Treatment preferences of patients, caregivers, and physicians in follicular lymphoma (FL): a global discrete-choice experiment (DCE) study

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ABSTRACT

Introduction: A DCE survey was conducted to assess preferences of patients, caregivers, and physicians for different attributes impacting FL treatment choice.

Methods: A web-based DCE survey was administered in Oct-Nov 2024 to patients with FL, caregivers, and physicians recruited in the US, UK, Spain, Australia, and Canada through the Follicular Lymphoma Foundation (FLF). Treatment attributes were selected based on targeted literature review, clinical inputs, and review with FLF patient and caregiver advisors. Attributes included efficacy (progression-free survival [PFS]), safety (impact of adverse events [AEs], including fatigue, cytokine release syndrome, and neurologic events, on quality of life [QOL]), and convenience (mode of administration, treatment duration and frequency of visits, travel time to treatment center). Survey responses were analyzed by patient, caregiver, and physician groups. Preference weights were generated from conditional logistic regression models to calculate relative importance of attributes and willingness to trade off.

Results: A total of 337 patients, 37 caregivers, and 29 physicians from 25 countries responded to the survey. The majority (93.7%) of patients reported experiencing ≥1 AE from previous treatment. Patients preferred treatments with longer PFS; mild or no impact of fatigue, cytokine release syndrome, and neurologic events on QOL; oral tablets vs infusions; a 3-month duration with twice-weekly visits vs continuous duration with visits once every 3 months; and <30 minutes of travel time vs >2 hours (all $P<.05$). PFS was ranked as the most important attribute across all groups, followed by treatment convenience attributes for patients and caregivers, and safety attributes for physicians. On average, patients were willing to accept reductions of 1 year of PFS for treatment requiring <30 minutes of travel vs >2 hours, 0.7-1 year to receive treatments with less impact of AEs on QOL, 0.6 year for oral tablets vs blood collection and intravenous infusion, and 0.5 year for 3-month treatment vs continuous duration.

Conclusions: Efficacy was the most important attribute in treatment choice for patients, caregivers, and physicians. Following efficacy, patients and caregivers prioritized convenience and reduced impact of AEs, while physicians prioritized safety. These preference differences highlight the importance of informed discussion and balanced, individualized approaches to treatment selection.

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