



Perceptions of treatment tolerability and its relationship to income in patients with hematologic malignancy: Findings from the Cancer Experience Registry

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BACKGROUND

- Hematologic malignancies (HM) often require therapies with many adverse effects. These therapies may also have high associated costs and may require long travel times.
- Current assessments for HM cancer treatment tolerability are not holistic, as they primarily focus on physical adverse events and side effects, possibly missing other factors patients consider when determining a treatment's tolerability.

AIMS

- To further understand patients' perceptions of HM cancer treatment tolerability.
- To investigate how these perceptions may be related to income.

METHODS

- 118 individuals with HM participated in Cancer Support Community's online survey, the Cancer Experience Registry (CER), between November 2021 and June 2024.
- These participants provided sociodemographic and clinical information and ratings of how important they considered 11 factors when determining treatment tolerability (1=Not at all; 5=Very much). Factors were selected based on a targeted literature review conducted by IQVIA, Inc. aimed at identifying key constructs of PRO measures for tolerability.¹
- Chi-square analysis was utilized to assess group differences among tolerability items based on those reporting lower (<\$40K) vs. higher (\$40K+) annual household income.

PARTICIPANTS

N = 118	Mean/n	SD/%
Age (years) (range 26-87)	M=66.6	SD=11.4
Race & Ethnicity		
Non-Hispanic White	n=105	89%
Non-Hispanic Black or African American	n=6	5%
Multiple/Other	n=7	6%
Gender Identity		
Woman	n=66	56%
Man	n=50	42%
Prefer not to share	n=2	2%
Employment Status		
Employed (full-time, part-time, temporary)	n=26	25%
Retired	n=65	61%
Not employed (disability)	n=13	12%
Not employed (other)	n=2	2%
Education		
High school/trade school	n=13	12%
Some college	n=18	17%
Associate's degree	n=16	15%
Bachelor's degree	n=28	26%
Master's degree or higher	n=31	29%
Years Since Diagnosis (range 2-26)	Median=8	
Currently in Treatment	n=51	43%

Please note: missing data are not included in table.

RESULTS

Figure 1. Hematologic malignancy diagnosis

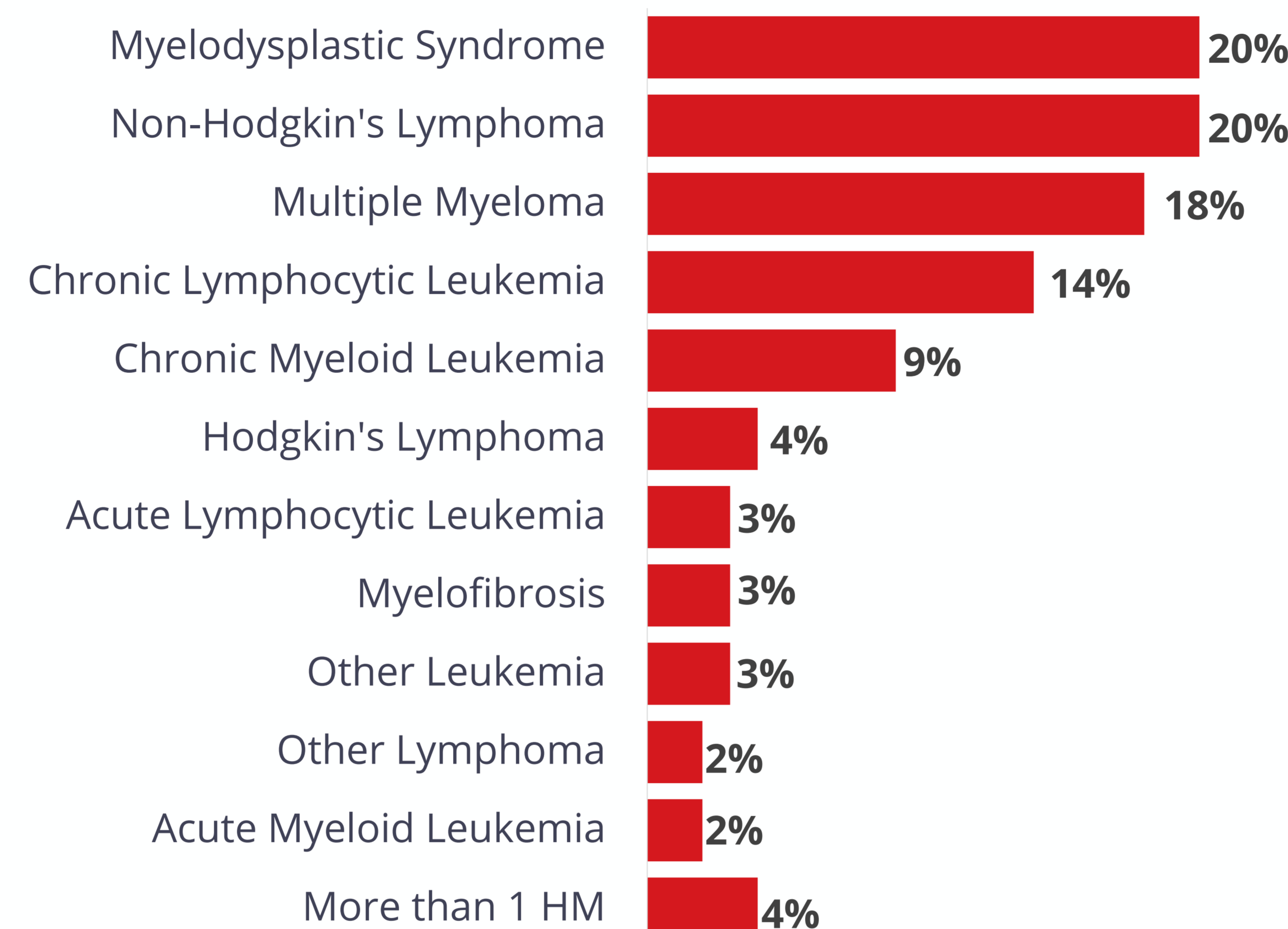
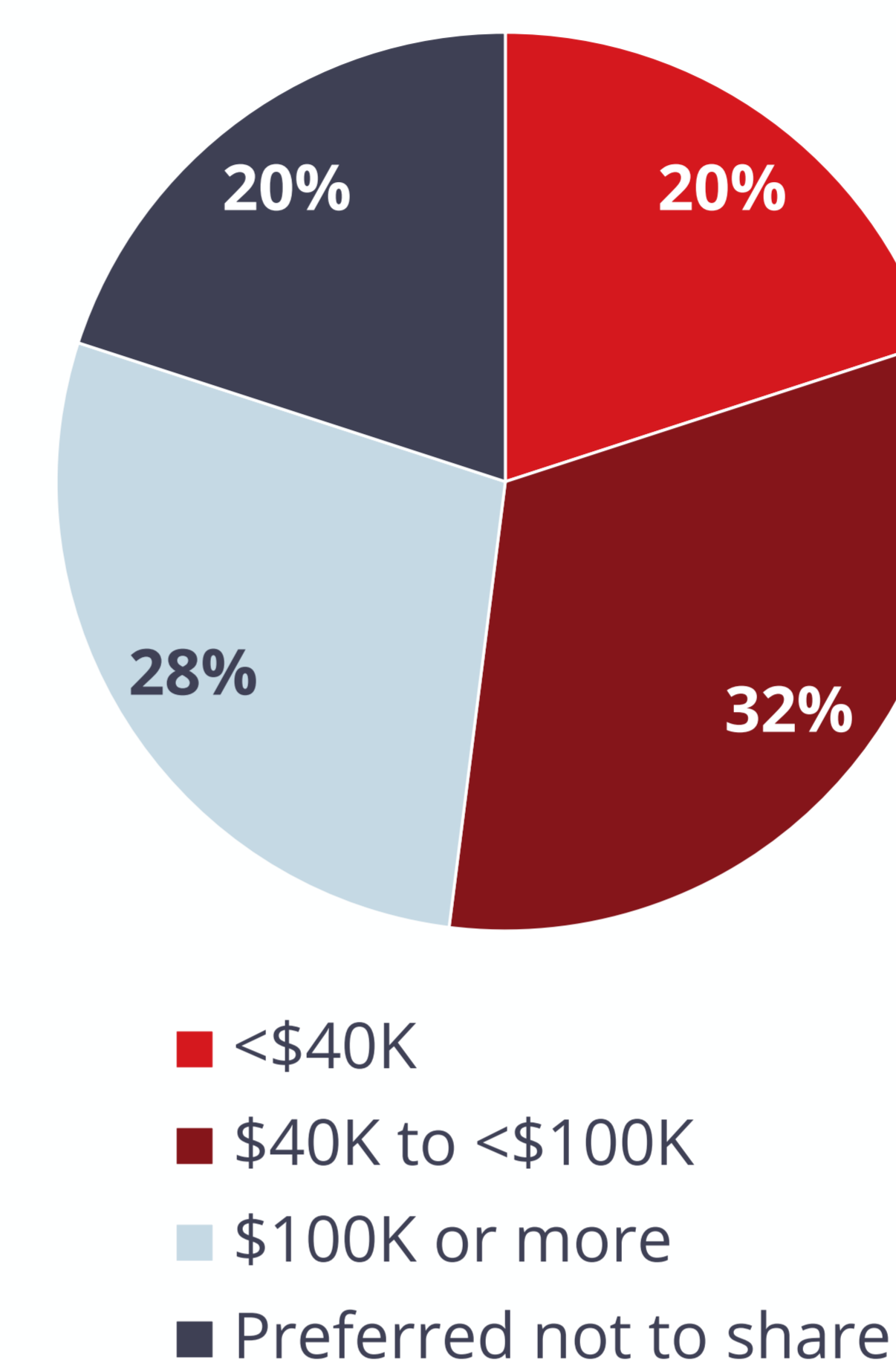


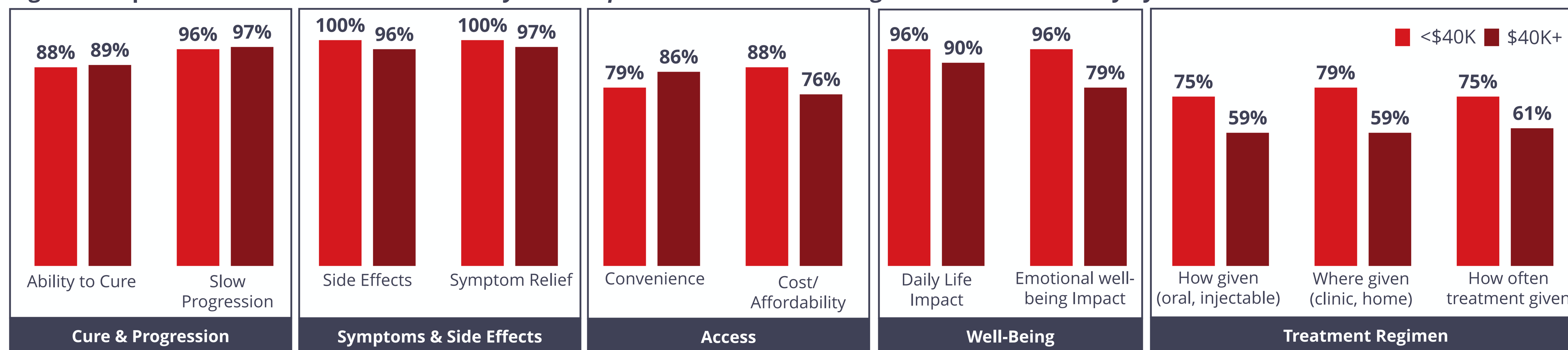
Figure 2. Income



Symptom relief, ability to slow disease progression, and treatment side effects were the top 3 aspects considered when determining treatment tolerability for all participants, regardless of income.

- Those reporting a lower income (n=24) were more concerned than those with higher income (n=71) with cost/affordability (88% vs. 76%, respectively), how (oral vs. injection) treatment is given (75% vs. 59%) and how often treatment is given (75% vs. 61%), but these differences were not statistically significant (Figure 3).
- Chi-square analysis revealed trends that those with lower income prioritize the impact of treatment on emotional well-being (96% vs. 79%; $\chi^2=3.684, p<.10$) and where (in clinic or at home) treatment is given (79% vs. 59%; $\chi^2=3.126, p<.10$) vs. those with higher income.

Figure 3. Aspects endorsed as Somewhat to Very Much Important when considering treatment tolerability by income level



CONCLUSIONS AND IMPLICATIONS

- When considering the treatment tolerability, individuals with HM prioritize relief from symptoms, ability to slow disease progression, and treatment side effects.
- These concerns are largely consistent across income groups, but findings suggest that those with lower income may prioritize treatment access factors, such as cost, location, and frequency of care more than those with higher income.
 - Additionally, emotional well-being impacts were prioritized more by lower-income patients, highlighting the need for tailored support services.
- While there are notable group differences, the small sample size in this study may limit statistical significance.
- Given the potential impact of tolerability on other aspects of the patient's experience, including treatment adherence as well as other physical, mental, and social outcomes, the relationship between income and tolerability warrants continued investigation.

REFERENCES: ¹Roborel de Climens A, Ginchereau Sowell F, Shukla A, Buzaglo J. Understanding the concepts underlying the measurement of patient-reported tolerability. ISOQOL, Cologne, Germany, October 2024

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