

Comparative Analysis of CLL and DLBCL Patients' Level of Understanding After Initial Doctor's Appointment

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1) INTRODUCTION

For chronic lymphocytic leukaemia (CLL), the treatment landscape has changed dramatically in the last few years. The standard of care is regularly being updated due to ongoing outcomes of clinical trials investigating new therapies. However, this fast-evolving landscape complicates CLL patients' understanding of the best treatment option for them. Education on coping strategies to manage side effects is another key issue, especially for patients on long-term continuous therapies.

This study presents a unique look at how CLL patients are faring in this complicated therapeutic landscape, by comparing their level of understanding of key issues after their initial doctor's appointment with that of diffuse large B-cell lymphoma (DLBCL) patients (given that DLBCL has a more established standard of care), using the Lymphoma Coalition's (LC) 2018 Global Patient Survey (GPS) on lymphomas and CLL. In addition, this study examined doctor-patient communication and support surrounding side effect management.

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.
- The survey was hosted on a third-party portal from January-March 2018 in 19 languages.

Participants

- Globally, **6631** participants took part (70+ countries).
- There were **595 CLL** and **1478 DLBCL** respondents.

Statistical Analysis

- Raw data was entered, merged, and cleaned in IBM SPSS v21.
- Demographic comparison of respondent subgroups (CLL vs DLBCL) was completed.
- Comparison of the subgroup of respondents who reported either having the 'most understanding' or the 'least understanding' to questions relating to their level of understanding of key issues after their initial doctor's appointment was completed.
- Respondents' response to whether their doctors were able to help them manage their treatment side-effects was charted and compared.
- Differences in proportions were tested with chi-square tests ($p=0.05$) and odds ratio with 95% CI.

3) RESULTS

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

Table 1. Socio-demographic distribution of respondents

	CLL count (%) N=595	DLBCL count (%) N=1478	X ² (p-value)
Age			244 (p<0.001)
18-24	7(1)	155(10)	
30-39	26(4)	323(22)	
40-59	211(36)	599(41)	
60-69	234(40)	277(19)	
70+	111(19)	117(8)	
Sex			8.6 (p=0.003)
Male	308(53)	667(45)	
Female	278(47)	803(55)	
Residence			35.9 (p<0.001)
Rural	118(20)	345(24)	
Suburban	171(29)	254(17)	
Urban	298(51)	870(59)	

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The DLBCL subgroup had more respondents in the younger age group (18-39 yrs age groups-combined) compared to CLL respondents (32% vs 5%). The CLL group had more than twice the proportion of older respondents (>60 years) than the DLBCL group (19% vs 8%).

CLL respondents had more males (53%) whilst DLBCL respondents had a lower male proportion (45%). One-fifth (20%) of CLL respondents and 24% of DLBCL respondents resided in rural areas (table 1).

3) RESULTS CONT.

Analysis of the level of understanding of key issues after their initial doctor's appointment showed that compared to DLBCL respondents, CLL respondents were more likely to have less understanding for all the issues analysed (table 2).

Of statistical significance, CLL respondents who started treatment right away were twice as likely as DLBCL respondents to have less understanding of their initial treatment and its potential side effects (OR=2.25 and 2.14 respectively).

Table 2. Patients' level of understanding of key issues after their initial doctor's visit

	Subtype	Patients with least understanding Count (%)	Patients with the most understanding Count (%)	
Understanding of diagnosis	CLL	187 (46%)	223 (54%)	OR= 1.13 95%CI (0.89-1.42) P=0.305
	DLBCL	422 (43%)	568 (57%)	
Understanding of initial treatment (for those who started right away)	CLL	145 (59%)	100 (41%)	OR= 2.25 95%CI (1.69-2.98) P<0.001
	DLBCL	392 (39%)	607 (61%)	
Understanding of potential side effects	CLL	188 (61%)	120 (39%)	OR= 2.14 95%CI (1.64-2.78) P<0.0001
	DLBCL	407 (42%)	557 (58%)	
Understanding of side effects management	CLL	208 (66%)	105 (34%)	OR= 1.872 95%CI (1.43-2.44) P<0.001
	DLBCL	473 (50%)	477 (50%)	
Understanding the different treatment options	CLL	232 (62%)	145 (38%)	OR= 1.50 95%CI (1.177-1.92) P<0.001
	DLBCL	467 (52%)	439 (48%)	
Understanding of the different processes and stages of care	CLL	193 (56%)	151 (44%)	OR= 1.783 95%CI (1.39-2.29) P<0.0001
	DLBCL	392 (42%)	547 (58%)	

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CLL respondents were more likely to have less understanding about side effect management, the different treatment options and the various processes and stages of their care compared to DLBCL respondents (OR=1.9, 1.5 and 1.8 respectively) (table 2).

Importantly, more CLL respondents felt that their doctors were unable to help them manage their treatment side effects (13%), or felt only somewhat helped (31%) compared to DLBCL respondents (7% & 23%, respectively) (figure 1).

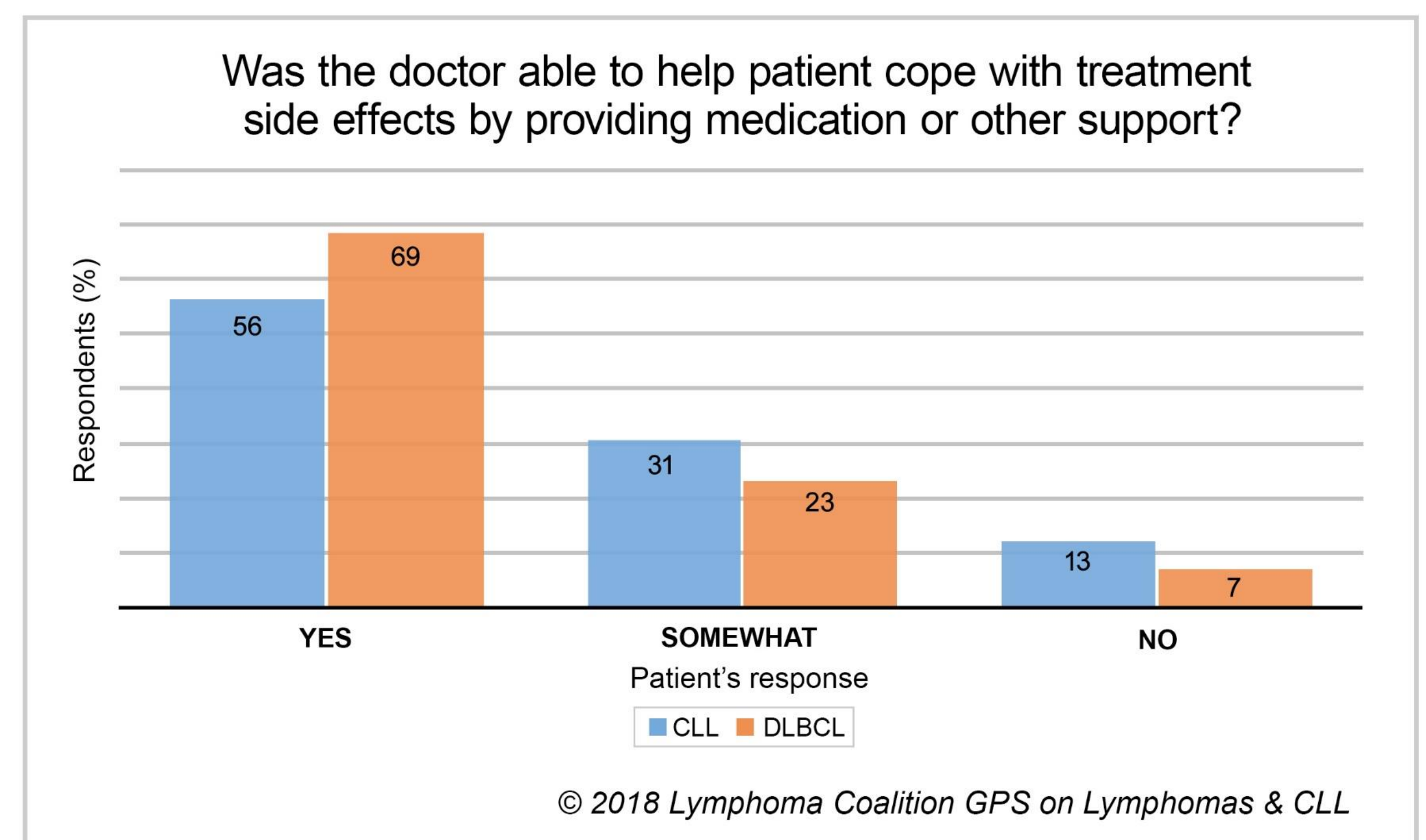


Figure 1. Respondents' feeling about their doctors' ability to help with treatment side effects.

4) CONCLUSIONS

It is clear from this exploratory analysis that CLL patients are leaving their initial doctor's appointment with less clarity than the DLBCL patients. CLL patients also feel they are not receiving enough help from their doctors in coping with treatment side effects. LC will assess the impact of the possible confounding effects of the sociodemographic factors in future studies.

A global approach to regularly updating recommended CLL treatment standards and making them easily accessible will help both the clinicians and patients. LC also believes that continuous effort should be made to inform and educate lymphoma patients adequately and appropriately at all points of clinical contact.

5) CONTACT

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