

Prospective patient preference study for chronic lymphocytic leukemia (CLL) treatment attributes impacting patient shared-decision making

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ABSTRACT

BACKGROUND: Treatments for CLL differ in efficacy, safety, treatment duration, and monitoring needs, all of which can impact treatment experience and outcomes. To better understand patient preferences for treatment attributes, a comprehensive quantitative analysis was conducted.

METHODS: A patient survey with a discrete choice experiment (DCE) design was conducted from 12/2024 to 02/2025 among US adults with CLL. Treatment attributes, selected based on targeted literature review and clinical input, included efficacy (PFS), safety (impacts of diarrhea, headache, atrial fibrillation, hypertension and tumor lysis syndrome [TLS]/kidney dysfunction on quality of life [QoL]), and treatment convenience (continuous vs fixed duration with monitoring/hospitalization requirements). A conditional logistic regression model was used to calculate the relative importance of each attribute.

RESULTS: 199 patients with CLL completed the survey (median age: 60 years; 91% White; 46% female; 46% employed; 54% commercially insured; 86% suburban/urban residence; 49% diagnosed ≥ 5 years ago). While 30% of patients had received ≥ 3 lines of therapy, 23% were treatment-naïve, 25% received 1 line of prior therapy, and 23% received 2 lines of therapy. Most patients (88%) reported having experienced ≥ 1 adverse event from treatment previously. Based on DCE results, patients preferred treatments with longer PFS and less impact of headache, atrial fibrillation and TLS/kidney dysfunction on QoL ($P < .001$). Impact of diarrhea and hypertension on QoL and treatment convenience did not have a statistically significant influence on treatment preferences. The top 3 treatment attributes with the highest relative importance to patients were PFS (30%), impact of headache (26%) and impact of atrial fibrillation on QoL (24%), followed by impact of TLS/kidney dysfunction (10%) on QoL, treatment convenience (5%), and impact of diarrhea (4%) and hypertension (1%) on QoL.

CONCLUSIONS: This patient preference survey showed that PFS impact of headache and atrial fibrillation on QoL, were the most important attributes of treatment for CLL patients. To support patient-centered care, shared decision-making in CLL treatment selection should incorporate a comprehensive discussion on AEs alongside efficacy, as patients may prioritize treatments with less impact of AEs on their QoL. Future studies should assess the impact of shared decision-making on treatment outcomes.