Barriers and Facilitators in B-Cell Non-Hodgkin Lymphoma Care: A Qualitative Study from the Philippines

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Disclosures

- **PC** reports no conflicts of interest.
- **JN** and **PK** report employment and stock ownership with BeOne Medicines, Ltd.
- **NB**, **AW**, and **YQN** report employment with Oracle Life Sciences.
- **LN** reports no conflicts of interest.

Objective, methods & analysis

Background

Challenges in managing lymphoma remain under-researched in the Philippines, where limited access to diagnostics, treatment, and locally adapted guidelines hampers effective care

Study objective

Understand the practices, barriers and facilitators related to diagnosing and effective treatment of lymphoma in the Philippines in *well-resourced* (able to diagnose specific subtypes) and *limited-resourced* (able to differentiate indolent and aggressive subtypes) setting

Methods

One-on-one interviews with clinicians who fulfilled the following criteria:

- Had at least 5 years of experience in diagnosing and treating lymphoma patients after completion of medical training
- Spent more than 50% of time in clinical practice

Analysis

Thematic analysis based on the socio-ecological model

Respondent profile

Total respondents	Philippines	
	N = 9	
	n	%
Specialty		
Hematologic oncologist	3	33.3%
Hematologist	6	66.7%
Years of experience		
Mean	14.8	
Number of lymphoma patients managed in the past 1 year		
Mean	18.3	
Practice setting		
Private hospital	8	88.9%
Regional public hospital	1	11.1%
Resource classification		
Well-resourced	5	55.6%
Limited resourced	4	44.4%

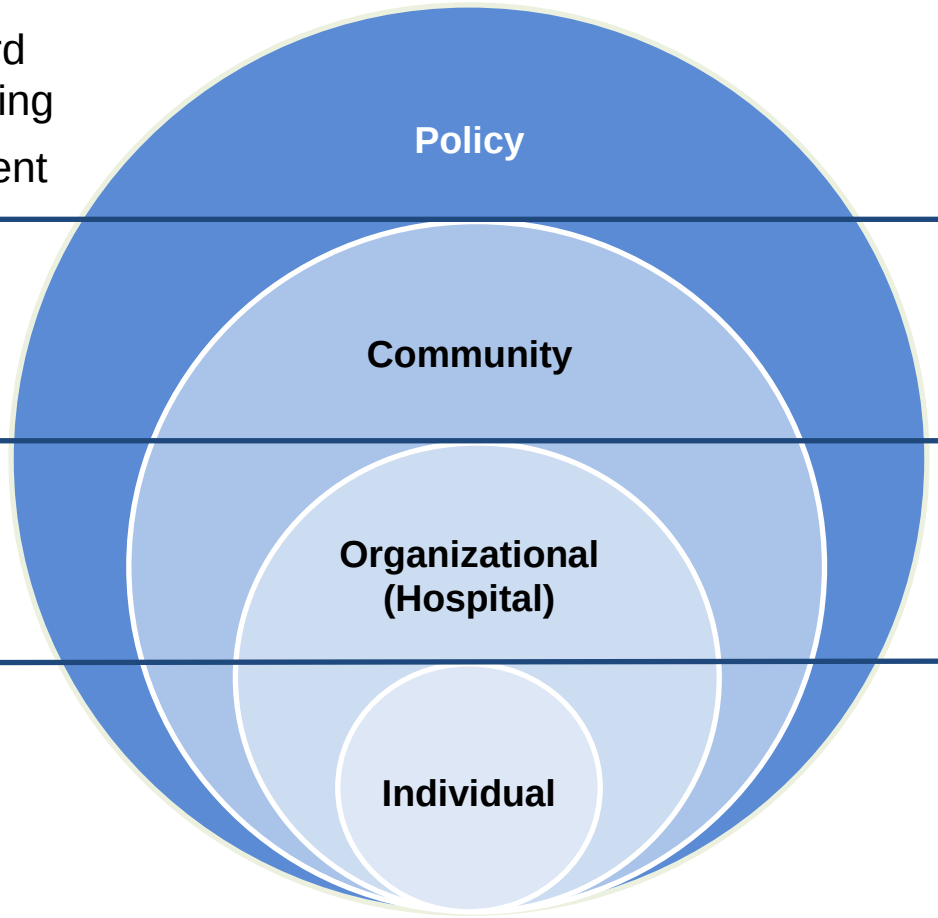
Results: Barriers and facilitators to lymphoma care

BARRIERS

- High cost/limited access to standard diagnostic tests and advanced testing
- Lack of access/high cost of treatment

- Lack of hema-pathology expertise
- Lack of collaboration within MDT team

Socio-ecological model



FACILITATORS

- High level of shared decision-making between hematologists and patients/caregivers

- Hematologists are well-informed and familiar with international guidelines

Organizational barriers

Lack of hema-pathology expertise

- Few well-trained hemato-pathologists, resulting in inaccurate or delayed diagnosis

Lack of collaboration within MDT

- In limited-resourced hospitals, collaboration was deemed unnecessary except for some cases involving patients facing financial challenges

[The challenges are] the readers [of diagnostic tests] like hematopathologists.

PH06, well-resourced hospital

…there are very few hematopathologists in the Philippines. If I may mention, there are just five or six hematopathologists nationwide serving 8 million Filipino people.

PH04, limited-resourced hospital

[There is] no multidisciplinary team. None.

PH07, limited-resourced hospital

Policy barriers

High cost/limited access to standard diagnostic tests and advanced testing

- Well-resourced hospitals have availability to standard diagnostic tests
- However, across both resource settings, patients are still unable to afford them since most tests are expensive and paid out-of-pocket

Lack of access/high cost of treatment

- Lead to poorer survival outcomes, higher toxicity from sub-optimal treatments, and limited options for relapsed or refractory patients

…In St. Luke's, we have all those tests. Majority of those tests. But in the other hospitals, it's not complete. So, they cannot properly diagnose the patient.

PH09, well-resourced hospital

…in our country, in our setup, this is out of pocket. So, the special stains or the immunohistochemical stains, they really need to choose properly for us to be able to get a proper subtype of lymphoma...

PH08, limited-resourced hospital

It's really the cost. They're unable to sustain it. So, usually, you'll only get one or two cycles [of novel therapy]. After that, you fall back again on the more classic because that's what the patients can afford.

PH05, well-resourced hospital

Individual and community facilitators

High level of shared decision-making between hematologists and patients/caregivers

- Many hematologists discussed treatment plans comprehensively with both patients and their families, considering their financial and psychological readiness

Well-informed hematologists

- Hematologists have access to various professional organizations and journals, such as ASH, ESMO, EHA, which provide valuable resources
- They may also actively attend international conferences to stay informed

…Our culture requires that we discuss everything. Not just to the patient, but also sometimes, we owe it to the caregivers and to the other immediate family members...

PH04, limited-resourced hospital

…They're [caregivers are] as important as the main decision maker […]. So, you lay down all the options when it comes to efficacy, safety, suitability of the protocol, and post treatment. Once you lay those down, then it's their turn to decide.

PH06, well-resourced hospital

…NCCN guideline is like our Bible, especially in rare [lymphoma] cases

PH09, well-resourced hospital

Key takeaways

- There is a need to develop context-specific strategies for lymphoma care in the Philippines
  - Develop tailored approaches considering local healthcare infrastructure and resources
  - Promote knowledge sharing and best practices through professional networks
  - Encourage multidisciplinary team approaches for comprehensive patient management

THANK YOU

Priscilla Caguioa