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Title: Patient preferences for chronic lymphocytic leukemia treatment attributes in Canada: a discrete choice experiment

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Introduction: Treatments for chronic lymphocytic leukemia (CLL) differ in efficacy, safety, treatment duration, and monitoring needs; all of which can affect patients' treatment experience and outcomes. Although targeted therapies, including Bruton tyrosine kinase inhibitors (BTKis), have transformed CLL management, limited evidence is available on how patients with CLL in Canada value treatment attributes. To better understand patient preferences regarding CLL treatment attributes, a quantitative analysis using a discrete choice experiment (DCE) was conducted.

Methods: A patient survey with a DCE design was administered online from May 4 to June 1, 2026, among Canadian adults aged ≥18 years diagnosed with CLL. Patients were recruited through a patient support group. Treatment attributes were selected based on a targeted literature review and clinical input. Patients completed 11 DCE choice tasks, including a dominance test, evaluating attributes related to efficacy, safety, and treatment convenience. Efficacy was represented by progression-free survival (PFS) of 3, 5, or 7 years; safety by the absence of, mild, moderate, or significant impacts on quality of life (QoL) of diarrhea, headache, atrial fibrillation, hypertension, and kidney dysfunction; and convenience by treatment duration and monitoring/hospitalization requirements. A conditional logistic regression model was used to estimate preference weights and calculate the relative importance of each attribute and willingness-to-trade-off.

Results: A total of 64 patients completed the survey (mean age: 69 years; 97% White; 48% female; 67% with a Bachelor's degree or above; 52% from Ontario with others from Prairies, Atlantic, British Columbia, and Quebec; 73% retired; 86% with provincial reimbursement; 92% had prescription drug

insurance). Slightly less than half (48%) were diagnosed ≥5 years ago. In terms of treatment experience, 39% of patients were treatment-naïve, while 61% were treatment-experienced (39% first-line, 19% second-line, 3% third-line or later). Among treatment-experienced patients, the most reported prior treatment-related side effects were fatigue or extreme tiredness (67%), diarrhea (44%), nausea and/or vomiting (39%), and neutropenia (31%). Longer PFS and lower QoL impact from each evaluated side effect were significant predictors of treatment choice (P<.001), whereas treatment convenience had minimal influence on treatment preferences. The attributes ranked from most to least important were the impacts of diarrhea (18.6%), headache (18.1%), atrial fibrillation (17.8%), kidney dysfunction (16.3%), and hypertension (15.0%) on QoL, followed by PFS (13.8%) and treatment convenience (0.4%). The five side-effect-related QoL attributes were similar in relative importance and each ranked above PFS and treatment convenience. Willingness-to-trade-off analyses further indicated that patients were willing to accept shorter PFS to avoid significant QoL impacts from the evaluated treatment-related side effects.

Conclusions: Canadian patients with CLL prioritized minimizing the impact of treatment-related side effects on QoL over all other treatment attributes, with PFS ranking second in importance. Treatment convenience was comparatively less influential. These findings underscore the critical role of QoL considerations alongside efficacy in treatment selection and support the integration of patient preferences into shared decision-making to optimize patient-centered care.