When Symptoms Speak Louder Than Disease: Discordance Between Patient-Reported Symptoms and Objective Progression in Relapsed CLL

Ahmed Elazab[1,2], Noreen Elbayoumi[1]

1. Oncology Center, Mansoura University, Egypt
2. Oxford University Hospitals NHS Foundation Trust, United Kingdom

INTRODUCTION

In relapsed/refractory (R/R) chronic lymphocytic leukemia (CLL), treatment initiation is guided by constitutional symptoms together with objective evidence of disease progression. In routine practice, however, patient-reported symptoms may be influenced by psychological distress, comorbidities, or fear of progression, creating possible discordance between symptoms and measurable disease activity.

AIM

To evaluate the concordance between patient-reported constitutional symptoms and objective markers of active disease in patients with R/R CLL.

METHODS

- Review of 16 previously treated CLL patients attending outpatient follow-up at Oncology Center, Mansoura University, Egypt.
- Clinical data collected over one year.
- Variables assessed: constitutional symptoms (fatigue, night sweats), hematological parameters, lymphadenopathy, and splenomegaly.
- Objective disease activity was evaluated by standard clinical assessment.

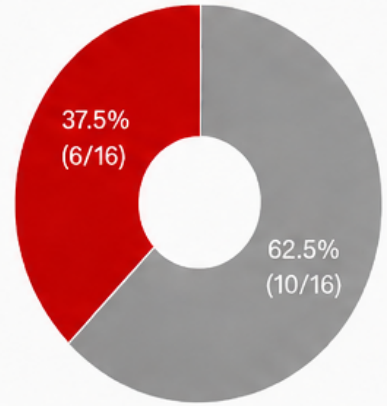
CONCLUSIONS

- A subset of patients with relapsed CLL report constitutional symptoms in the absence of conventional objective indicators of active disease.
- Symptom reporting alone may be insufficient to guide treatment decisions in the R/R setting.
- Assessment should integrate objective disease markers, patient-reported outcomes, and consideration of psychological factors such as fear of progression.

RESULTS

- 6/16 patients (37.5%) reported constitutional symptoms, predominantly fatigue and/or night sweats.
- None of the symptomatic patients demonstrated objective evidence of disease progression.
- Objective findings remained stable: blood counts were stable, there was no clinically significant lymphadenopathy, no splenomegaly, and no weight loss.
- 10/16 patients (62.5%) reported no symptoms and also lacked objective progression.
- No patient met criteria for treatment initiation based on objective disease activity.

Patient-Reported Constitutional Symptoms (n = 16)



Group	n (%)	Objective progression
Symptoms reported	6 (37.5%)	0
No symptoms reported	10 (62.5%)	0
Met treatment-initiation criteria	0 (0%)	0

KEY FINDING:

Symptom reporting occurred in 37.5% of patients, yet objective progression was observed in 0%.

INTERPRETATION:

Possible explanations include multifactorial fatigue, psychological distress, comorbidities, and fear of progression.

ACKNOWLEDGEMENTS

We thank the participating patients and the outpatient hematology team at Oncology Center, Mansoura University.

CONTACT INFORMATION

ahmed.elazab@ouh.nhs.uk