

BACKGROUND

Although TKIs have led to a life expectancy of patients with CML-CP close to that of the general population, resistance and intolerance are challenging to manage and often necessitate a treatment change.¹⁻¹⁴ Data on patient experiences and/or concerns regarding outcomes and role in treatment decision-making are lacking. Alignment of patient and physician perspectives is needed to limit unnecessary treatment switching, improve QOL, and optimize achievement of goals.

Here we present results of CML SUN, a survey conducted with both patients and physicians to comprehensively understand the unmet needs and concerns around CML from the perspectives of patients diagnosed with CML-CP and treating physicians.

METHODS

CML SUN was conducted among patients with CML-CP and treating physicians. Results of the qualitative interviews of 21 patients and 24 physicians (published previously) were used to inform topics for the online quantitative surveys.¹⁵ Following the qualitative interviews, 60-minute cognitive interviews were conducted to eliminate any ambiguities and ensure respondents could answer survey questions and were not overwhelmed. IRB exemptions were obtained. Patient recruitment occurred through patient databases, physician/nurse referrals, and patient advocacy groups; physicians were recruited through online physician panels.

To participate in the quantitative survey, patients with CML-CP must have been ≥18 years old had 1 to 3 prior TKI treatments, and were currently receiving a 2L, 3L, or 4L TKI. Physicians must have been transplant specialists or hematologists and/or oncologists in practice for 3 to 35 years who were personally responsible for treatment decisions for patients with CML. Physicians spent ≥50% of their time caring for patients with CML. Physicians treated ≥10 patients with CML-CP (>30% receiving 2L or 3L TKI) over the last year, and switched patients' treatment from 2L to 3L. Online surveys were unique for patients and physicians and assessed disease perception, CML diagnosis, information sharing, decision-making, disease monitoring, treatment switching, and CML treatment and impact on the patients' lives. All participants provided informed consent and were incentivized to participate. Records were anonymized and analyzed by research specialists at Ipsos SA.

A total of 361 patients with CML-CP and 198 physicians (hematologists and/or oncologists) in 11 countries (Australia, Brazil, Canada, France, Germany, Italy, Japan, South Korea, Spain, the UK, and the US) participated from November 2022 to March 2023.

CONCLUSIONS

- Overall, CML SUN demonstrates the need for a shared treatment decision that balances efficacy and tolerability goals among patients and physicians
- Treatment options that are both effective and tolerable are needed to help patients stay on therapy longer and avoid treatment switching and the negative impact on QOL and physical and mental well-being. While most patients and physicians are satisfied with the efficacy of current treatments, patients still report experiencing negative impacts on their QOL, including mental health, social life, work life, studies/school, and financial situation
- Patients need to be involved in choosing their treatment as their treatment may be lifelong and could impact the quality of their day-to-day lives
- A significant percentage of physicians saw themselves as the ultimate decision-maker in treatment decision-making, despite reporting to welcome the involvement of the patient, suggesting a lack of enabling patient empowerment and shared decision-making as part of routine clinical practice. This may be an area where greater awareness and support for physicians can help them better meet patients' needs and preferences
- Patients want treatment options that allow them to live normal lives. Physicians, patients, and other stakeholders in CML care have the opportunity to collaborate and raise their expectations for CML treatments that do not sacrifice tolerability for the sake of efficacy



Scan QR code or visit our website for poster, author recording, infographic, video abstract, poster slides, & supplementary slides

VISIT WEBSITE FOR MORE CONTENT

DISCLOSURES: All authors received nonfinancial support (assistance with abstract and poster preparation) from Scientific Pathways, Inc which received funding from Novartis Pharmaceuticals Corporation. F.L. received honoraria and consulting fees from Bristol Myers Squibb, Incyte, Celgene, and Novartis and research funding from Novartis. Z.P.W. is a consultant and member of the board of directors or an advisory committee for Acute Leukemia Advocates Network and Working of European Cancer Patient Advocacy Networks; was a member of the board of directors or an advisory committee for CML Advocates Network; is a consultant; received organizational grant funding; is a member of the speakers bureaus for AbbVie, Agios, Amgen, Astella, Autolus, Bristol Myers Squibb, Celgene, Daiichi Sankyo, Gilead, Incyte, Jazz, Janssen, Kite, Kyowa Kirin, Mallinckrodt, Novartis, Pfizer, Roche, Servier, and Takeda, and is employed by Leukaemia Care. J.C. received honoraria and consulting fees from Novartis, Pfizer, and Takeda; grant funding for the CML Buster Foundation from Pfizer; scholarships to attend meetings from CML Advocates Network NPO and the Max Foundation; participated in advisory board meetings with Novartis; has volunteer leadership roles with the CML Buster Foundation and the Leukemia and Lymphoma Society; and has received medication assistance through Patient Services, Inc. C.R. received honoraria from Novartis and Pfizer, travel costs from Novartis, and was a volunteer patient advocate on a panel and subsequent manuscript with the US Food and Drug Administration. D.R. received honoraria from and is a member of the board of directors or an advisory committee for Novartis, Incyte, and Pfizer and provided consultancy for Novartis. L.M. received honoraria from Novartis. N.T. received research funding and honoraria from and is a member of the speakers bureaus and board of directors or advisory committee for Novartis, Pfizer, and Otsuka. S.H.M. reports no conflicts. A.G. received consulting fees from Novartis. C. Borowczak received honoraria from Novartis. P.S. and P.F. are employed by Novartis. C.C. is employed by IPSOS, a consulting company paid by Novartis. C. Boquimpani is a member of the speakers bureau for Novartis, Jansen, and Pinth Pharma and is a member of the board of directors or advisory committee for Novartis and Jansen. J.E.C. received research support and consulting fees from Novartis, Pfizer, Sun Pharma, and Takeda; honoraria from Novartis, Pfizer, and Takeda; and has stock in BioPharm Holdings.

ACKNOWLEDGEMENTS: We thank all survey participants and steering committee members for their time. Editorial assistance was provided by Michelle Chadwick, PhD (ScientificPathways, Inc).

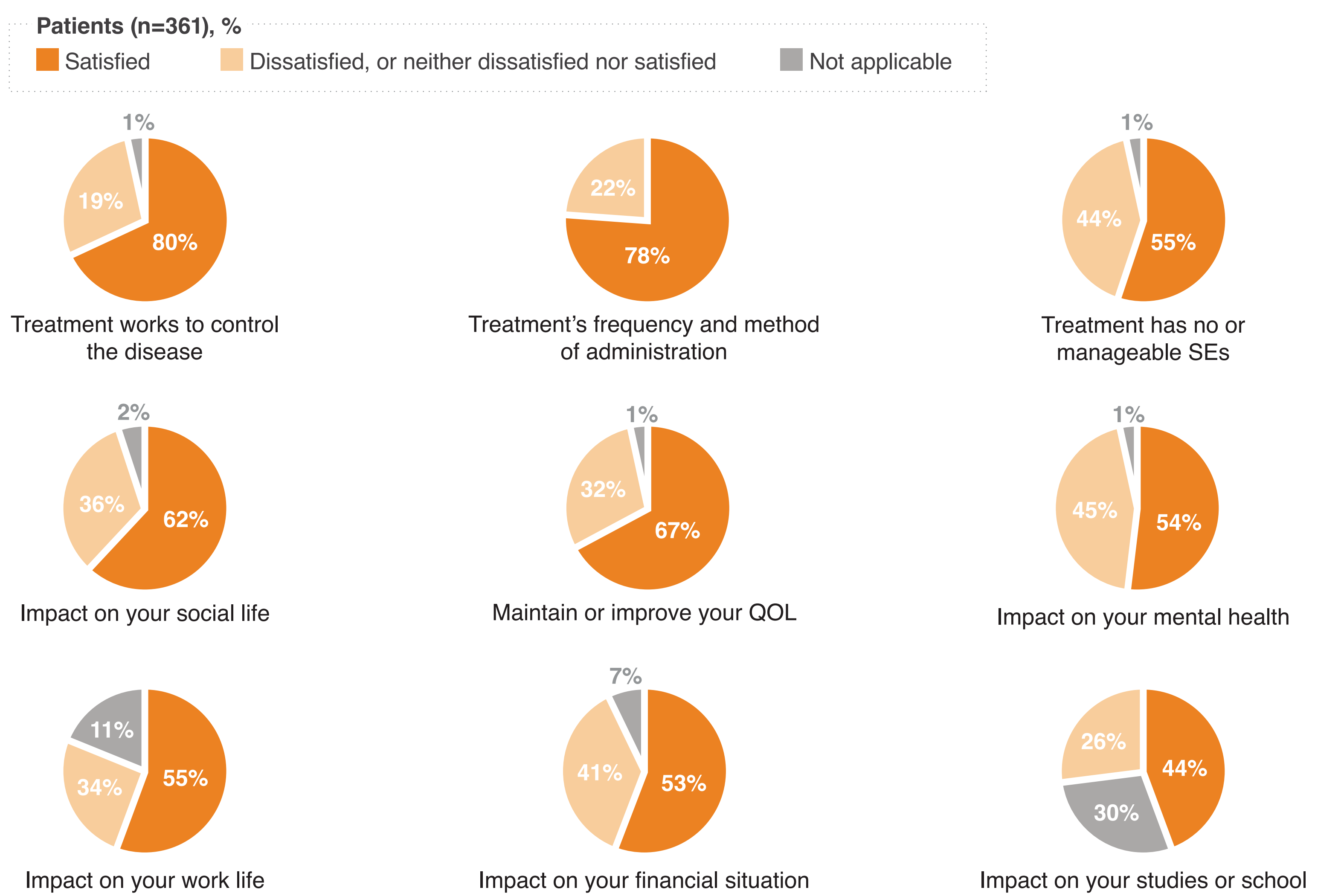
Poster presentation at EHA2023 Hybrid Congress; June 8-11, 2023; Frankfurt, Germany.

Chronic Myeloid Leukemia Survey on Unmet Needs (CML SUN): Balancing Tolerability and Efficacy Goals of Patients and Physicians Through Shared Treatment Decision-Making

Fabian Lang,¹ Zack Pemberton-Whiteley,² Joanne Clements,³ Cristina Ruiz,³ Delphine Rea,⁴ Lisa Machado,⁵ Naoto Takahashi,⁶ Sung-Ho Moon,⁷ Andrew Grigg,⁸ Cornelia Borowczak,⁹ Peter Schulz,¹⁰ Pauline Frank,¹⁰ Cristina Constantinescu,¹¹ Carla Boquimpani,^{12,13} Jorge E. Cortes¹⁴
¹Department of Hematology and Oncology, Goethe University Hospital, Frankfurt am Main, Germany; ²Leukaemia Care, Worcester, UK; ³CML Buster Foundation, Costa Mesa, CA, USA; ⁴Hôpital Saint-Louis, Paris, France; ⁵Canadian CML Network, Toronto, ON, Canada; ⁶Akita University Graduate School of Medicine, Akita, Japan; ⁷Korea Leukemia Patients Organization, Seoul, South Korea; ⁸Austin Hospital, Melbourne, VIC, Australia; ⁹LeukaNET, Hohenbrunn, Germany; ¹⁰Novartis Pharma AG, Basel, Switzerland; ¹¹Ipsos, Basel, Switzerland; ¹²Hemorio, Rio de Janeiro, Brazil; ¹³Oncoclínicas, Rio de Janeiro, Brazil; ¹⁴Georgia Cancer Center, Augusta University, Augusta, GA, USA

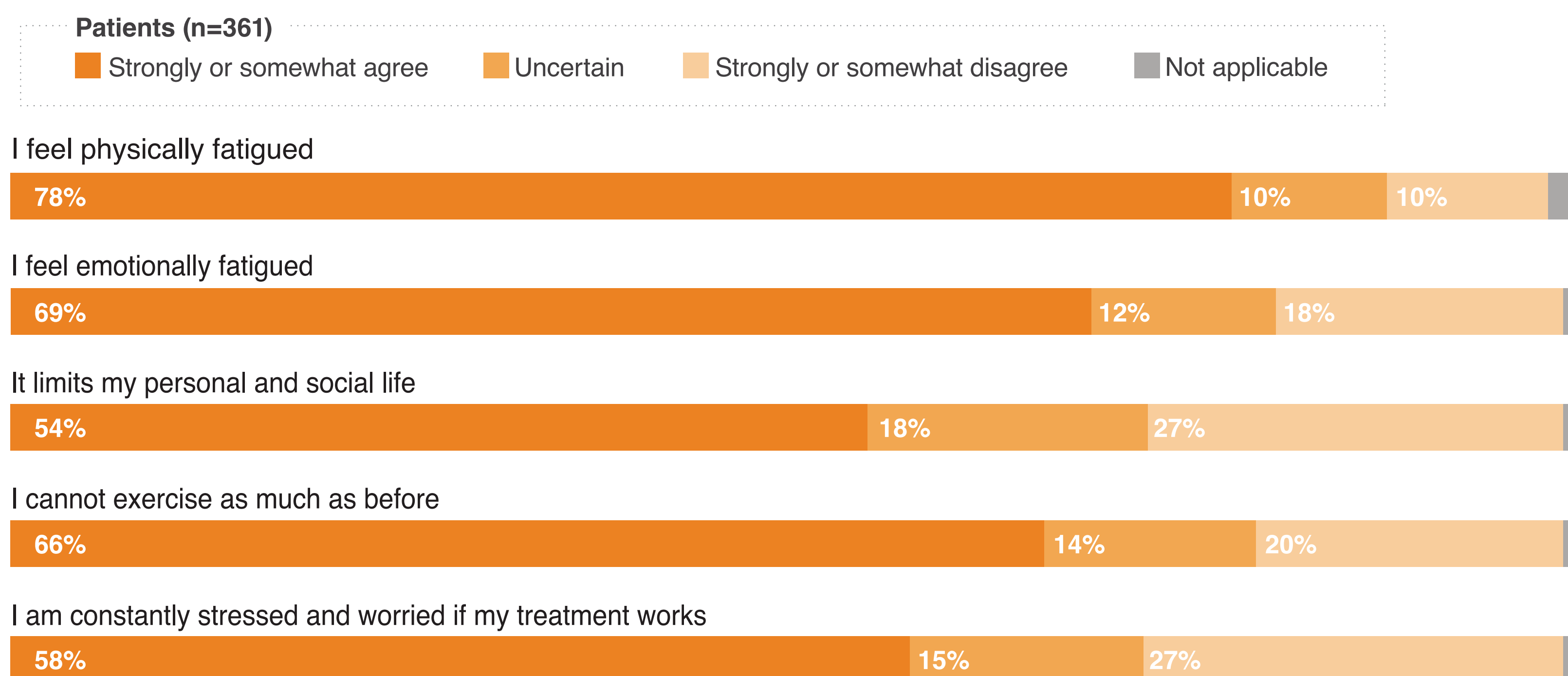
TREATMENT SATISFACTION Patient Satisfaction With Their Current TKI Treatment^a

- Most patients and physicians reported being satisfied with the efficacy of current TKI treatments; however, many patients still reported that treatments affect their QOL
- Patients reported that their current treatment makes them feel physically and emotionally fatigued, affects their ability to exercise and maintain their social lives, and causes constant worry/stress about whether it is working
- For patients, the ideal treatment would provide strong, durable efficacy without sacrificing tolerability and long-term safety

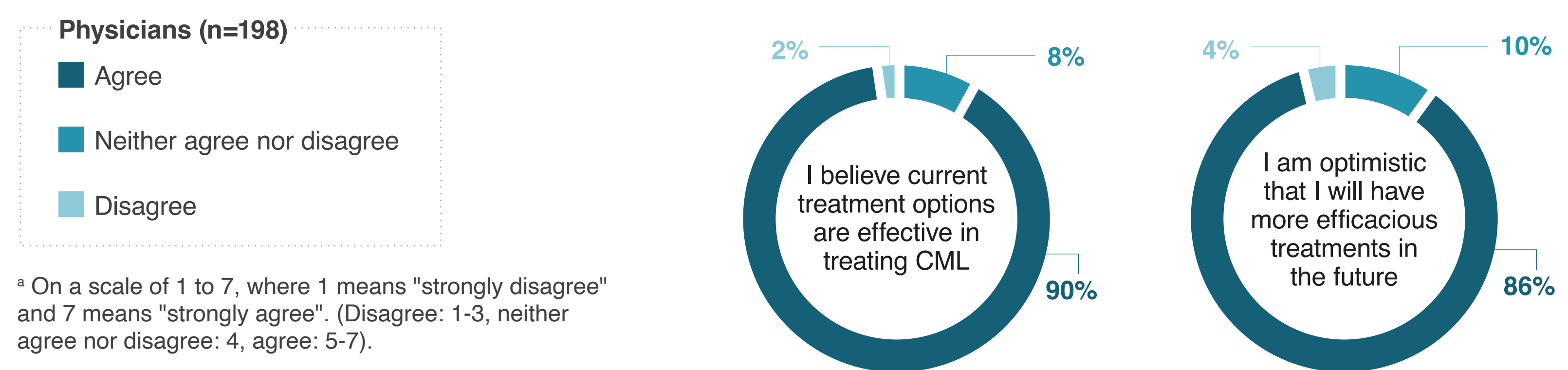


^a On a scale from 0 to 10, where 0 is "Completely dissatisfied" and 10 is "Completely satisfied" (dissatisfied, 0-3; neither dissatisfied nor satisfied, 4-6; satisfied, 7-10). In the figure above, boxes 0-6 are added to obtain the numbers for "dissatisfied, or neither dissatisfied nor satisfied".

Patient Perceptions of How CML Treatment Affects Their Life



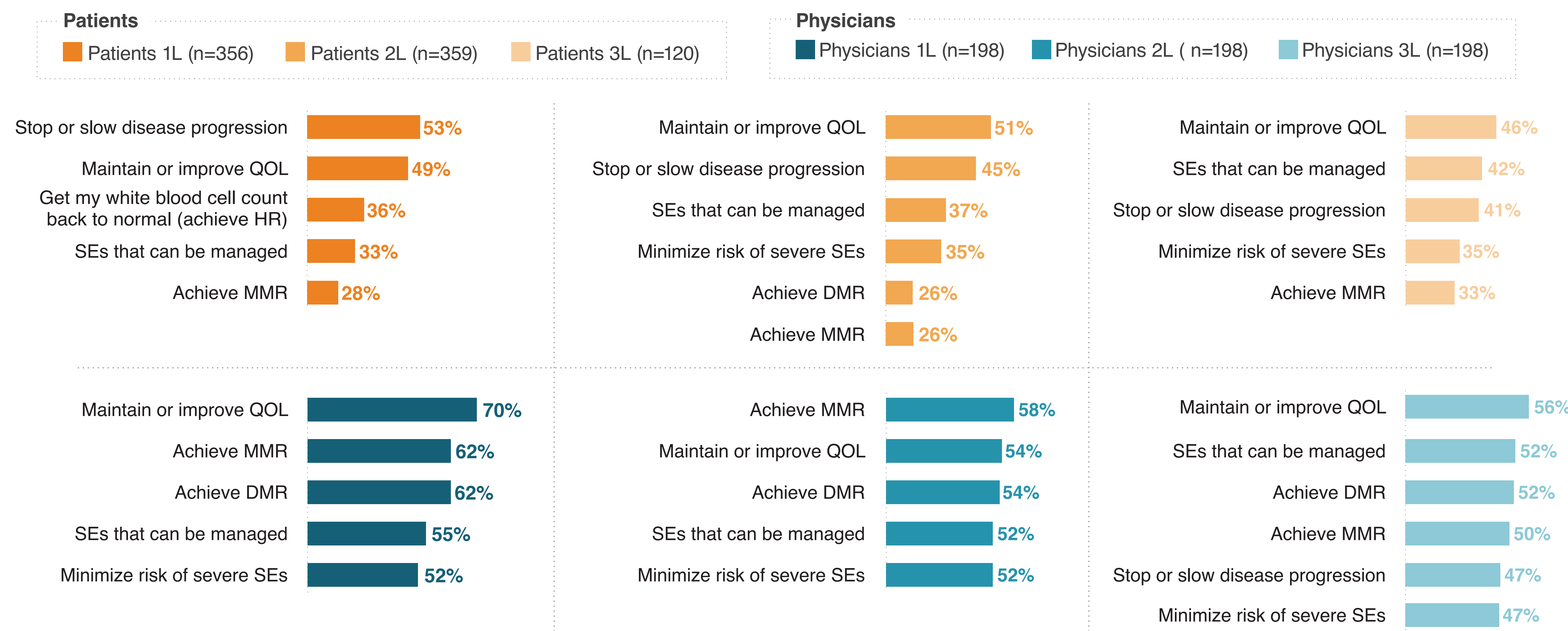
Physician Satisfaction With Current Treatment^a



^a On a scale of 1 to 7, where 1 means "strongly disagree" and 7 means "strongly agree". (Disagree: 1-3, neither agree nor disagree: 4, agree: 5-7).

TREATMENT GOALS Top 5 Treatment Goals by Line of Therapy^a

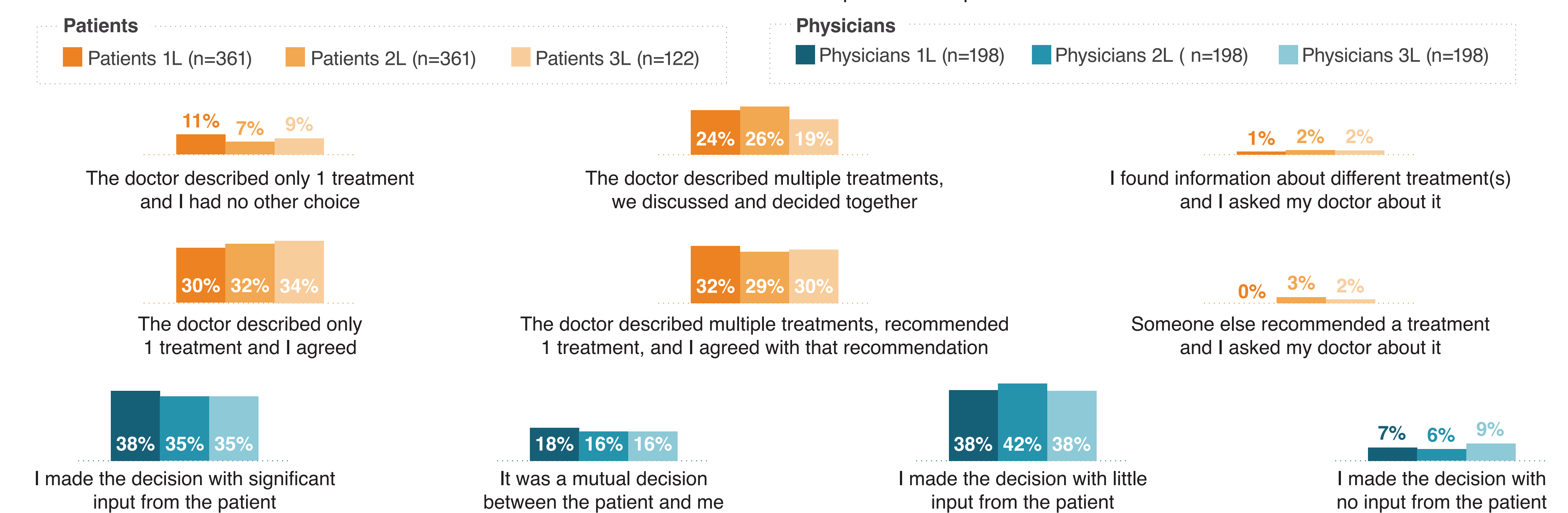
- Patients focused on stopping/slowing disease progression, maintaining/improving QOL, and minimizing/managing SEs as treatment goals, while physicians placed higher emphasis on molecular response goals. Treatment selection and goals should not sacrifice patient QOL, while ensuring efficacy of treatment
- The decreasing proportion of physicians who reported some treatment goals as their patients progress to later lines of therapy highlights the challenge of managing patients with advanced disease



^a Patients ranked their top 3 most important treatment goals by line of therapy; physicians selected any goals that they have by line of therapy.

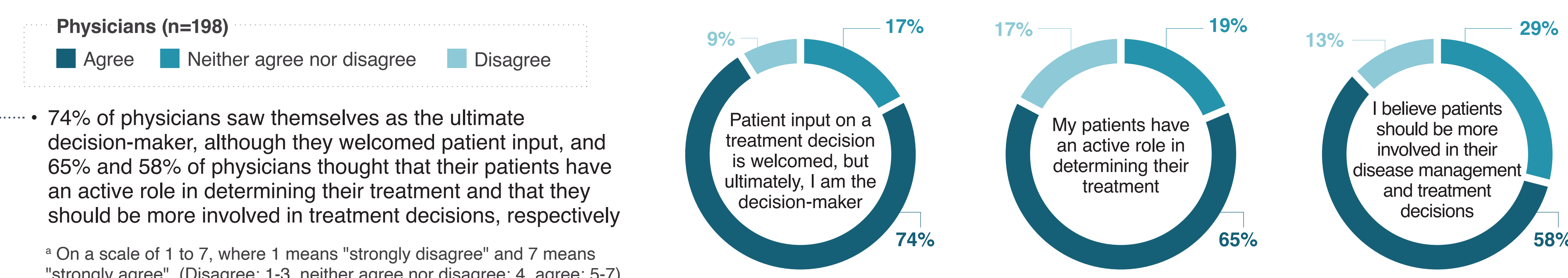
SHARED DECISION-MAKING Patient and Physician Input on Treatment Selection^a

- Across lines of therapy, 48% to 66% of physicians reported presenting only one treatment option to patients; 39% to 43% of patients reported only receiving information about one TKI treatment from their physician
- Only 19% to 26% of patients reported that treatment decisions were discussed and decided together with their physician, while 44% to 48% of physicians reported making treatment decisions across lines of therapy with little to no input from the patient



^a <5% of respondents across lines of therapy chose the responses: someone else recommended a treatment and I asked my doctor about it (patient survey), I found information about different treatments and I asked my doctor about it (patient survey), and patient ultimately made the decision (physician survey).

Physicians' Feelings Regarding Different Management of CML^a



^a On a scale of 1 to 7, where 1 means "strongly disagree" and 7 means "strongly agree". (Disagree: 1-3, neither agree nor disagree: 4, agree: 5-7).