

A Cross-Sectional Study of Unmet Needs of Lymphoma Patients in Patient-Doctor Communication: Follicular Lymphoma (FL) and Diffuse Large B-Cell Lymphoma (DLBCL)



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1) INTRODUCTION

The complexity of the lymphoma experience and the myriads of side effects from treatments makes patient-centricity a cornerstone for the care of lymphoma patients. Communication with clinicians is a significant component of this.

This study describes the experiences and unmet needs in patient-doctor communication of patients (FL and DLBCL) using the Lymphoma Coalition (LC) 2018 Global Patient Survey (GPS) on Lymphomas and CLL.

2) METHODOLOGY

Study Design

- This study is a sub-analysis of the 2018 LC GPS, which is a biennial online global survey of patients with lymphomas including CLL.
- Hosted on a third-party portal from January-March 2018 in 19 languages.

Respondents

- Globally, there were **6631** patient respondents from 70+ countries.
- There were **937 FL** and **1478 DLBCL** respondents.

Statistical Analysis

- Raw data was entered, merged, and cleaned in IBM SPSS v21.
- Demographic comparison of respondent subgroups (FL vs DLBCL patients) was completed.
- Questions relating to patient-doctor experiences and perceptions were examined. Descriptive analysis was performed.
- Differences in proportions were tested using chi-square tests ($p=0.05$) and odds ratios with 95% CI.

3) RESULTS

FL and DLBCL patients differed in the distribution of age, sex, and residence (all p values <0.05) (table 1).

Table 1. Demographic distribution of Follicular lymphoma (FL) and Diffuse large B-cell lymphoma (DLBCL)

	FL count(%)	DLBCL count(%)	X2 (p-value)
Age			93.83 (p<0.001)
18-29	27(3)	155(10)	
30-39	129(14)	323(22)	
40-59	466(50)	599(41)	
60-69	251(27)	277(19)	
70+	60(6)	117(8)	
Sex			11.58 (p<0.001)
Male	358(38)	667(45)	
Female	576(62)	803(55)	
Residence			24.98 (p<0.001)
Rural	191(20)	345(24)	
Suburban	240(26)	254(17)	
Urban	502(54)	870(59)	

Two-thirds of both groups (FL-65%, DLBCL-68%) would have liked more information and support at their initial diagnosis. Despite this need, less than half of patients felt their doctors encouraged discussion (FL-39%, DLBCL-45%) and only 23% of FL and 43% of DLBCL patients were referred to further support (figure 1).

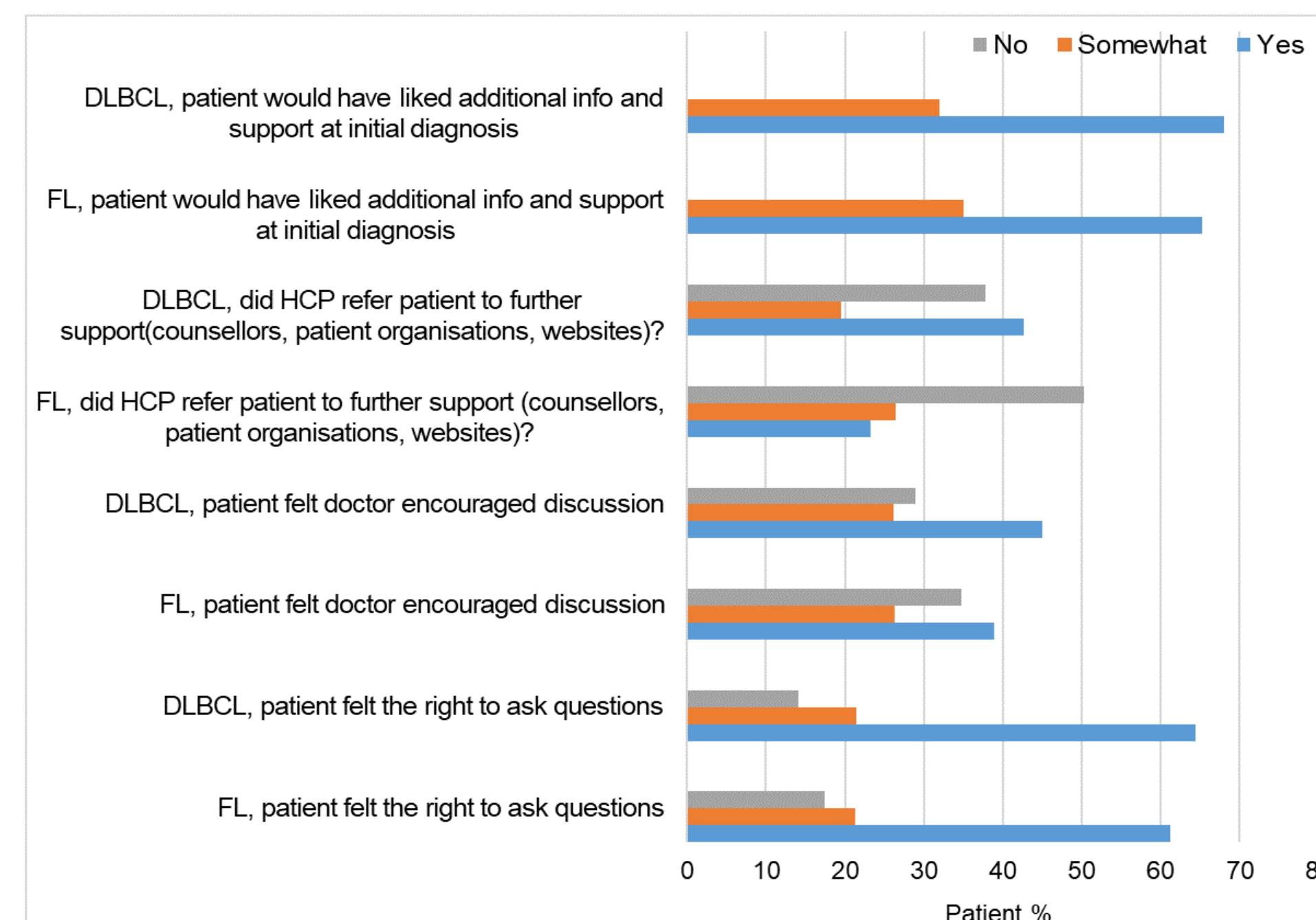


Figure 1. Showing FL and DLBCL patients' experience and feelings of their patient-doctor communication

4) RESULTS CONT.

Most patients (FL-70%, DLBCL-77%) reported communicating their medical/physical issues to their doctors compared to the low level of communication of emotional issues in both groups (FL-41%, DLBCL-38%).

For those who communicated issues, less than half of them felt helped by their doctors for physical issues (FL-40%, DLBCL-47%) and less still for emotional issues (FL-31%, DLBCL-42%).

Patients' unmet need for help with fatigue, fear of cancer relapse (FOR) and side effects were also examined. Fewer patients felt the doctor helped with issues of fatigue (FL-33%, DLBCL-43%) and FOR (FL-33%, DLBCL-40%) compared to helping with treatment side effects (62%-FL, 69%-DLBCL).

5) CONCLUSIONS

- The results show that FL and DLBCL patients would like more information and support than what is currently provided by their doctors.
- Doctors are more likely to address physical and medical aspects of care.
- A large gap exists regarding communication surrounding the emotional/psychosocial issues that lymphoma patients' experience.
- LC advocates for improved communication between doctors and patients. The existing gaps in communication prevent care from being truly patient-centered.

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