

# Preference of Macedonian NHL Patients for Subcutaneous vs Intravenous Administration of Rituximab

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## INTRODUCTION

- Rituximab is a standard treatment for non-Hodgkin lymphoma (NHL) patients<sup>1,2</sup>
- To overcome the rituximab intravenous (IV) infusion challenges, to improve patient convenience and to reduce the healthcare resource burden, a subcutaneous (SC) formulation of rituximab has been developed
- The SABRINA trial (NCT01200758) showed that a rituximab SC formulation did not compromise efficacy or safety compared with IV infusion<sup>3</sup>
- Rituximab SC reduces administration times (~5 minutes) compared with the IV route (~4 hours)<sup>4,5</sup>

## OBJECTIVES

- Evaluate the patients' preference for SC vs IV administration
- Test the hypothesis that rituximab administered as a subcutaneous injection for 5-7 minutes may improve the treatment experience of NHL patients

## METHODS

- Interviews were performed by 3 hematology nurses at Daily hospital, University Clinic for Hematology in Skopje, Macedonia
- From November 2016 till March 2017, 25 patients (36% males and 64% females) with NHL currently on treatment with rituximab SC ± chemotherapy (CHOP, CVP or other) participated in this analysis
- 77.3% of the patients were currently on induction and 22.7% on maintenance treatment
- All of the patients previously received at least one full IV infusion of rituximab in dose 375 mg/m<sup>2</sup>
- They were asked few open questions right after fixed dose subcutaneous administration of rituximab vial 1400 mg/11.7 ml

## RESULTS

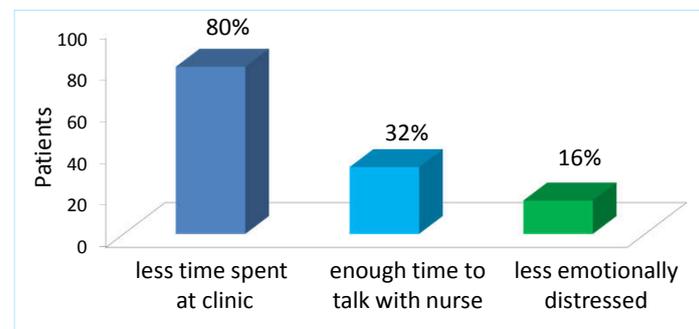
- Survey included 25 NHL patients (majority FL and DLBCL) currently on treatment with rituximab SC (Table 1)

Table 1. Patient demographic characteristics

n=25	
Age	years
average	55
range	36-72
Age group (years)	%
<50	23,8%
51-60	47.6%
>61	28.6%
Gender	%
female	64

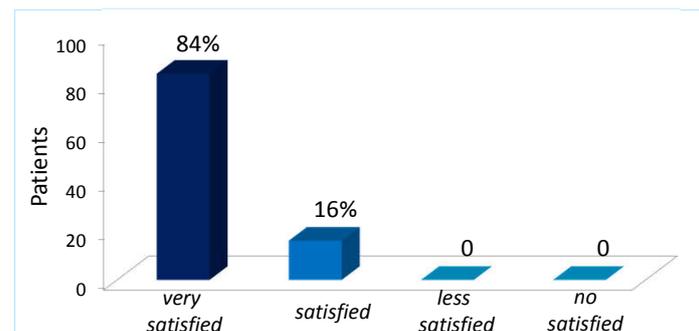
- All, 25 patients prefer subcutaneous administration of rituximab. They expressed three main reasons for SC preference 'less time spent at clinic' (80%), 'enough time to talk with the nurse' (32%), 'less emotionally distressed' (16%) (Figure 1)

Figure 1. Three main reasons for SC preference



- 84% of the patients (21) were very satisfied, 16% (4) satisfied, no one less or no satisfied from the SC administration of rituximab (Figure 2)

Figure 2. Level of patient satisfaction of SC administration



- 2 patients (8%) experienced adverse event (AE) during or after SC administration (dizziness and heat during injection; and injection site reaction [edema and erythema] first three days after SC injection)
- 3 patients (12%) experienced AE during IV (anxiety 4%; nausea 4%; and fatigue 4%)
- Those AE didn't cause any discontinuation of the administration or withdrawal from the treatment
- No SAE were reported during or after SC and IV administration

## CONCLUSIONS

- Analysis demonstrated very high patient preference of subcutaneous vs intravenous administration in patients receiving rituximab as maintenance and induction treatment as well
- Patients' satisfaction was generally greater with subcutaneous due to time savings and higher comfort showing that rituximab SC may improve the NHL patients' treatment experience

## REFERENCES

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