

Treatment Decision Making and Treatment Satisfaction among Individuals Living with Chronic Myeloid Leukemia

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Background

- Over the past decade, an increase in treatment options for chronic myeloid leukemia (CML) has dramatically changed the therapeutic landscape and has improved clinical outcomes
- This abundance of treatment options may make it difficult for CML patients to feel knowledgeable about what options are available to them, may hinder patients' preparedness for having conversations about treatment, and, similarly, may contribute to patients feeling less involved in treatment decision making (TDM)

Aims

- The objective of this study was to explore whether the TDM experience was linked to satisfaction with treatment outcomes in a national sample of CML patients

Methods

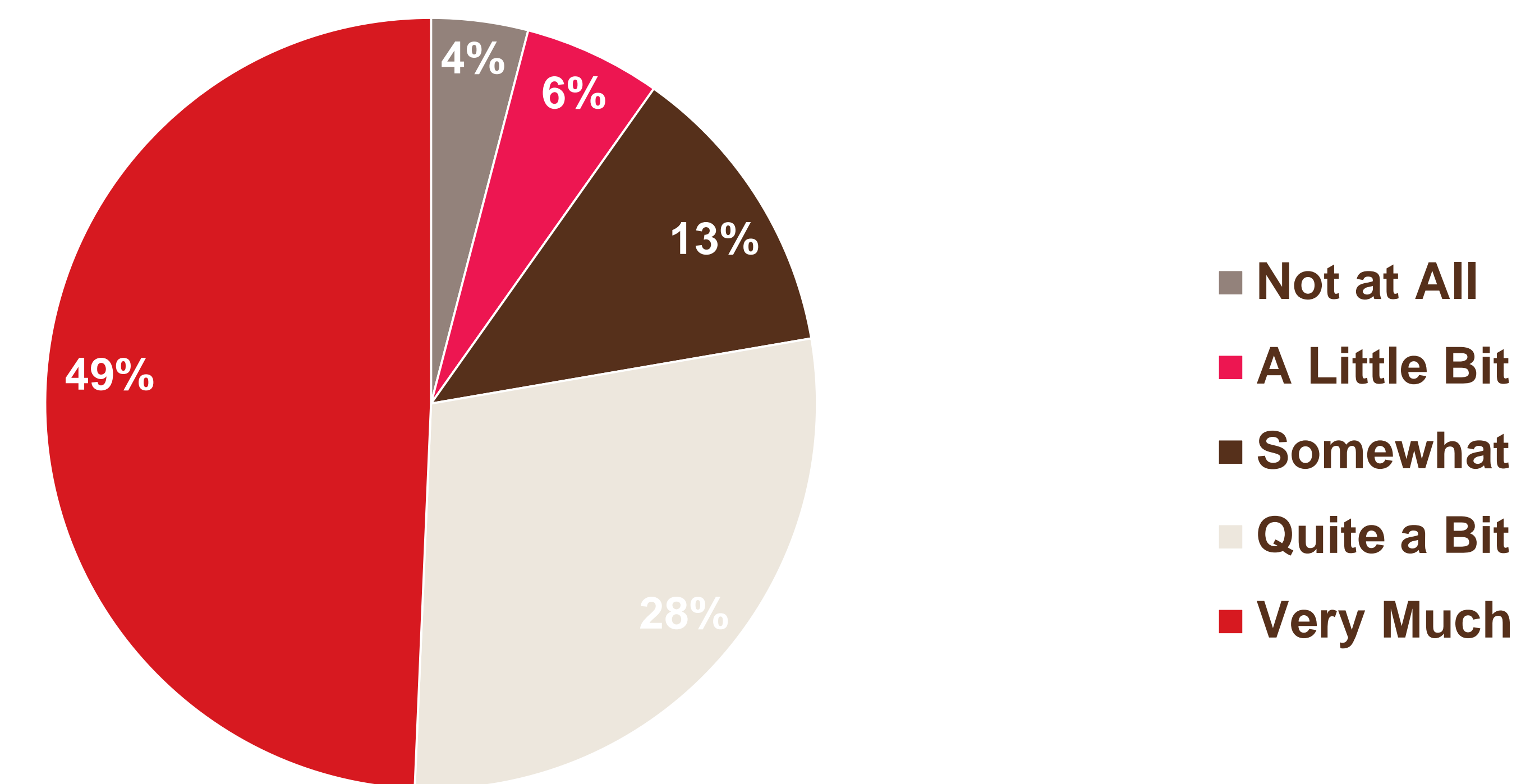
- Our analytic sample included 310 patients diagnosed with CML (primary diagnosis) and enrolled in the Cancer Support Community's online Cancer Experience Registry®
- The dependent variable in all analyses was a dichotomous, patient-reported indicator of satisfaction with treatment outcomes (satisfied or not). Our independent variables included three measures that capture the TDM experience: feeling *involved* in TDM; feeling *knowledgeable* about treatment options prior to making treatment decisions; and, feeling *prepared* to discuss treatment options with one's doctor
- Respondents ranked TDM knowledge, preparedness, and involvement from 0 = "not at all" to 4 = "very much." Responses were dichotomized such that 1 = "quite a bit" or "very much" and 0 = "not at all", "a little bit" or "somewhat"

Participants

	N = 310	M/n	SD/%
Age (years) (n = 256)		57	12
		Range: 23 – 84	
Non-Hispanic White (n = 303)	269	89%	
Female (n = 303)	203	67%	
Time Since Diagnosis (years) (n=305)	6	5	
		Range: 0 - 32	
Devastating Financial Impact (n = 307)	104	34%	
CML Symptom Burden score (n = 256)	19.6	13.5	
How well do you feel your HCT prepared you to manage side effects? (n = 299)			
Not at all	34	11%	
A little bit	30	10%	
Somewhat	78	26%	
Quite a bit	60	20%	
Very much	97	32%	

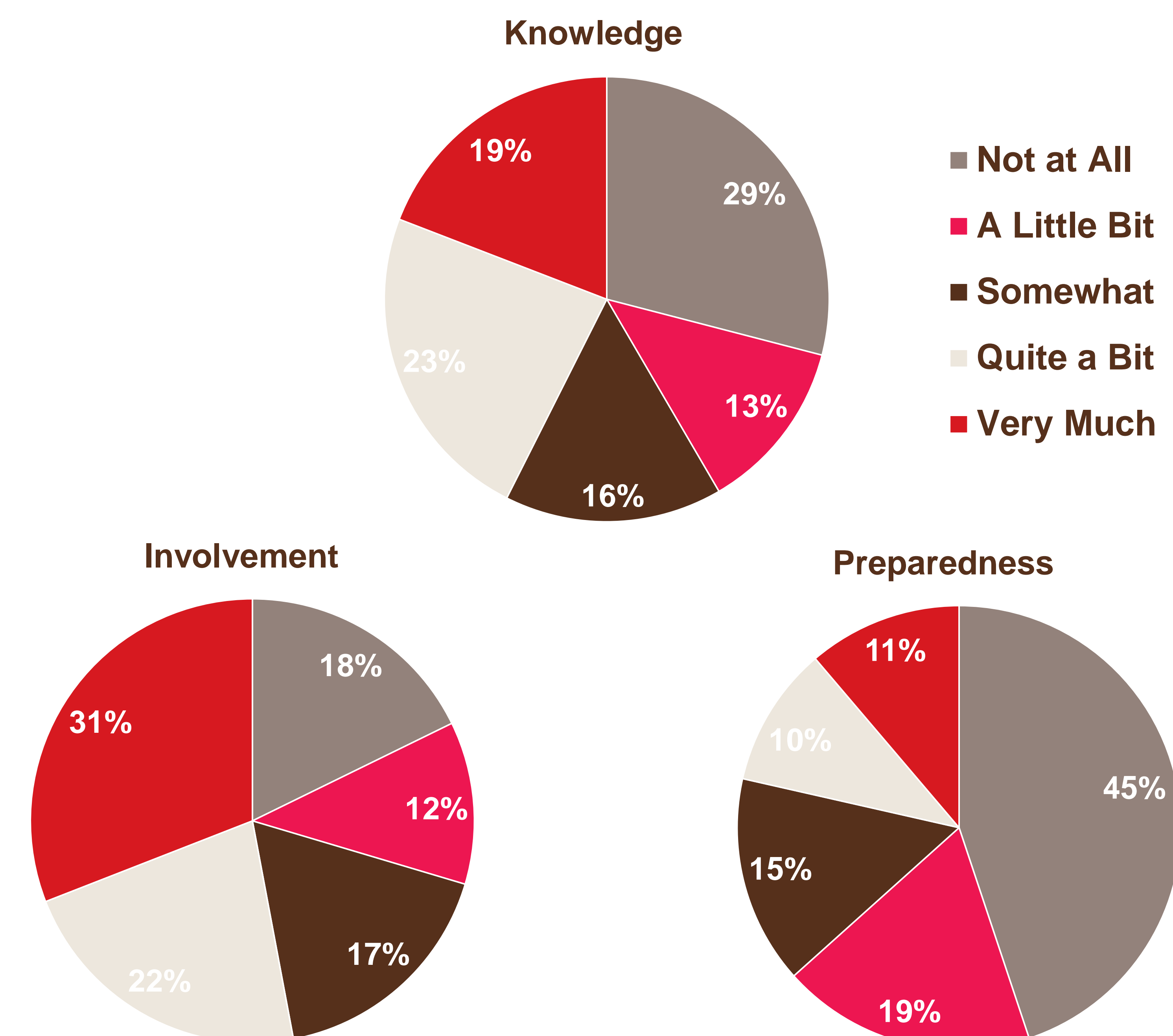
Results

Treatment Outcomes Satisfaction



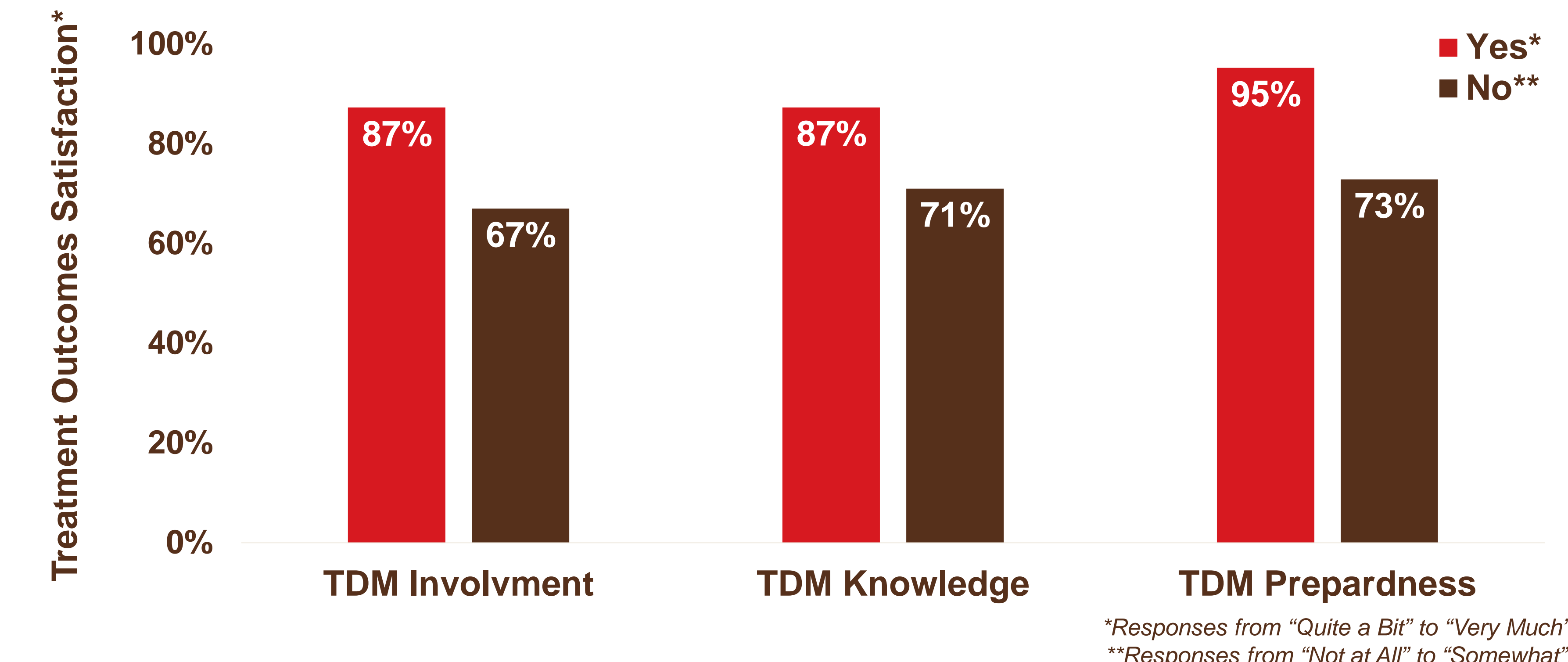
- Most of the respondents (77%) reported being "quite a bit" to "very much satisfied" with their treatment outcomes

Experience with Treatment Decision Making



- Experiences with TDM were variable. When making treatment decisions, 53% reported feeling "quite a bit" to "very much" *involved*, 42% reported feeling "quite a bit" to "very much" *knowledgeable*, and 21% felt "quite a bit" to "very much" *prepared*

Experience with Treatment Decision Making and Satisfaction with Treatment Outcomes



- T-test results suggested that individuals with greater involvement, more knowledge, and higher preparedness were significantly more likely to report satisfaction with treatment outcomes

TDM: an Important Factor of Treatment Outcomes Satisfaction

Predictor	Exp(B)	Lower CI	Upper CI
TDM Involvement	1.44	.51	4.1
TDM Knowledge	1.2	.42	3.4
TDM Preparedness	5.96*	1.25	28.39
Devastating Financial Impact	.34*	.15	.77
Age	.98	.94	1.02
Female	.88	.37	2.08
White	.35	.07	1.65
Time Since First Diagnosis	1.07	.98	1.18
CML Symptom Burden	.99	.96	1.02
How well do you feel your HCT prepared you to manage side effects?	1.53**	1.12	2.09

($\chi^2(10)=49.22, p<.000$)

- Results of the multivariate models demonstrated greater likelihood of treatment satisfaction among individuals who felt *prepared* to discuss treatment options with their HCT, even after controlling for demographic, clinical and treatment-related characteristics
- Prepared individuals were nearly 6 times as likely to be satisfied with their treatment outcomes, as compared to individuals who did not feel prepared to discuss treatment options ($p < .05$)

Implications and Conclusions

- Most of our patients with CML did not feel prepared to make treatment decisions. However, those who feel more prepared to discuss treatment options with their doctors are also more likely to report satisfaction with treatment outcomes
- As new CML treatment options become available, our results highlight the need for an increased focus on shared decision making in clinical practice. This may necessitate providing patients with more resources to help prepare them for treatment-related conversations