Lymphoma - Trials and Prevalence

With breast cancer data as an arbitrarily selected comparator

ClinicalTrials.gov Data

5/24/2010 — Estimated 5% enrollment rate

	US Studies Found All studies	Open studies Seeking volunteers	Prevalence	Available patients @ enrollment rate	Available patients per Open studies	Available patients per All studies	Patients available for Open studies @ enrollment rate
Lymphomas	2,275	870	417,860	20,893	480	184	24

Completed	Open studies:	Interven-tional	Phase I	Phase II	Phase III	Phase IV
1,405	870	776	341	423	57	4

Comparing with Breast Cancer:

Breast cancer prevalence is six times greater than lymphoma, but number of open studies is identical on this date.

	US Studies Found All studies	Open studies Seeking volunteers	Prevalence	Available patients @ enrollment rate	Available patients per Open studies	Available patients per All studies	Patients available for Open studies @ enrollment rate
Breast Cancer	2,112	870	2,605,181	130,259	2,994	1,234	150

Completed	Open studies:	Interven-tional	Phase I	Phase II	Phase III	Phase IV
1,242	870	686	184	319	84	19

SEER Prevalence Data

Complete Prevalence	HL	NHL	CLL/SLL	Total
Lymphoma (by type, male and female)	84,583	226,855	106,422	**417,860**
		Female	**Male**	
Breast Cancer (by gender)		2,591,855	13,326	**2,605,181**

Background: Progress against lymphomas depends on the completion of well-designed studies that provide answers to clinical questions in order to make treatment safer and more effective.

Objective: Our primary objective was to compare lymphoma prevalence data with the number of lymphoma clinical studies to estimate the challenge of clinical trial enrollment based on ClinicalTrials.gov and SEER data at an estimated 5% enrollment rate - and to compare these findings with breast cancer data, chosen arbitrarily as a comparator.

Results: We calculate there are about 24 lymphoma patients available per study at an estimated enrollment rate of 5%, which suggests that enrollment could be six times as challenging for lymphoma compared to breast cancer.

Discussion: The number of lymphoma studies is about equivalent to breast cancer (2,272 versus 2,112, respectively) despite the much lower prevalence of lymphoma (417,860 versus 2,605,181). This imbalance suggests an optimism among drug sponsors about the potential to more effectively treat lymphoma, because prevalence would otherwise favor more breast cancer research, assuming marketing potential is a key factor. However, the relatively low number of patients per study increases the challenge to enroll sufficient participants -- 24 participants available per study for lymphoma, versus 150 for breast cancer.

Action: The enrollment rate must increase significantly if we are to make additional progress against lymphoma ... progress which is urgently needed. Advance in technologies and insights about lymphoma must be matched by the ability of treating physicians to locate and consider studies that are appropriate to our clinical circumstances.

Patients Against Lymphoma
www.lymphomation.org

Patients available for Open studies @ enrollment rate