Poster CML 562

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The importance of quality of survivorship: US results from the chronic myeloid leukemia (CML) survey on unmet needs (SUN)

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Introduction

- Advances in CML treatment have extended the life expectancy for patients to that of the general population, but resistance to and intolerance of TKIs lead to side effects that negatively impact QOL and require treatment switching[1-14]
- Even low-grade side effects can disrupt a patient's ability to continue activities of daily living, but physicians underestimate symptom severity and their impacts on QOL[6,15]
- There are limited data on treatment goals and the impact of CML on patients' lives from the perspectives of patients and how they match those of the treating physicians
- Alignment of patient and physician perspectives by bridging the gaps in understanding of the impacts of CML is needed to limit unnecessary treatment switching, improve QOL, and optimize achievement of goals
- CML SUN is a survey of patients with CML and treating physicians designed to understand the unmet needs concerning CML and treatment switching from both perspectives to align goals and improve patient outcomes
- Results from the global survey of 361 patients and 198 physicians in 11 countries demonstrated the need for shared treatment decision-making that balances efficacy and tolerability goals among patients and physicians
- Here, we present results from US participants in CML SUN

Study design and methods

- Qualitative interviews were conducted among 21 patients (6 in the US) and 24 physicians (6 in the US) (published previously); results from the qualitative interviews were used to develop the topics for quantitative online surveys[16]
- Following the qualitative interviews, 60-minute cognitive interviews were conducted to ensure that respondents were comfortable completing the online survey and understood the survey questions; IRB exemptions were attained
- Patient recruitment occurred through patient databases, physician and nurse referrals, and patient advocacy groups; physicians were recruited through online physician panels
- Patients who were ≥18 years old, diagnosed with CML-CP, treated with 1 to 3 prior TKIs, and currently receiving their second, third, or fourth TKI were eligible to participate
- Physicians who were transplant specialists or hematologists and/or oncologists in practice between 3 and 35 years and were personally responsible for treatment decisions for patients with CML were eligible to participate
  - Physicians must have spent ≥50% of their time caring for patients and must have treated ≥10 patients with CML-CP over the last year (>30% of whom were receiving their second or third TKI) and switched patients from their second or third TKI
- Online surveys were unique for patients and physicians and assessed disease perception, CML diagnosis, information sharing, decision-making, CML treatment, disease monitoring, treatment switching, and impact of CML treatment on patients' lives
- All participants provided informed consent and were incentivized to participate; records were anonymized and analyzed by research specialists at Ipsos SA
- This subgroup analysis of the quantitative survey included 30 physicians (hematologist-oncologists) and 70 patients in the US

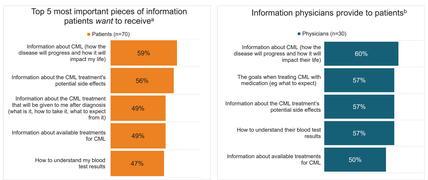
Results

Table. Demographics

Physicians (hematologist-oncologists)	n=30	
Time in practice, median (range), years	13.5 (5-30)	
Time spent on patient care, median (range), %	90 (70-100)	
Patients treated for hematologic cancers over last 12 months, median, n	300	
Patients with CML-CP seen in last 12 months, median, n	55	
Patients with CML on each line of treatment, median, %		
1L	40	
2L	27.5	
3L	20	
4L or later	10	
Patients	**n=70**	
Female, %	73	
Age, median (range), years	54.5 (28-75)	
Currently receiving treatment (by line) at the time of the survey, %		
2L	56	
3L	29	
4L or later	16	
TKI treatment, %	**Current**	**Past**
Dasatinib	34	37
Nilotinib	16	23
Imatinib	11	56
Generic imatinib	6	20
Bosutinib	11	16
Ponatinib	6	4
Generic dasatinib	4	1
Asciminib	11	3

- A total of 70 patients and 30 physicians in the US participated from November 2022 to March 2023 (**Table**)

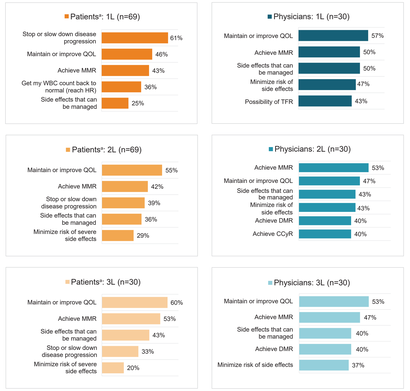
Figure 1. Information given to patients at diagnosis



[a] Patients ranked their answers in order of importance from 1 to 5, with 1 being the most important.
[b] Physicians selected the information they provide to patients at diagnosis but did not rank their selections.

- From the patients' perspective, the most important information to receive at diagnosis is information about how the disease will progress and impact their lives and the side effects of treatment, and most physicians provide this information in addition to treatment goals at diagnosis (**Figure 1**)

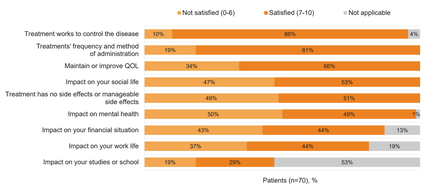
Figure 2. Top 5 treatment goals by line of therapy



* Excluding patients, who selected "I don't remember."

- Both patients and physicians consider maintaining/improving a good QOL and achieving an MMR to be among the top goals of treatment across lines of therapy (**Figure 2**)
  - Stopping or slowing down disease progression was the top treatment goal for patients receiving their first TKI, but maintaining/improving QOL and managing side effects were more important goals for patients receiving their second and third TKI than for those receiving their first

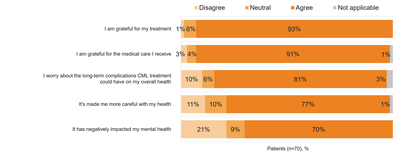
Figure 3. Patients' satisfaction with current treatment[a]



[a] Assessed on a scale from 0 to 10, where 0 is "completely dissatisfied" and 10 is "completely satisfied" (dissatisfied, 0-3; neither dissatisfied nor satisfied, 4-6; and satisfied, 7-10).

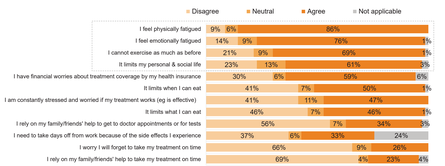
- While patients are most satisfied with how the current treatment works to control their disease, they are less satisfied with QOL factors such as impact on social life, side effects, impact on mental health, impact on financial situation, and impact on work/school (**Figure 3**)

Figure 4. How patients view the impact of CML on their lives (top 5 statements patients agreed with)



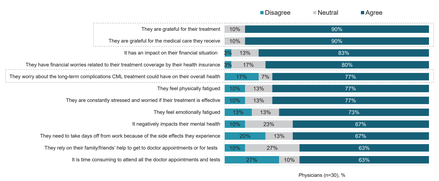
- Patients are grateful for the treatment and medical care they receive, but they worry about the long-term complications of treatment; most patients are more careful with their health but still experience negative impacts on their mental health because of CML (**Figure 4**)

Figure 5. Patient perspective of the impact of treatment on their lives



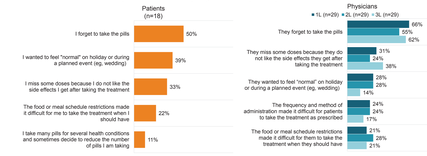
- Treatment has negative impacts on patients' lives, making them feel physically and emotionally fatigued, limiting the amount they can exercise, and limiting their personal/social lives, but most patients do not worry about taking their treatment on time or relying on others to do so (**Figure 5**)

Figure 6. Physician perspective of how 2L/3L treatment impacts patients



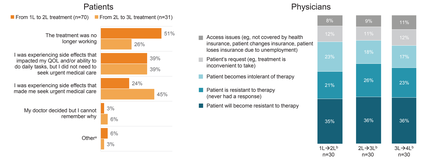
- Physicians believe that their patients are grateful for 2L/3L treatment and medical care but that they worry about the long-term effects of treatment on their health (**Figure 6**)

Figure 7. Reasons patients miss or do not take their treatment as prescribed from the patient and physician perspectives



- Patients and physicians reported that doses are most often missed due to forgetfulness (**Figure 7**)
  - Patients also reported missing doses because they want to feel normal during planned events like vacations, holidays, and weddings and because they do not like the side effects of treatment

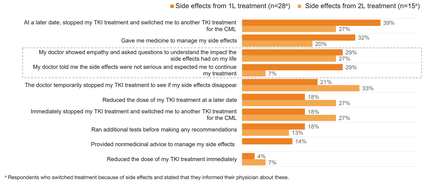
Figure 8. Reasons for switching treatment



* "Other" is the sum of responses including other, recommended by the doctor, better availability/accessibility, for faster onset of action, increased frequency of administration, poor compliance to treatment, restriction on meal time, based on the guideline/protocol, I participated in the clinical trial, I wanted to conceive/get pregnant, new treatment option, comorbidities, received funding for the treatment, none, don't know, and refused/no answer.
† Among patients estimated to switch therapies at some point.

- Patients and physicians reported side effects and resistance as the 2 most common reasons for switching treatment, although patients reported side effects as the main reason more often than physicians (**Figure 8**)

Figure 9. How patients perceive physicians' response when told about side effects



* Respondents who switched treatment because of side effects and stated that they informed their physician about these.

- Only 27% to 29% of patients who reported side effects reported feeling empathy from their physician (**Figure 9**)
  - Regarding their patients receiving their first TKI, 29% of physicians did not think side effects were serious and expected their patient to continue therapy

Conclusions

With advances in treatment options improving life expectancy, the quality of survivorship has become an important focus of the patient experience

US results from CML SUN demonstrate the need to align patient and physician perspectives around information sharing, treatment goals, and side effect management to improve outcomes and QOL in patients with CML-CP

Maintaining QOL and mental health and reducing side effects remain major challenges for patients, with side effects reported as one of the leading causes of treatment discontinuation by patients and physicians

Treatment has negative impacts on patients' everyday lives, making them feel physically and emotionally fatigued and limiting their ability to exercise and engage in their personal and social lives

To patients and physicians, maintaining a good QOL and achieving an MMR are high-priority treatment goals; patients consider improved QOL and side effect management to be more important treatment goals when receiving their second or third TKI than when receiving their first, and physicians emphasize achieving MMR in earlier lines

Patients need CML treatments that allow them to live normal lives and maintain mental health, as their treatment will likely be lifelong; collaborations between patients, physicians, and other stakeholders in CML care can better meet patients' expectations for treatments that do not sacrifice tolerability for the sake of efficacy

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Abbreviations

1L, first line; **2L**, second line; **3L**, third line; **4L**, fourth line; **CCyR**, complete cytogenetic response; **CML**, chronic myeloid leukemia; **CP**, chronic phase; **DMR**, deep molecular response; **HR**, hematologic response; **IRB**, institutional review board; **MMR**, major molecular response; **QOL**, quality of life; **SUN**, Survey on Unmet Needs; **TFR**, treatment-free remission; **TKI**, tyrosine kinase inhibitor; **WBC**, white blood cell.

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