Analysis of peripheral neuropathy (PN) using clinician- and patient-reported outcomes (ClinRO and PRO) in the POLARIX study

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Summary

POLARIX (NCT03274492) demonstrated improved progression-free survival with Pola-R-CHP compared with R-CHP in patients with previously untreated diffuse large B-cell lymphoma.

Rates and severity of PN were similar with Pola-R-CHP and R-CHOP.

Fewer dose modifications as a result of PN were required with Pola-R-CHP vs R-CHOP.

Clinician-reported outcomes

- In the safety population (Pola-R-CHP: n=435; R-CHOP: n=438), the PN profile of Pola-R-CHP was generally consistent with that of R-CHOP; approximately half of the patients in each arm experienced at least one PN event (Table 1).
- PN adverse events (AEs) were mostly Grade 1.
- Incidence of serious AEs was low (one patient per treatment arm);
- PN AEs led to fewer dose modifications in patients treated with Pola-R-CHP vs R-CHOP (Table 1).

Patient-reported outcomes

- The incidence of clinician-reported PN AEs was lower in the Pola-R-CHP arm than in the R-CHOP arm during Cycles 1–7 (Figure 2).
- The median time to onset of PN was 2.3 months in the Pola-R-CHP arm and 4.6 months in the R-CHOP arm (Figure 3).

Conclusions

- In the POLARIX study, no significant differences in rates or severity of PN were observed in patients receiving Pola-R-CHP vs standard R-CHOP therapy; most PN events were Grade 1.
- Fewer dose modifications as a result of PN were required for patients who received Pola-R-CHP than for those who received R-CHOP.
- According to ClinRO and PRO data, PN appeared to occur later after initial exposure to Pola-R-CHP than to R-CHOP; however, the duration of neuropathy events was comparable in both treatment arms.
- PN rates were generally consistent between ClinRO and PRO data. ClinRO and PRO assessments were similarly able to demonstrate the temporal relationship of PN symptoms and their resolution.
- In the context of improved PFS with Pola-R-CHP vs R-CHOP, our findings provide encouraging early data, supporting the use of Pola-R-CHP among patients with previously untreated DLBCL.

References


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