



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 Joannie 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 Schuld,¹⁰ Pauline Frank,¹⁰ Cristina Constantinescu,¹¹ Carla Boquimpani,^{12,13} Jorge E. Cortes¹⁴

¹Goethe 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

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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 change¹⁻¹⁴
- Data are lacking on patient experiences and concerns regarding outcomes, as well as on patients' role in treatment decision-making
- 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 of both patients and physicians conducted in order to comprehensively understand unmet needs and concerns around CML from the perspectives of patients diagnosed with CML-CP and treating physicians

CML, chronic myeloid leukemia; CP, chronic phase; QOL, quality of life; TKI, tyrosine kinase inhibitor.

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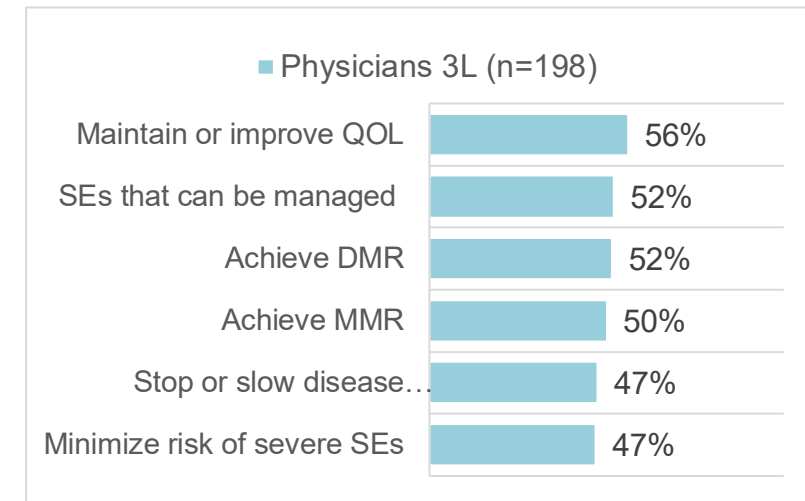
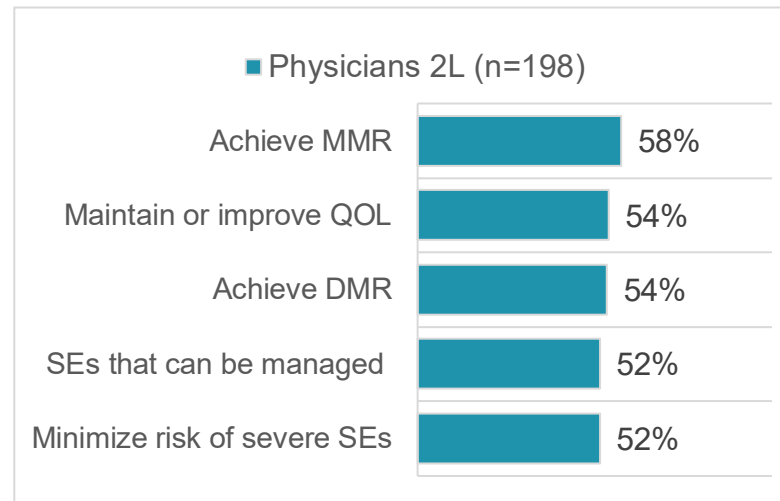
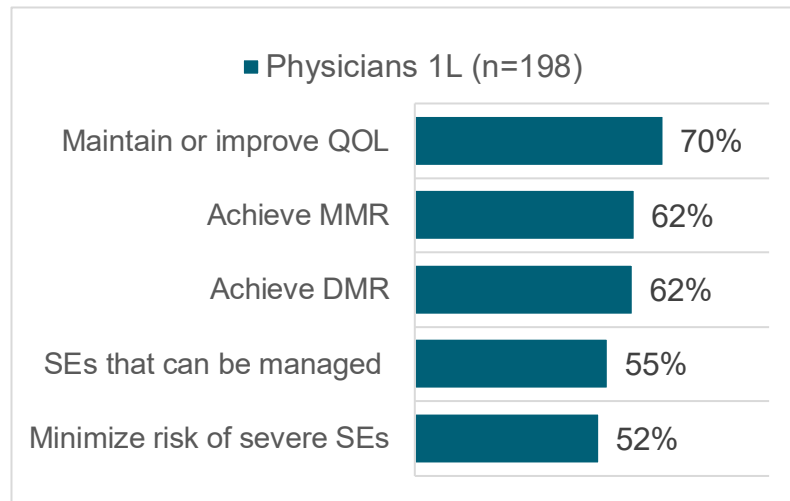
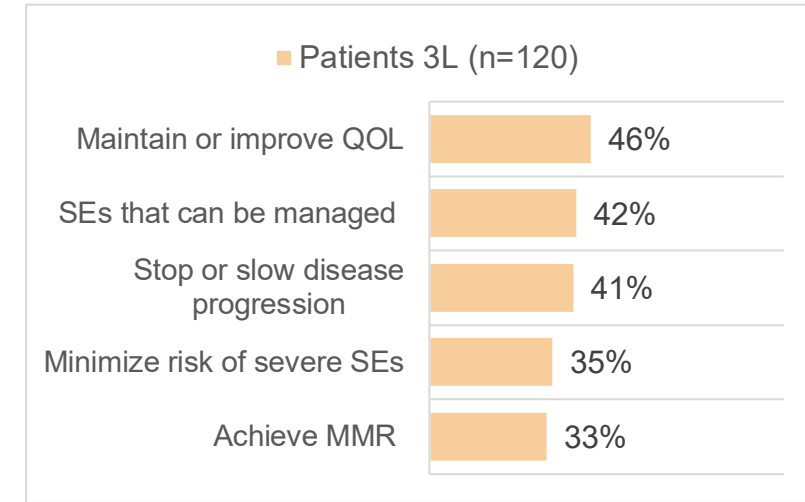
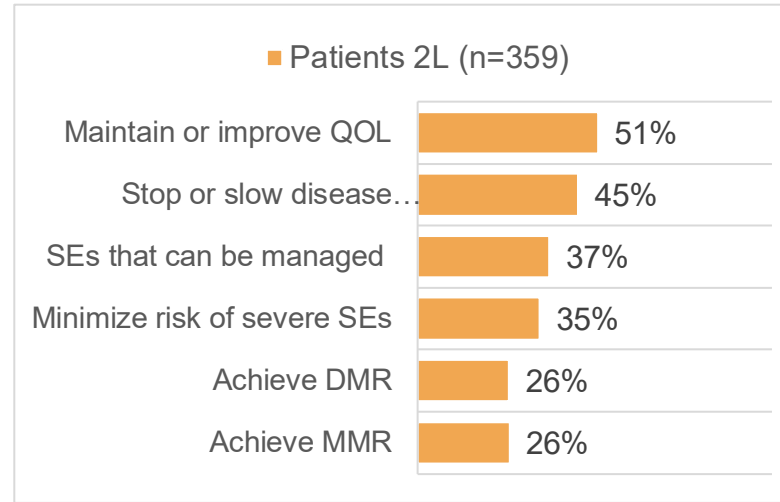
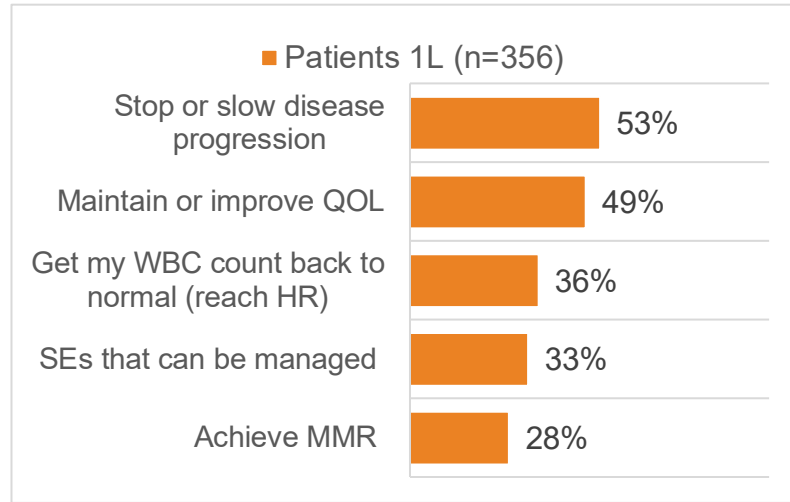
Methods

- 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 surveys¹
- 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 attained
- Patient recruitment occurred through patient databases, physician and 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 must have spent ≥50% of their time caring for patients, treated ≥10 patients with CML-CP (>30% of whom were receiving 2L or 3L TKI) over the last year, and switched patients' treatment from 2L or 3L
- Online surveys were unique for patients and physicians and assessed disease perception, CML diagnosis, information sharing, decision-making, CML treatment, disease monitoring, treatment switching, and impact of CML treatment on 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 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

L, line.

1. Pemberton-Whiteley Z, et al. *Blood*. 2021;138:4986-4988.

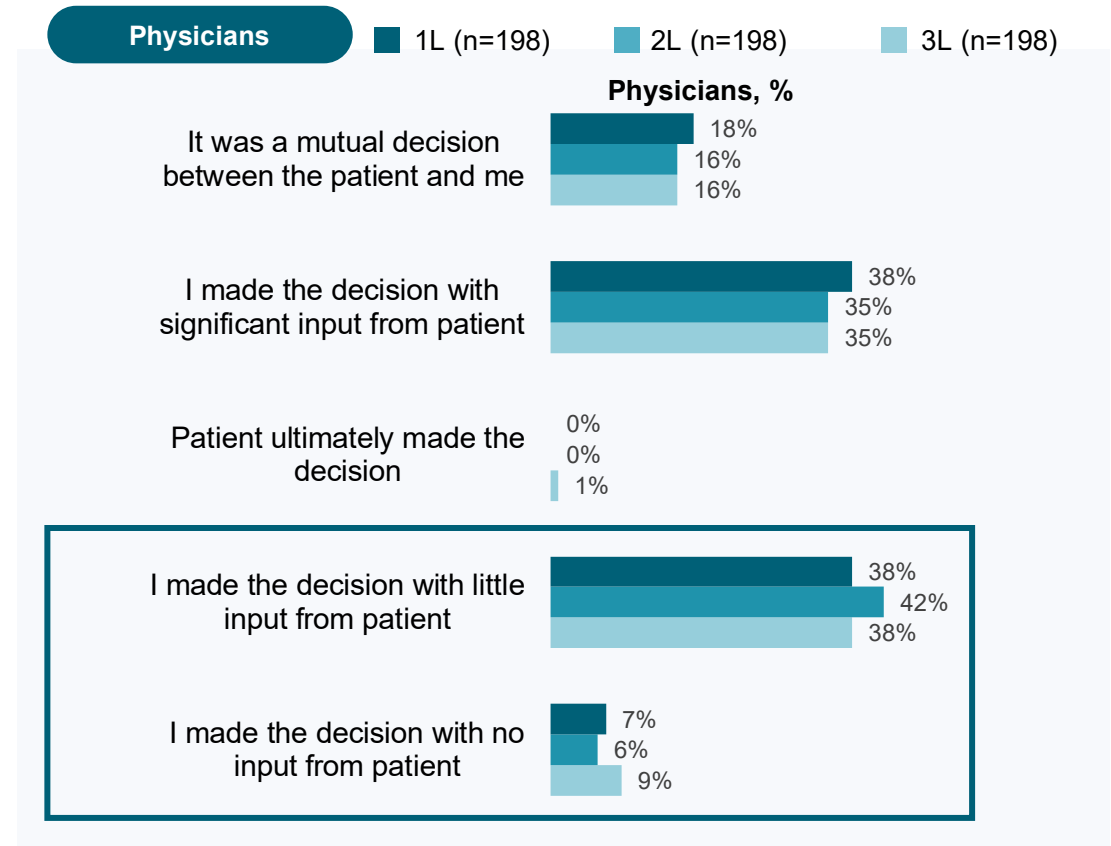
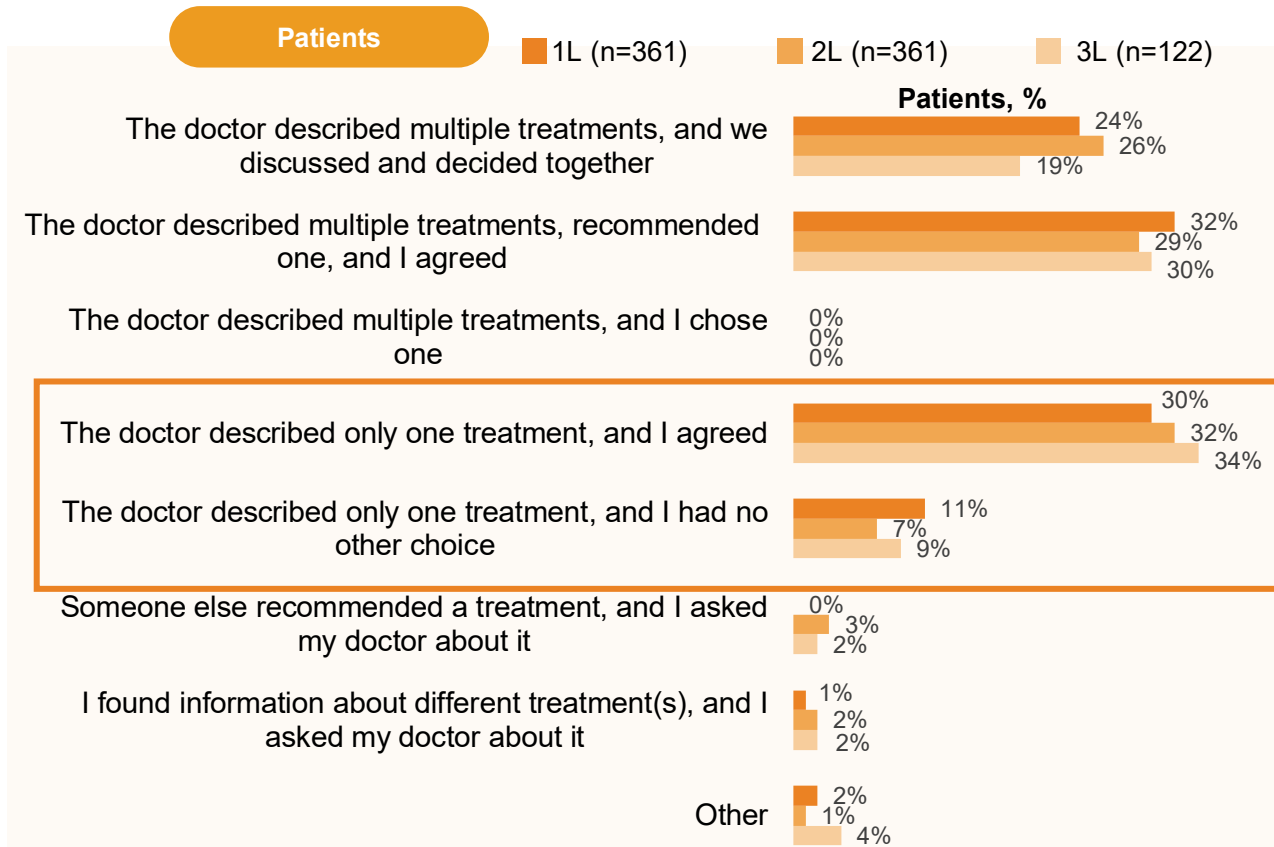
Top 5 treatment goals by line of therapy



- Patients focused on stopping/slowing disease progression, maintaining/improving QOL, and minimizing/managing SEs as treatment goals, while physicians placed higher emphasis than patients on molecular response goals
- Stopping/slowing disease progression did not rank in the top 5 treatment goals for physicians until 3L, although patients reported this goal across lines of therapy

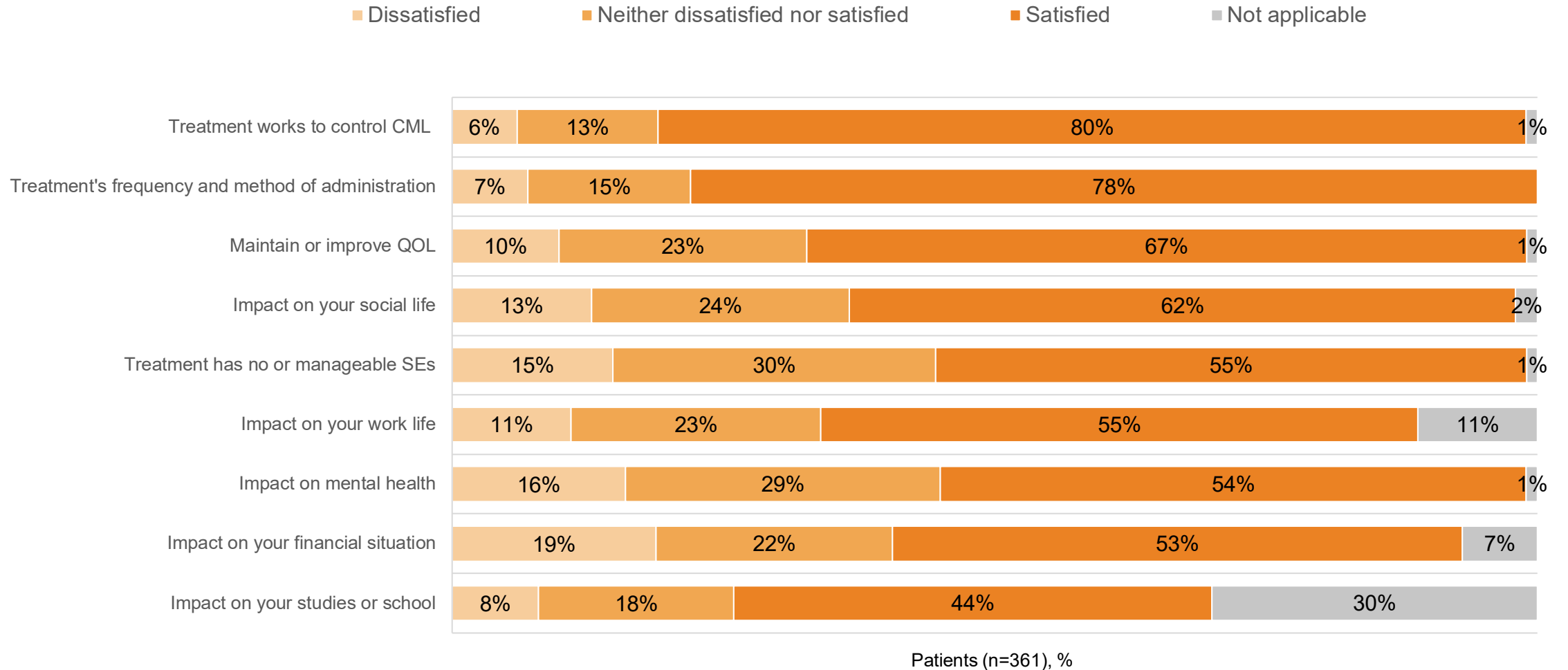
4 DMR, deep molecular response; HR, hematologic response; MMR, major molecular response; SE, side effect; WBC, white blood cell.

Patient and physician input on treatment selection



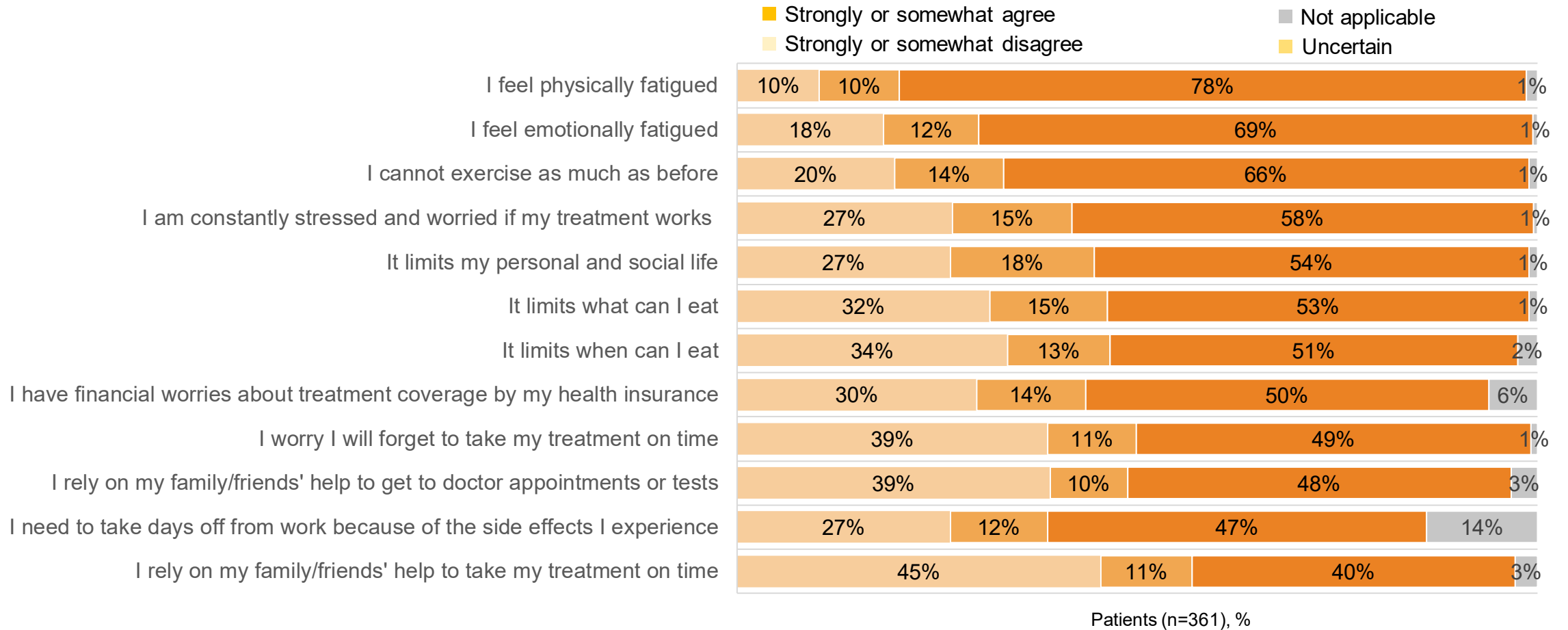
- Across lines of therapy, 39% to 43% of patients reported only receiving information about 1 TKI treatment from their physician
- Only 19% to 26% of patients felt treatment decisions were discussed and decided together with their physicians, while 44% to 48% of physicians reported making treatment decisions with little to no input from the patient across lines of therapy

Patient satisfaction with their current treatment^a



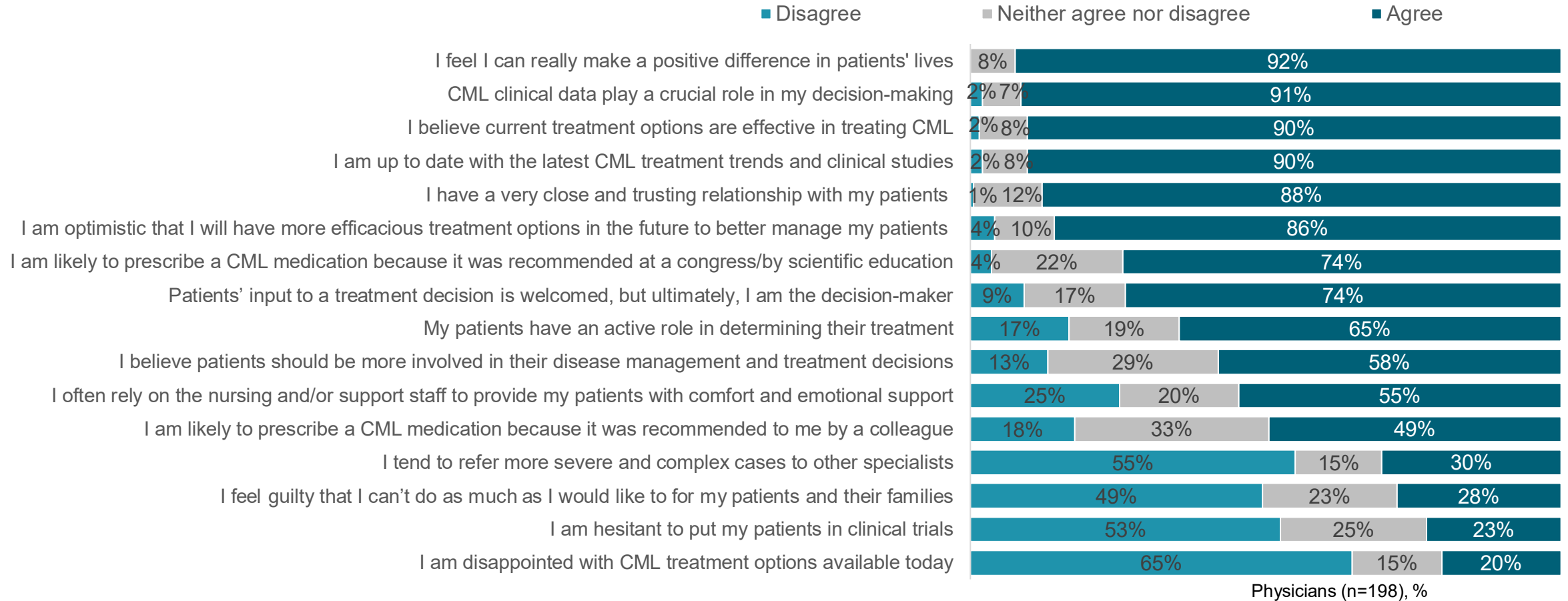
- Most patients reported being satisfied with the efficacy of current treatments; however, many patients still reported that their treatment affects their QOL

Patient perceptions of how CML treatment affects their life



- Patients reported that their current treatment made them feel physically and emotionally fatigued, affected their ability to exercise and maintain their social lives, and caused constant worry/stress about whether their treatment is working

Physicians' feelings regarding different management of CML^a



- While the majority of physicians think that patients should be more involved in treatment decisions and report that their patients have an active role in determining their treatment, 74% see themselves as the decision-maker

^a Assessed on a scale from 1-7, where 1 means "strongly disagree" and 7 means "strongly agree" (disagree: 1-3, neither agree nor disagree: 4, agree: 5-7).

Conclusions

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 life-long and could impact the quality of their day-to-day lives
- A significant percentage of physicians see 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. There is an opportunity for physicians, patients, and other stakeholders in CML care to collaborate and better meet expectations for CML treatments which do not sacrifice tolerability for the sake of efficacy

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