

Symptom Burden, Palliative Care Needs, and Patient-Provider Communication Among Chronic Myeloid Leukemia Survivors

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Background

- People with chronic myeloid leukemia (CML) are living longer, yet they can be challenged by disease complications, adverse effects of treatment, and lifelong drug therapy
- CML symptoms and treatment side effects (SEs) are often chronic, and patients may need care from a multidisciplinary team of specialists

Aims

 The objectives of this study were to examine CML patients' symptom burden, palliative care needs, and experiences with health care team (HCT) communication

Methods

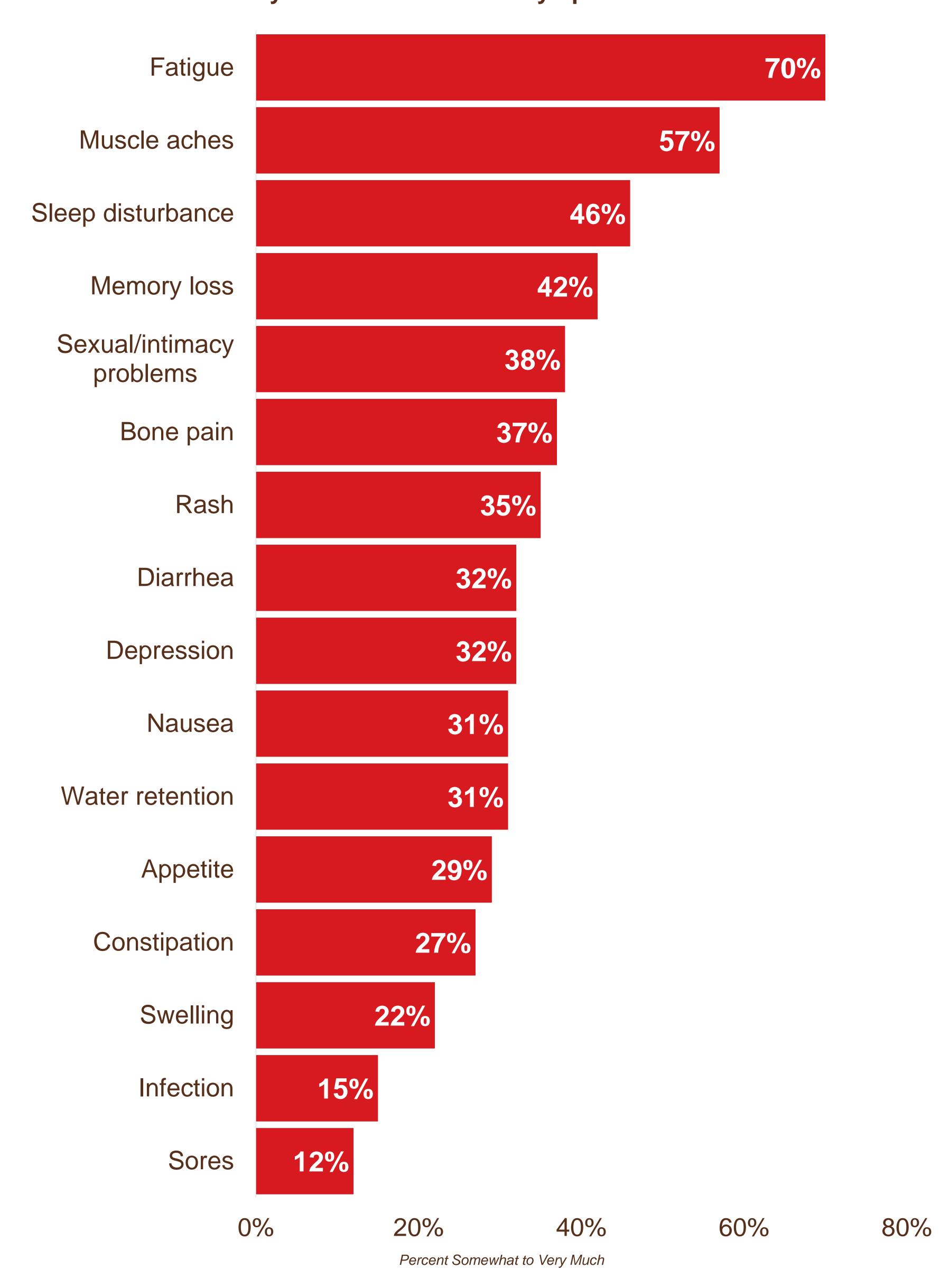
- 310 people diagnosed with CML enrolled in the Cancer Support Community's Cancer Experience Registry and completed questions about CML history, treatment, and symptoms
- Participants rated the extent to which 19 symptoms and SEs interfered with daily life (0=not at all; 4=very much); ratings were summed into a symptom burden score (α =.89)
- Participants also rated 10 items assessing quality of patient-provider communication about SEs (0=strongly disagree; 4=strongly agree); items were summed into a SEs communication quality total score $(\alpha = .83)$
- Bivariate associations between communication quality and sociodemographic, symptom history, and symptom burden variables were examined; significant variables were included in multiple linear regression analysis predicting SEs communication quality

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Participants		
<i>N</i> = 310	M/n	SD/%
Age (years) (<i>n</i> = 256)	57 12 Range: 23– 84	
Non-Hispanic White $(n = 303)$	269	89%
Female ($n = 303$)	203	67%
Disease Status (n = 304)		
Hematologic remission	199	66%
Cytogenic remission	125	41%
Molecular remission	190	63%
Initial response, no longer responding	8	3%
No response to treatment	3	<1%
More than one provider manages CML ($n = 306$)	268	88%
Satisfied with care coordination ($n = 268$)	193	72%

Results





 Symptoms causing greatest interference with daily life included fatigue (70%), muscle aches (57%), sleep disturbance (46%), loss of concentration/memory (42%), problems with sexual or intimate relations (38%), and bone pain (37%)

CML Side Effect Management and Communication with Health Care Team (HCT)

	% of
	Respondents
Satisfied with HCT communication [†]	94%
Believed it was easy to contact the HCT with questions/concerns†	93%
Believed HCT takes enough time to address concerns†	92%
Felt confident in their ability to cope or get help with treatment SEs [†]	87%
Satisfied with communication about treatment SEs [†]	86%
Believed HCT prepared them to manage treatment SEs [†]	78%
Wanted more help managing long-term SEs*	59%
Wanted more help managing short-term SEs*	51%
Potential SEs at least somewhat affected treatment choice†	41%
Did not report the full extent of their symptoms/SEs to their HCT [†] †Percent Somewhat to Very Much; *Percent Yes	19%

- More than half of CML respondents wanted more help managing short-term (51%) and longterm (59%) side effects
- Almost one-fifth of respondents (19%) did not report the full extent of their symptoms and SEs to their health care team

Patient Factors Associated with Health Care Team Communication Quality

Predictor	Semipartial <i>r</i>	p
Felt confident in their ability to cope or get help with treatment SEs	.32	<.001
Did not report the full extent of their symptoms/SEs to HCT	33	<.001
Wanted more help managing short-term SEs	22	<.001

Significant associations only are displayed

- Regression analysis indicated that three predictors explained 55% of the variance in a composite variable assessing the quality of HCT communication about SEs (R^2 =.55, F(4,261)=75.33, p<.001)
- Poorer HCT communication quality was associated with less confidence in coping with SEs, more holding back from telling the HCT about SEs, and wanting more help managing short-SEs and symptoms
- Wanting more help managing long-term SEs and greater symptom burden were associated with poorer HCT communication quality at a bivariate level only

Implications and Conclusions

- People with CML experience significant symptom burden and want more support with managing the symptoms and side effects of their illness
- Patient satisfaction with health care team communication by itself is not a successful marker of effective symptom management, as even satisfied CML patients wanted more support in coping with short- and long-term side effects
- The study findings support the need for comprehensive CML symptom management during survivorship care, which may include integrated palliative and supportive care resources

Acknowledgments

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References

- 1. Bower, H., Bjorkholm, M., Dickman, P. W., Hoglund, M., Lambert, P. C., & Andersson, T. M.-L. (2016). Life expectancy of patients with Chronic Myeloid Leukemia approaches the life expectancy of the general population. J Clin Oncol, 34(24), 2851-2857.
- 2. Cella, D., Nowinski, C. J., & Frankfurt, O. (2014). The impact of symptom burden on patient quality of life in chronic myeloid leukemia. Oncology, 87(3), 133-147.
- CANCER EXPERIENCE REGISTRY. A PROGRAM of the CANCER SUPPORT COMMUNITY
- The Cancer Experience Registry is an online research initiative that captures the immediate and ongoing or changing social and emotional experiences of cancer survivors and their caregivers.
- The Registry is for all cancer survivors and caregivers, but also includes 10 disease-specific surveys.
- Findings contribute toward advancing research, health care and policy.
- Over 12,000 cancer survivors and caregivers are registered in the Cancer Experience Registry.

Learn more or join the Registry at www.CancerExperienceRegistry.org