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Patient Preferences For Chronic Lymphocytic Leukemia (CLL) In Korea: A Discrete Choice Experiment

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Background: There are limited published Korean data on patient preferences. A patient survey using discrete choice experiment (DCE) was conducted to understand patient preferences in CLL treatment decision.

Methods: Adult patients with CLL in Korea were recruited by the Korea Blood Disease & Cancer Association to complete an online DCE survey (April-May 2025). Efficacy (PFS), adverse events (AEs; impact of diarrhea, headache, atrial fibrillation [Afib], hypertension on quality of life [QoL]), and convenience (formulation and dosing frequency) were identified based on published literature and clinical inputs. Conditional logistic regression was used to estimate relative importance of each attribute. Subgroup analyses were conducted by age, treatment history, and AE experience.

Results: 57 patients (35% female; mean age 61 years) completed the survey. 33% had a high school education or less, and 23% were employed full-time. Over half (54%) reported no comorbidities and 70% were diagnosed with CLL ≥ 5 years ago. 89% received ≥ 1 treatment (61% first line, 21% second line, and 7% third line or later). Patients preferred treatments that reduced AEs' impacts on QoL, provided longer PFS, and required less frequent dosing ($P < 0.05$), while formulation had no significant impact. The most important attributes were the impact of headache and diarrhea on QoL, followed by dosing frequency, the impact of Afib and hypertension, and PFS. For patients aged ≥ 60 , the impact of AEs on QoL were the most important, while patients aged < 60 years valued PFS slightly more. Patients with \geq second-line treatment primarily valued dosing frequency and impact of diarrhea and headache, while Afib had no significant impact. Patients with AE experience were mostly concerned about the impact of diarrhea and headache ($P < 0.001$).

Conclusions: This study provides insights into treatment preferences of Korean patients with CLL, highlighting the importance of impact of AEs on QoL considerations in shared treatment decision-making.

Keywords: Patient preference, Discrete choice experiment, Patient-centered care, Quality of life, CLL, real-world evidence