



Promising Mantle Cell Lymphoma Treatment Updates From ASH 2017

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Esther Schorr:

Hi there. This is Esther Schorr from Patient Power. I'm here at the American Society of Hematology in Atlanta, and I'm honored to have with me today Dr. Michael Wang from MD Anderson. And tell us your role at MD Anderson first.

Dr. Wang:

Yeah. So I'm Michael Wang, and I'm a professor in the lymphoma department at MD Anderson, Houston, USA. I'm mainly a clinical investigator, but I also am a translational investigator with a laboratory space that houses more than 10 investigators.

So I would like to start with the Moon Shot Program. The Moon Shots Program at MD Anderson has quite a few projects, but I'm the co-leader of the—overall co-leader of the B-cell and lymphoma Moon Shots Program. The mission on this Moon Shots lymphoma program is very ambitious. We would like to double the cure rate of B-cell lymphoma from 30 percent to 60 percent in a short period of time, from five to 10 years. And we are already three years into it.

So, as we know, the B-cell lymphoma is a very popular lymphoma, so about 0.70 million Americans live with B-cell lymphoma, and there are many subtypes. B-cell lymphoma includes large-cell lymphoma, follicular lymphoma, marginal zone lymphoma and mantle cell lymphoma. So I—it is impossible to cover everything in this short interview, but I just want to tell you something like the mantle cell lymphoma, for example, mantle cell lymphoma is a typical B-cell lymphoma.

At this ASH related to the Moon Shots Program, I presented the acalabrutinib (Calquence) monotherapy in relapsed mantle cell lymphoma. This is an international trial with 40 hospitals across 10 countries in three continents. And six weeks ago, on October 31st of 2017 the USFDA approved acalabrutinib for relapsed mantle cell lymphoma through the rare breakthrough mechanism of accelerated approval.

So many—my colleague investigators wish and many of the colleagues in the field enjoy this process, enjoy the presentation. And, you know, above everything else this is for patients. So the patients have—can wake up in the morning, take a pill, do not have to go to the hospital, no hair loss, no nausea, vomiting, no blood counts drop, and not even much fatigue. They can—their tumor can shrink 81 percent of the time.

So this is really the exciting time about normal targeted therapy era where chemo-approved therapies is releasing chemotherapies not only for better side-effect profile but also for more efficacy and survival.

Esther Schorr:

It is very exciting to hear both about the Moon Shots Program that you're leading, co-leading, and for lymphoma patients. So specifically you mentioned mantle cell lymphoma. So for those patients, what should they be talking to their medical teams about? If they're a mantle cell patient is there something in all of this that is relevant for what might be treatment they need sooner or later?

Dr. Wang:

I really think the mantle cell lymphoma is a rare disease in the community. Our oncologist/hematologist friends/colleagues in the community are mainly treating the most common cancers such like lung cancer, breast cancer, prostate cancer and all that, so the—in their whole career they may be only able to treat one or two mantle cell population in their life.

So it is very important for the community doctor to work with the academic doctors together to take care of the patient. Because the major academic centers, the faculties are very up to date with the literature in the mantle cell lymphoma they can direct exactly what to do, so by this collaboration the patients travel less but get the best medicine.

So I would like to point out the MD Anderson mantle cell lymphoma program for excellence—is the only program in the world that's dedicated to mantle cell lymphoma purely. Because of the mass of the patients, the number of the patient population we are able to design trials only for mantle cell lymphoma. Our research mainly focuses on mantle cell lymphoma. I would like to share with you that my lifetime mission is to cure mantle cell lymphoma.

Esther Schorr:

I have one other question for you. If a patient, a mantle cell patient, is not close to MD Anderson, what should they do to access some of the work that you're doing on the Moon Shots Program? How can they do that?

Dr. Wang:

Nowadays if you just put Dr. Michael Wang, MD, and mantle cell lymphoma you will get pretty much all my publications, all my CV, what I have done, lot of patient stories, lot of video program, podcasts, you name it. And frequently the patients find my email and send me an email, I can connect them with our referral office. A lot of patients just come to MD Anderson for once to review the record without blood testing and just talk to me so I can establish a normal doctor/patient relationship.

So my recommendation and advice is down the line, down the line to the community doctors or to other academic faculty partners could become legitimate. So many patients do that. So I never say no, you email me, so that to see me and I'll look forward to work together to have all the patients we can help and also help their families and young children.

Esther Schorr:

Thank you so much for your dedication to patients, Dr. Wang. This is Esther Schorr from ASH in Atlanta. And remember, knowledge can be the very best medicine of all.

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