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Poster CML-1030

Quality of Life and Work Impacts Among Caregivers of Patients With Chronic Myeloid Leukemia: A Caregiver Survey in The United States

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KEY FINDINGS & CONCLUSIONS

- Caring for patients with CML, especially when those patients experience AEs, imposes a significant burden on caregivers, resulting in high work productivity impairment and decreased QOL
- Caregiver burden when caring for patients with CML is as extensive as caring for patients with other cancers
- Findings from this study highlight the need for more tolerable treatments to lessen the burden of caregivers and address their unique challenges in CML management

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INTRODUCTION

- Caregivers play a pivotal role in the management of patients with CML, which may be accompanied by emotional or physical burden and impact on their work productivity
- The patients they care for with CML treated with TKIs often experience intolerance associated with AEs, which may add to the caregiver burden[1]
- This study assessed the level of caregiver burden and evaluated the impact of TKI-related AEs experienced by patients with CML on the QOL of their caregivers using caregiver-reported outcomes

METHODS

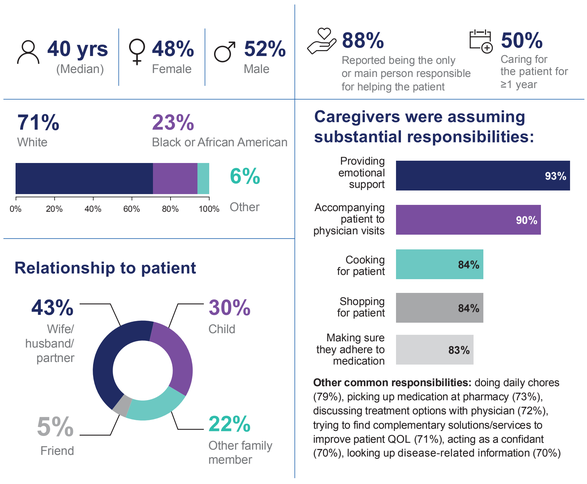
- A cross-sectional web-based survey of unpaid caregivers of adult patients with CML treated in US clinical practice was conducted from June to November 2024
- Eligible caregivers were adults (≥18 years old) who were caring for a patient receiving an ATP-competitive TKI for ≥3 months as first or second treatment for CML
  - Asciminib, a selective allosteric inhibitor binding the myristoyl pocket of ABL1, was not indicated in this setting at the time the study was initiated; asciminib was recently approved in the United States for newly diagnosed CML in chronic phase, previously treated, and with T315I mutation (October 2024), following approval in patients previously treated with 2 prior lines (October 2021)[2]
- Data were collected from the caregiver perspective using the CareGiver Oncology Quality of Life (CarGOQOL; range 0-100; higher scores indicate better QOL)[3,4] and the Work Productivity and Activity Impairment Questionnaire adapted for caregivers (WPAI:CG; higher percentages indicate more impairment)[5] questionnaires
- This study was exempt by the Pearl Institutional Review Board under 45 CFR 46.104(d)(2)

RESULTS

Caregiver characteristics

- A total of 100 caregivers of patients with CML participated in the survey (**Figure 1**)

Figure 1. Caregiver Characteristics

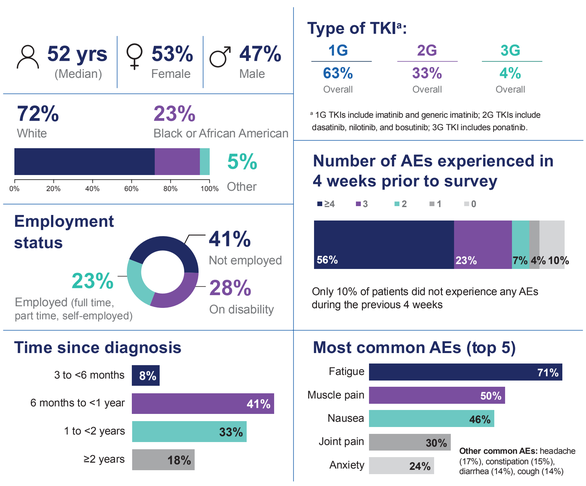


Other common responsibilities: doing daily chores (79%), picking up medication at pharmacy (73%), discussing treatment options with physician (72%), trying to find complementary solutions/services to improve patient QOL (71%), acting as a confidant (70%), looking up disease-related information (70%)

Characteristics of patients being cared for

- Patients being cared for, from the caregiver perspective, were generally older, had poorer health status, and were less likely to be employed than those without a caregiver (**Figure 2**)[6]

Figure 2. Patient Characteristics (Caregiver Reported)

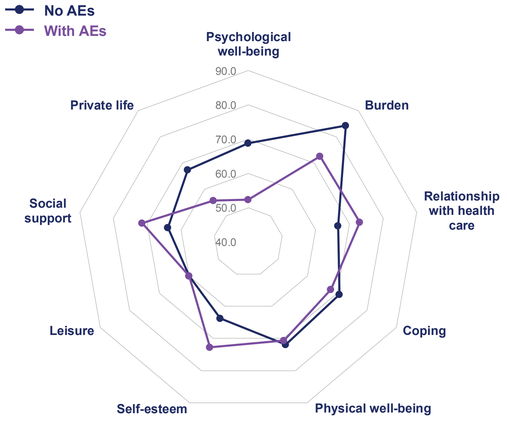


[a] 1G TKIs include imatinib and generic imatinib; 2G TKIs include dasatinib, nilotinib, and bosutinib; 3G TKI includes ponatinib.

High caregiving burden in caregivers of patients with CML

- Scores from the CarGOQOL indicate that caring for patients with CML is as burdensome as caring for patients with other cancers (eg, lung, breast, colon).[7] The most impacted domains were psychological well-being (mean, 53.9), private life (mean, 57.0), leisure (mean, 60.0), and coping (i.e., feeling guilt, helplessness, injustice, anger; mean, 68.2) (**Figure 3**)
- Caring for patients with AEs exacerbated the caregiver burden, particularly in the domains of psychological well-being, burden (i.e., feeling lack of freedom, bothered by feeling of being confined, life entirely devoted to care recipient, or embarrassed to be the only person providing assistance), and private life

Figure 3. CarGOQOL Scores For Caregivers of Patients With and Without AEs[a]

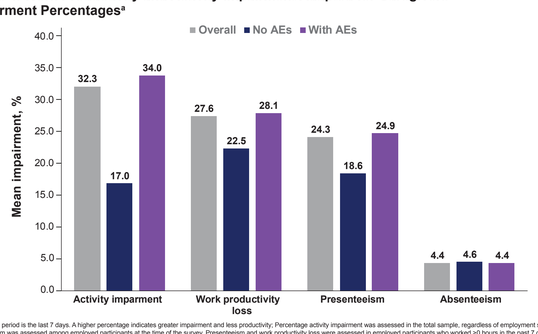


[a] The recall period is the last 4 weeks. Higher scores indicate better QOL. Questions on burden include whether the caregiver has felt a lack of freedom, been bothered by the feeling of being confined, been bothered by the fact that their life was entirely devoted to the care recipient, or been embarrassed to be the only person to provide assistance. Questions on coping include whether the caregiver has experienced feelings of guilt, been bothered by a feeling of helplessness against disease, or felt a feeling of injustice, anger, or rebellion.

Extent of work productivity and activity impairment in caregivers

- Based on the WPAI:CG, mean activity impairment resulting from caring for a person with CML was 32.3% (**Figure 4**)
- Most caregivers (79%) were employed, and almost half (42%) reported change of employment since they started to care for the person specifically due to their carer responsibilities because of CML
- Among employed caregivers, almost all (94%) reported some productivity loss (overall work impairment) due to CML, with a mean percent overall work impairment of 28% and presenteeism (impairment while working) of 24%; absenteeism was reported at a mean of 4.4%
- For caregivers of patients with AEs, activity impairment, presenteeism, and work productivity loss were even more pronounced than those without AEs

Figure 4. Work Productivity and Activity Impairment Adapted for Caregivers—Impairment Percentages[a]



[a] The recall period is the last 7 days. A higher percentage indicates greater impairment and less productivity; Percentage activity impairment was assessed in the total sample, regardless of employment status. Absenteeism was assessed among employed participants at the time of the survey. Presenteeism and work productivity loss were assessed in employed participants who worked >0 hours in the past 7 days.

LIMITATIONS

- Caregivers of patients with more severe disease may be underrepresented as they may be less likely to participate in a survey
- The impact of AEs experienced by patients with CML on the overall caregiver burden may be underestimated when limited to the time of the survey completion
- Findings may not be generalizable to the overall caregiver population caring for patients with CML in the United States

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Abbreviations

1G, first generation; 2G, second generation; 3G, third generation; ABL1, ABL proto-oncogene 1, non-receptor tyrosine kinase; AE, adverse event; ATP, adenosine triphosphate; CarGOQOL, CareGiver Oncology Quality of Life; CML, chronic myeloid leukemia; QOL, quality of life; TKI, tyrosine kinase inhibitor; WPAI:CG, Work Productivity and Activity Impairment Questionnaire adapted for caregivers.

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