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

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ABSTRACT

Introduction: While recent follicular lymphoma (FL) therapy advances offer various treatment options, data are limited on FL treatment preferences in the shared decision-making process. We report the outcomes of a comprehensive survey with a discrete-choice experiment (DCE) design that were conducted to assess preferences of patients, caregivers, and physicians for different attributes that impact FL treatment choice.

Methods: A web-based DCE survey available in English and Spanish was administered in Oct-Nov 2024 to patients with FL, caregivers, and physicians recruited in the US, the UK, Spain, Australia, and Canada through the Follicular Lymphoma Foundation. FL treatment attributes were selected based on targeted literature review, clinical inputs, and review with Follicular Lymphoma Foundation 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, time needed to travel to treatment center). Survey responses were analyzed by patient, caregiver, and physician groups. Preference weights were generated from conditional logistic regression models and used to calculate the relative importance of attributes and willingness to trade off.

Results: A total of 337 patients, 37 caregivers, and 29 physicians (median age: 59, 45, and 51 years, respectively) from 25 countries (>75% from US, UK, and Spain) responded to the DCE survey. The majority (93.7%) of patients reported having experienced ≥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 during treatment; 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. Following efficacy, treatment convenience attributes were ranked higher by patients and caregivers while safety attributes were more important to 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 is the most important attribute in treatment choice for patients, caregivers, and physicians. Following efficacy, patients and caregivers prioritize convenience and reduced impact of AEs, while physicians prioritize safety over convenience. Insights on differences between preferences highlight the importance of informed discussion and a balanced, individualized approach to treatment selection.

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