PSY125 - PHYSICIANS' AND PHARMACISTS' PRIORITIES IN TREATMENT DECISION-MAKING FOR CHRONIC LYMPHOCYTIC LEUKAEMIA

Boqué C[1], Abad MR[2], Moreno C[3], Agustín MJ[2], García-Goñi M[4], Gabás-Rivera C[5], Lizán L[5], Granados E[6], Castro-Gómez A[6], Pardo C[6]

[1]Instituto Catalán de Oncología, Barcelona, Spain, [2]Hospital Miguel Servet, Zaragoza, Spain, [3]Hospital Santa Creu y Sant Pau, Barcelona, Spain, [4]Universidad Complutense, Madrid, Spain, [5]Outcomes 10, Universitat Jaume I, Castellón, Spain, [6]Gilead Sciences, Madrid, Spain

INTRODUCTION

Patient characteristics, such as age and performance status, are of crucial importance when making treatment decisions in Chronic Lymphocytic Leukaemia (CLL).[1] Cost considerations have also been described as a factor when treating older CLL patients.[2]

However, the value professionals place upon these various attributes is largely unknown.

OBJECTIVE

To explore the priorities of Spanish healthcare professionals (hematologists and hospital pharmacists) in treatment decision-making for CLL patients at first relapse.

METHODS

A. Design

Observational study based on an electronic questionnaire. A committee of five experts selected three key attributes to assess in CLL treatment decision-making: a) patient age, b) performance status, and c) treatment cost (willingness-to-pay [WTP]). The questionnaire comprised:

- Three 5-point Likert-scale questions related to **advanced age**: 1) importance in treatment decision (1=not important to 5=very important); 2) frequency in which it modifies treatment (1=never to 5=always); and 3) frequency in which it impedes/hinders treatment (1=never to 5=always).
- Six ad-hoc questions (clinical cases) that assessed: age limit for treatment recommendation according to performance status (four questions) and WTP for improvements in progression free survival (PFS) (two questions).

B. Analysis

a) **Patient age**: frequencies of response.

b) Age limit for treatment recommendation according to patient **performance status**: mean (± standard deviation, SD).

c) **WTP**: frequencies of response and weighted mean.

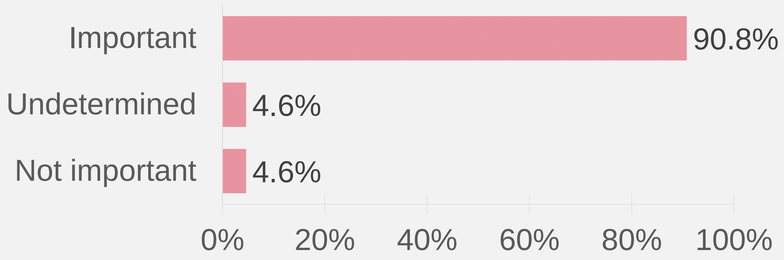
RESULTS

Questionnaire Responders: 130 professionals (72 haematologists and 58 hospital pharmacists; % male=45.4; mean age=45.6 [SD: 8.4] years)

a) PATIENT AGE

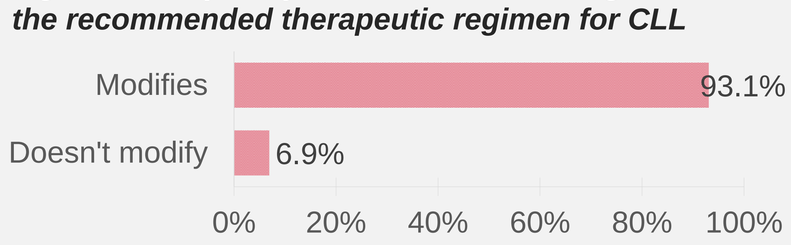
Age was important in CLL treatment decision-making for the majority of participants (90.8%). 93.1% of survey respondents indicated that advanced age modified the recommended treatment regimen; and 77.7% indicated that age hindered access to an active treatment.

Figure 1: Importance of advanced age in pharmacological-treatment decision-making in CLL



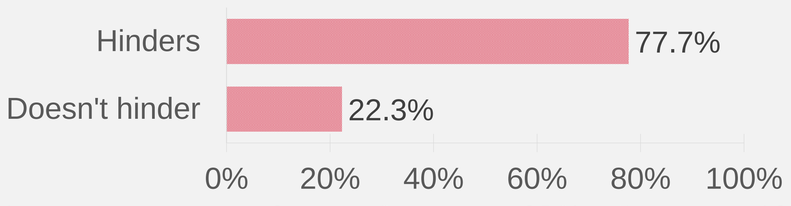
Likert-scale responses pooled in 3 categories: “Important”, values 4-5; “Undetermined”, value 3; “Not important”, values 1-2.

Figure 2: Frequency in which advanced age modifies the recommended therapeutic regimen for CLL



Likert-scale responses pooled in 2 categories: “Modifies”, values 3-5; “Doesn`t modify”, values 1-2.

Figure 3: Frequency in which advanced age impedes/hinders active treatment in CLL



Likert-scale responses pooled in 2 categories: “Hinders”, values 3-5; “Doesn`t hinder”, values 1-2.

b) AGE LIMIT FOR TREATMENT RECOMMENDATION ACCORDING TO PATIENT PERFORMANCE STATUS

Professionals would recommend treatment with targeted therapies at older ages than chemoimmunotherapy.

Poor performance status limits the age for active treatment.

Figure 4: Clinical Case 1

*In a patient with active CLL at first relapse that meets treatment criteria and has no genetic risk alterations: Until what age would you **recommend treatment** to treat the disease?*

☐ ***Patient performance status: good (ECOG 0-1)***

☐ ***Patient performance status: poor (ECOG ≥2)***

Table 1: Age limit for treatment recommendation according to patient performance status

Patient performance status	Age limit Years (standard deviation; SD)	
	Chemoimmunotherapy	Target therapy
Good	80.9 (SD: 9.2)	86.5 (SD:10.7)
Poor	75.2 (SD: 8.5)	82.1 (SD: 9.6)

c) PROFESSIONAL'S WTP

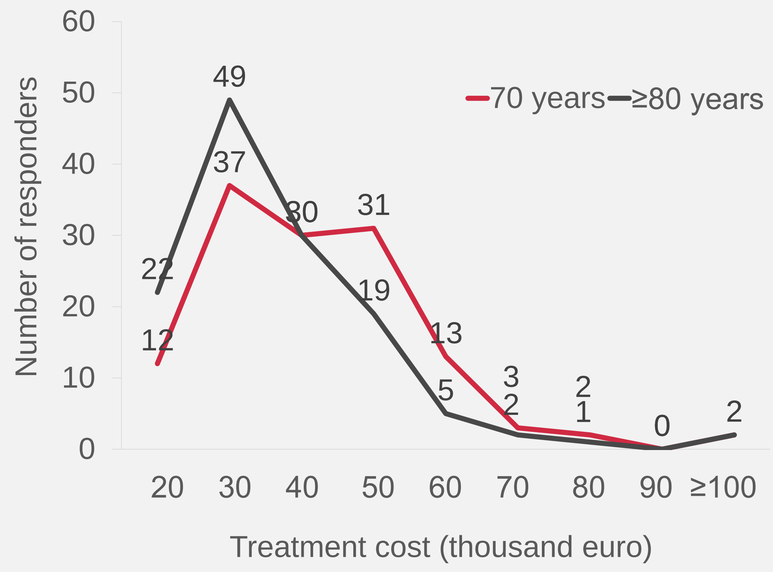
Patient age has an impact on the WTP for treatment. Professionals' average WTP was 14.0% higher for younger (aged 70) than older (aged ≥80) patients (weighted mean: € 41,923 vs. € 36,769, respectively).

Figure 5: Clinical Case

*In a CLL patient at first relapse with active disease and good functional status (ECOG-0): How much should the Spanish National Health System **pay for a new drug** that lengthens the median-PFS 1 year, compared to the reference treatment (annual cost €20,000)?*

☐ ***Patient age: 70 years*** ☐ ***Patient age: ≥80 years***

Figure 6: Professional's WTP



CONCLUSIONS

Age, performance status and cost strongly influence treatment selection in first-relapse CLL. Advanced age negatively impacts the WTP for CLL treatments, while performance status limits the access to treatment approaches. Knowledge of professionals' priorities in treatment decision-making can contribute to improve disease management.

References: 1. Balducci L et al. Cancer Control. 2015;22(4):3-6; **2.** Chen Q et al. J Clin Oncol. 2017;35(2):166-74.

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