Patient medication preferences in follicular lymphoma (FL) in the United States (USA): A discrete-choice experiment (DCE)

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Introduction: Major advances in therapeutics have improved survival for patients with relapsed or refractory (R/R) FL. These treatments offer varied levels of efficacy, safety, and convenience, raising a need to understand patient preferences for different treatment attributes that influence their treatment choice. Therefore, a patient survey using a DCE with quantitative questionnaires was conducted to assess these preferences among patients with R/R FL in the USA.

Methods: A patient preference survey with the DCE design was conducted from April to May 2024 among USA adults (≥18 years old) diagnosed with R/R FL. Patients were recruited through online patient panels, physician referrals, and support groups. FL treatment attributes were selected based on targeted literature review and clinical inputs, including attributes related to efficacy (progression-free survival [PFS]), safety (impacts of adverse events [AEs], eg, rash, cytokine release syndrome [CRS], and neurological events on quality of life [QoL]), and convenience (mode of administration, treatment duration, and time needed to access the medication). The impact of AEs on QoL was defined as the extent to which AEs caused interruptions in patients' ability to engage in their usual day-to-day activities. A conditional logistic regression model was used to assess patient preferences by calculating the relative importance of and willingness to trade off treatment attributes.

Results: A total of 100 patients with R/R FL completed the survey (mean age: 61 years; 51% White; 58% male; 90% in urban or suburban residences). Thirty-six percent of patients were diagnosed 2-5 years ago, with 28% diagnosed ≥5 years ago. Second-line therapy was received by 18% of patients, and 82% received ≥3 lines of therapy. All patients experienced ≥1 AE from treatment. In general, patients' primary considerations in treatment selection were to increase life expectancy (84%), increase the chance of remission or cure (74%), and pause the progression of cancer (47%). Patients preferred treatments with higher efficacy, less impact of AEs on QoL, and a more convenient mode of administration (P<.001). Treatment duration did not affect patients' preferences during treatment selection. There was no statistically significant difference in patient preferences between 3-, 6-, 12-month, and continuous treatment. Treatment attributes in order of high to low relative importance to patients were PFS (27%), impact of CRS on QoL (20%), mode of administration (16%), impacts of rash (15%) and neurological events (14%) on QoL, and time needed to travel to access medication (5%), with treatment duration (4%) being the least important attribute. On average, patients were willing to accept a reduction of 1.5 years of PFS to receive a treatment with less (none or mild vs significant) impact of CRS on QoL, and a reduction of 1.1 years of PFS to receive a treatment with less impact of rash or neurological events on QoL. In terms of mode of administration, patients were willing to trade 1.2 years of PFS to receive a treatment given as an oral tablet rather than one that requires apheresis and intravenous administration with monitoring, and to trade 0.9 years of PFS to avoid a treatment given intravenously with optional monitoring for first doses.

Conclusions: PFS was the most important treatment attribute for patients with R/R FL when making a treatment selection, followed by the impact of CRS on QoL and the mode of administration. However, patients were willing to trade some level of efficacy to receive treatments with better safety and a more convenient mode of administration. Treatment duration was the least important attribute and did not affect patient preferences. Incorporating patient preferences in treatment decision-making may help improve treatment adherence and outcomes and should be evaluated in future studies.