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Navigating CLL Treatment: Patient Preferences and Shared Decision-Making

Announcer:

Welcome to *Project Oncology* on ReachMD.

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And now, here's your host, Dr. Matt Birnholz.

Dr. Birnholz:

This is ReachMD, and I'm Dr. Matt Birnholz. In the second episode of this two-part program, we'll be examining the data on patient and caregiver treatment preferences and sharing best practices for discussing goals of care throughout the patient journey.

Joining me for this discussion today are Dr. Brian Koffman and Dr. Alexey Danilov. Dr. Koffman is a retired family medicine physician and Clinical Professor at USC. He's also a CLL survivor who co-founded and serves as the Chief Medical Officer and Executive Vice President of the CLL Society, which is a non-profit dedicated to the unmet needs of the CLL community.

Dr. Koffman, thanks for being here today.

Dr. Koffman:

Thank you for the invitation.

Dr. Birnholz:

And Dr. Danilov is the Marianne and Gerhard Pinkus Professor in Early Clinical Therapeutics and Director of the Early Phase Therapeutics Program at City of Hope in Duarte, California. Dr. Danilov, it's great to have you with us as well.

Dr. Danilov:

Happy to be here.

Dr. Birnholz:

So Dr. Koffman, the last time we spoke, we discussed the patient journey from CLL diagnosis and active surveillance, to considerations that patients and providers make in selecting an initial treatment. But today, I'd like to get your perspective as a CLL patient and researcher first and foremost. What can you tell us about patient preferences when it comes to treatment selection for CLL?

Dr. Koffman:

Well, in addition to the information I shared when we last talked, I think you might find it interesting to hear about the data from a CLL Society discrete choice experimental survey which was completed by 229 adults with a self-reported diagnosis of CLL for at least three

months.¹

In this survey, most patients prioritize progression-free survival, PFS, ideally with undetectable minimal residual disease, or MRD for short.^{1,2} Second, whether patients took one pill or two pills a day really didn't make much difference to them. What mattered more was the duration of treatment and its impact on their life and the quality of that life. So if there is a similar progression-free survival for both continuous therapy and fixed duration therapy, patients tend to prefer a shorter duration therapy.² Keeping in mind that the average CLL patient is in their 70s, it's not surprising that issues like atrial fibrillation and fatigue are major concerns. Reducing the risk of fatigue, in particular, is often important for those patients.^{1,3}

Dr. Birnholz:

Great insights, Dr. Koffman, thank you. So Dr. Danilov, turning to you. What questions do you get from your patients related to fixed-duration versus treat-to-progression continuous therapies?

Dr. Danilov:

Absolutely. For continuous treatments, many patients ask, 'How long will this treatment work?' And most are concerned with the chances of the treatment being effective and, if it eventually stops working, what will come next? Patients also worry about the long-term risks—They might say 'If I stay on this treatment for several years, what side effects can I expect as time goes by? And what will my quality of life be?' When it comes to fixed-duration treatment, however, patients typically ask how long the treatment will keep working once they stop it, and what therapeutic options will be available to them when the disease recurs. We also talk about the first couple of months of fixed-duration therapy, as it includes more frequent clinic visits and lab checks, and that's something patients want to understand and account for.

Dr. Birnholz:

Well, those are great insights, Dr. Danilov, thank you. And Dr. Koffman, let me turn back to you on this topic, what are you hearing from patients about these two different treatment approaches?

Dr. Koffman:

From my experience, patients' preferences and perceptions of continuous versus fixed-duration treatment options can vary. The CLL Society has data from these qualitative interviews we conducted with 20 patients with CLL.⁴ For continuous treatments patients appreciated the sense of security that comes with actively treating their cancer—feeling reassured that they're doing something to keep the disease under control. The logistics are easier to manage in many cases. Oral therapies are just more convenient for patients. However, there's disadvantages too. It can weigh heavily on patients to be thinking about the long-term efficacy and the cumulative side effects. There's a financial burden that accumulates over time. And for some patients, the constant treatment is a reminder that the disease is still there. That can take a toll on their mental health.⁴

On the other hand, fixed-duration therapy offers patients a break from treatment and the opportunity to feel like they're getting back to 'normal' life. Many patients feel a sense of freedom during their time off-treatment. But there are concerns too—patients often worry that their CLL might worsen when they're off treatment. There's also the upfront buy-in of the therapy and the logistic challenges of frequent clinic or lab visits for monitoring during the treatment phase.⁴

Dr. Birnholz:

Yeah, truly important considerations that you bring in and highlight, Dr. Koffman, thank you. Now, clearly you spent a lot of time researching this topic. Can there be a discrepancy in your experience between what patients value and what physicians consider important in treatment selection?

Dr. Koffman:

You bet. From a survey of 114 patients and 99 healthcare providers by the Association of Community Cancer Centers we learned that there are some significant areas of disconnect between what patients consider important and what their clinicians do. According to this survey, health care providers overwhelmingly considered overall survival important, which patients do as well, but patients also considered limited duration therapy, treatment location, and severity of adverse events as extremely important.⁵ So there can be a big difference between what the patients want and what the health care providers are thinking about. For example, take limited-duration therapy options; for clinicians, only four percent thought that this was important, but for patients, more than half considered treatments that are of limited-duration as very important or extremely important.⁵

Dr. Birnholz:

Yeah, that's a very significant discrepancy indeed. Thank you, Dr. Koffman. So Dr. Danilov, with that in mind, based on what Dr. Koffman just relayed to us, how do you approach shared decision-making with your patients when selecting a therapy for CLL? And how

do you align your treatment priorities with patients?

Dr. Danilov:

Well, shared decision-making is a crucial part of selecting therapy for CLL, and it is something that often happens over several conversations. The key is to balance the clinical aspects such as genetic characteristics of the disease and the latest treatment data—with the patient's own concerns, including quality of life, potential side effects, and cost of therapy.

It's not always easy to align provider and patient priorities, as patients may have different expectations and concerns. We need to continuously address any communication gaps and ensure that patients feel heard and involved in this decision-making process.

Dr. Birnholz:

That's a fantastic reminder, Dr. Danilov, thank you. And as our program comes to a close, Dr. Koffman, I want to start with you, are there any initial takeaways, any final thoughts to help our audience better understand this topic from the patient lens?

Dr. Koffman:

Echoing Dr. Danilov, it's crucial to maintain open lines of communication between healthcare providers and patients, not just at the time of diagnosis, but throughout the entire treatment journey.

Dr. Birnholz:

Excellent insight. Thank you. And Dr. Danilov, let's give you the final word.

Dr. Danilov:

Overall, the key point to emphasize to patients is that there are always options. Consideration of patient's preferences and goals of care are a critical part of this shared decision making process. And I couldn't agree more with Dr. Koffman that open lines of communication between healthcare providers and patients is of utmost importance.

Dr. Birnholz:

Well, I think the two of you set the bar for open lines of communication here today. I very much want to thank my guests, Dr. Brian Koffman and Dr. Alexey Danilov, for their insights on patient perspectives and shared decision-making when navigating CLL treatment. Dr. Koffman, Dr. Danilov, fantastic speaking with you both today. Thanks so much.

Dr. Koffman:

Thank you for this opportunity.

Dr. Danilov:

Thank you for the invitation.

Dr. Birnholz:

For ReachMD, I'm Dr. Matt Birnholz. For even more insights on the treatment of CLL, be sure to check out the first episode of this two-part program, which includes Dr. Koffman's personal journey with CLL and explores patient and provider considerations for initial CLL treatment.

Announcer

This medical industry feature was sponsored by AbbVie U.S. Medical Affairs. If you missed any part of this discussion or to find others in this series, visit *Project Oncology* on ReachMD.com where you can Be Part of the Knowledge.

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