are very important. As you know, for patients who undergo chemotherapy, receiving sort of support from family members is something that is very important.

On the flip side, obviously from the clinical aspect, the insurance companies also do play a part in some of the things that we do. Sometimes we are restricted from certain drugs we want to give that they can't give and in other aspects; referring patients to certain sorts of centers that may have specializations in certain situations or specifically looking at CAR T centers is something that we do encounter. And the lag in approval time from CAR T approval to collection to receipt can sometimes detrimentally impact patients and obviously impacts us because it impedes us from trying to get patients treatment as soon as we would like in these situations.

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