Background

Chronic myeloid leukemia (CML) is a type of cancer that affects 1 to 2 people per 100,000, with as many as 150,000 people living with CML in Europe. The development of tyrosine kinase inhibitors (TKIs) in the 2000s has transformed the lives of CML patients across phases of disease with improved clinical prognoses and outcomes for patients with CML.

Characteristics associated with QoL, disease, treatment burden and their impact on reported health outcomes in a “research” setting have been assessed in a small number of studies.

While clinical outcomes among CML patients have shown significant improvement with the development of TKIs, few studies have been conducted which provide post-approval data and a broader perspective of treatment satisfaction from the perspective of CML patients.

Objective

The purpose of the study was to assess the impact of negative medication experiences, like fatigue, diarrhea, nausea, etc. consumptions, treatment recommendations/recommendations and pill burden on pill burden treatment satisfaction for a European sample of CML patients.

Methods

• Study Design: Cross-sectional survey of patients with CML in chronic phase (CML-CP) across all phases of disease.

• Source Population: The study population consisted of 151 adult patients across the entire treatment spectrum in Germany, Italy and Spain. Eligibility criteria included valid participation by all participants.

• Study Procedure: All data was collected with face-to-face interviews through the disease management process of the instrument that have been described previously.

• The study included one validated patient-reported outcomes instrument (Short Form Health Survey, Short Form Pain Questionnaire, Participation in Activities and Attitudes toward Therapy, Treatment Satisfaction Questionnaire©, and Patient Questionnaire). The data were assessed in parallel with all standard treatment burden, treatment satisfaction and adherence, and the physician-patient relationship.

• The following analyses used descriptive data for the survey data set (n=151). A similar model using a UC cohort (n=515) was compared with the current data set.

• Statistical Analyses: Structural equation modeling (SEM) was assessed for the Satisfaction with Therapy (SWT) component of the CTSQ as the main focus for treatment satisfaction. The relationship of treatment satisfaction with treatment satisfaction outcomes for patients with CML.

• CTSQ: SWT, indicating the explanatory power of the model (beta=-0.3, p=0.001) of lower CML treatment satisfaction.

Results

The study population consisted of 151 adults in total across the European countries. Patients also reported musculoskeletal discomfort, as credited to their CML treatment, and the development of TKIs, few studies have been conducted to assess the predictors of treatment satisfaction with treatment satisfaction outcomes for patients with CML.

Table 1.

Table 2 (cont'd)

CML Treatment Burden Items and Correlations with CTSQ: SWT

CML timeline

P-values

Table 3 (cont'd)

Predictors of CML Treatment Satisfaction

Based on the developed SEM (beta=-0.3, p=0.001) of lower CML treatment satisfaction. The predictors included in the model (i.e., NME, CML dosing restrictions, CML pill burden, treatment satisfaction outcomes for patients with CML).

Conclusions

As shown in the SEM, the patient perspective of QoL attributes is important and includes understanding how QoL, disease, treatment burden and their impact on reported health outcomes in a “research” setting have been assessed in a small number of studies.

The results suggest that, across geographic variations, NMEs may have a negative impact on patient treatment satisfaction.

Specific restrictions on oral medication administration (including to take CML pills per day and dose response) were significantly associated with decreased satisfaction.

Therefore, funded clinical trials are warranted to evaluate the impact of NMEs on patient satisfaction.

References


Cancer Treatment Satisfaction Questionnaire© (CTSQ)

• Results from the individual questions of the CTSQ are presented in Table 2.

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