

INTRODUCTION

- Oral oncolytic agents for leukemia diagnoses including CML and CLL, have significantly improved survival rates and patient outcomes.
- While oral oncolytics have changed the prognosis of many cancers, they usually require life-long treatment and near-perfect adherence, which can have deleterious effects on quality of life.
- Marin et al. showed that chronic myeloid leukemia patients who were adherent >90% of the time to their oral oncolytic, imatinib, were more likely to achieve major or complete molecular response than those who were adherent less than 90% of the time.
- The relationship between HRQoL and adherence to oral oncolytics has not been studied previously.
- The primary purpose of this study is to evaluate the reciprocal relationships between medication adherence and quality of life among leukemia patients taking oral oncolytics.

METHODS

- This is a single arm, prospective longitudinal study of survey participants at UNC Lineberger with ALL, AML, CLL and CML.
- Patients were selected from UNC if they were actively receiving treatment on oral oncolytics.
- Upon verbal consent and meeting all inclusion criteria, patients were surveyed via phone call for 10-15 minutes every 2-3 months for a total of 3 surveys.
- The survey included demographic questions, Wilson’s 3-item survey to address adherence, the PROMIS-Global Health Scale to evaluate quality of life, and several questions on PRO-CTCAE (patient-reported) of the most common side effects experienced from oral oncolytics.
- The PRO-CTCAE tool was used to measure treatment-related toxicities in the past 7 days, scored from 0-4.
- Survey results were analyzed by descriptive statistics and scatter plots were used to visualize the data.

REFERENCES

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RESULTS

FIGURE 1 The complex relationships between HRQOL and medication adherence

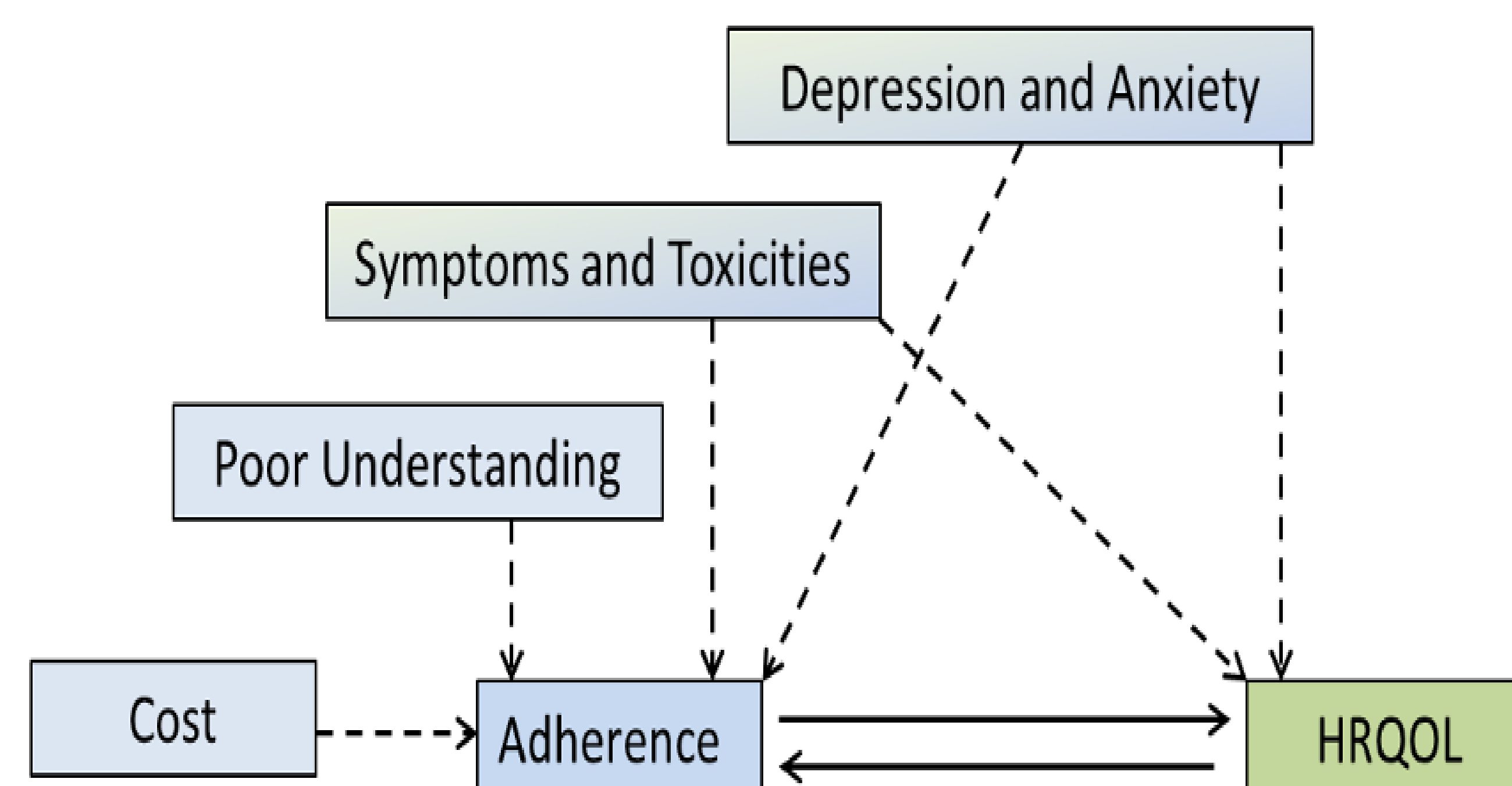


TABLE 2 Chi-Square Test

| | ADHERENT | NONADHERENT | CHI-SQUARE | P-VALUE |
|------------------------|----------|-------------|------------|---------|
| Married | 17 | 4 | 3.464 | 0.063 |
| Not Married | 6 | 6 | | |
| Above US median income | 13 | 4 | 0.7617 | 0.383 |
| Below US median income | 10 | 6 | | |
| College Education | 16 | 5 | 3.9332 | 0.04734 |
| No College Education | 7 | 5 | | |

FIGURE 3 Composite Wilson Adherence Score

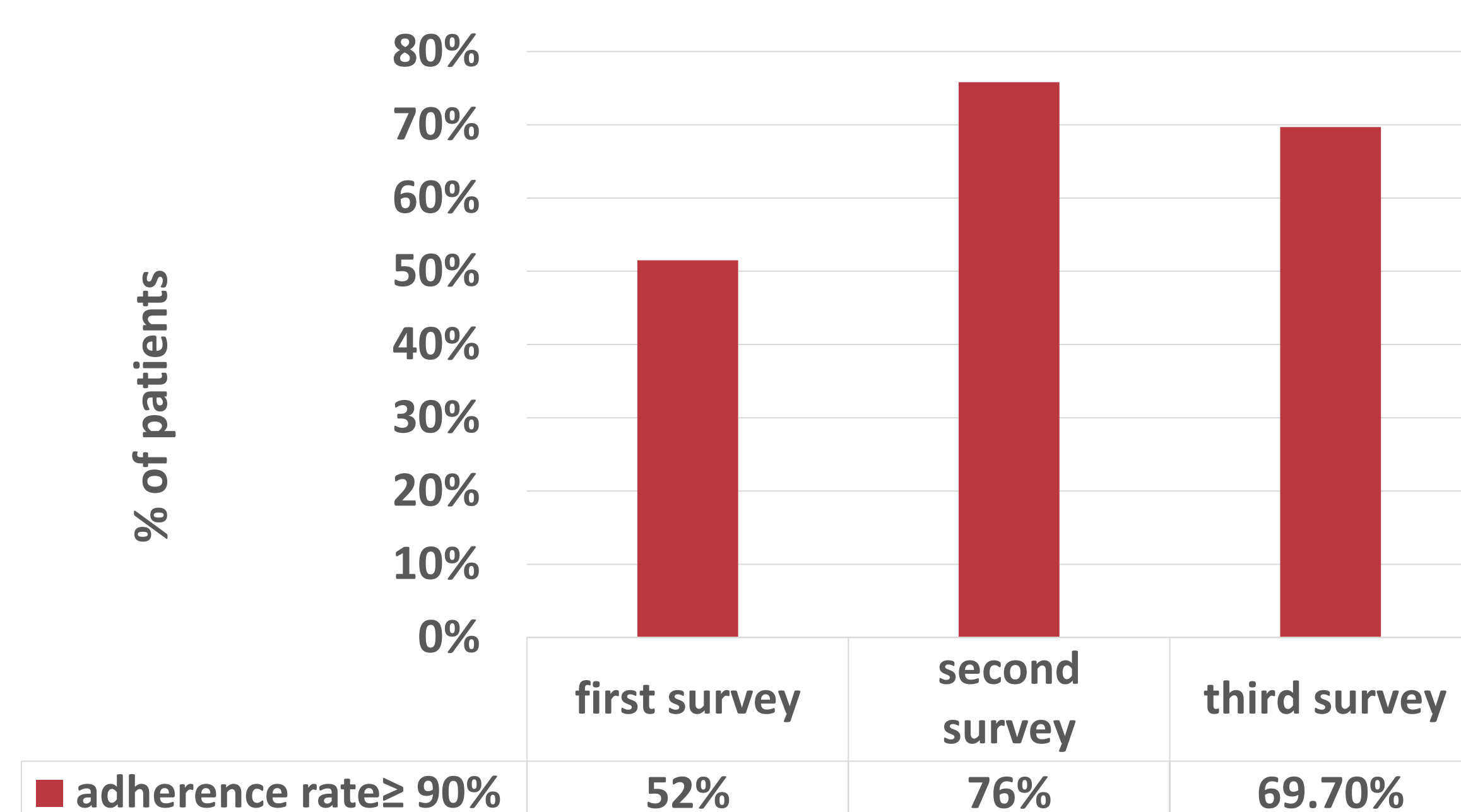
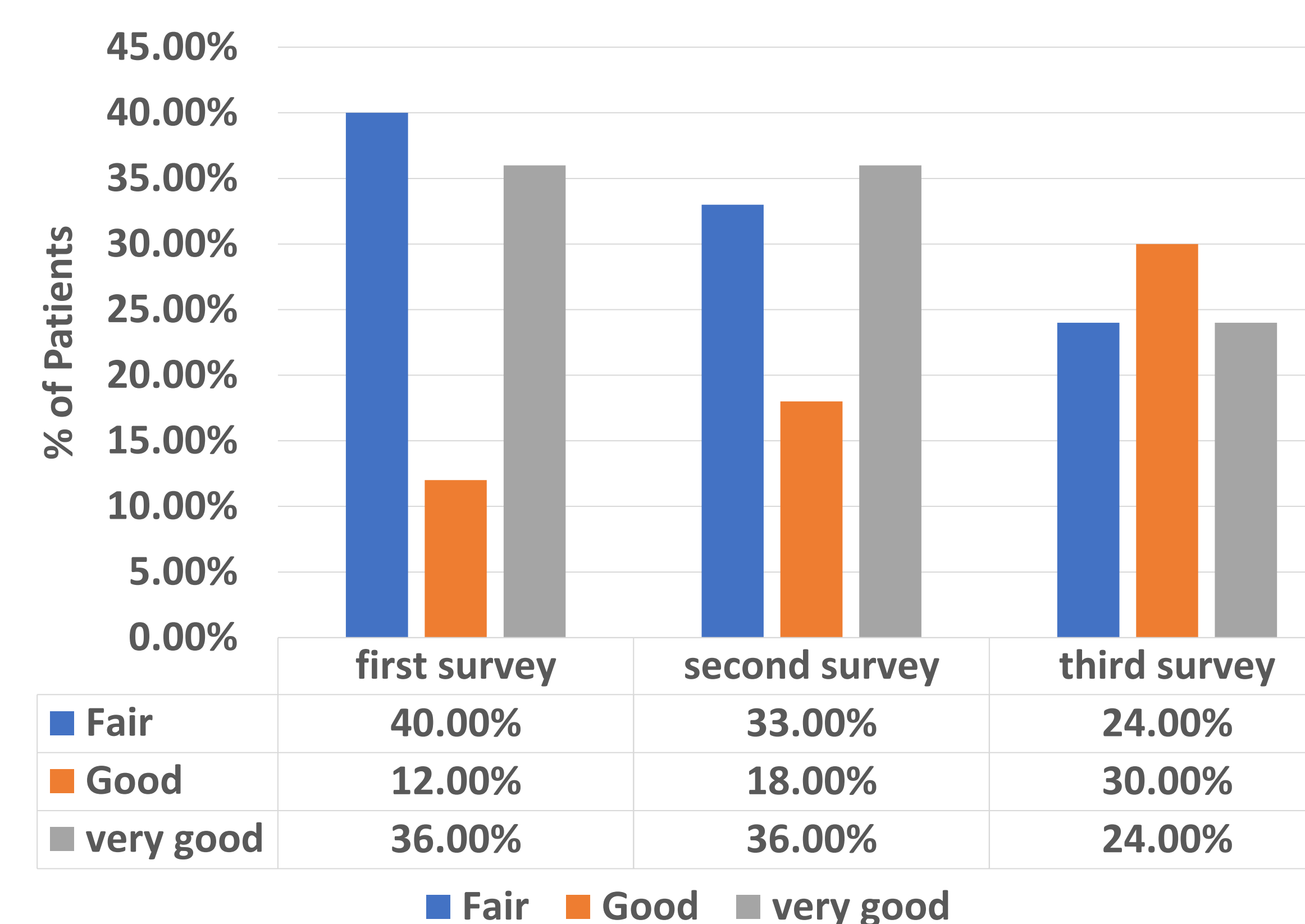


TABLE 1 Demographics of participants who have completed all 3 surveys to date (N=33)

| CHARACTERISTIC OR VARIABLE | No. (%) or Mean ± SD (N=33) |
|--|-----------------------------|
| Age, years (Range 33-80) | 59.2 (Mean) |
| Sex, Male | 18 (54.5%) |
| Marital Status, Married | 21 (63.6%) |
| Education Level, at least some college completed | 21 (63.6%) |
| Household Income above the US median | 17 (51.5%) |
| Subtype of Leukemia, CML | 15 (45.5%) |

FIGURE 2 Patient reported HRQOL



CONCLUSION

- The general population of participants who have completed all 3 surveys to date are college-educated, have marital support, and have a household income above \$50,000 (Table 1).
- Less than half of the participants were adherent (at least 90%) across all 3 surveys (Figure 3).
- There was no significant association between income level, marriage and adherence. (Table 2).
- Having a college education was associated with improved adherence (P=0.047). (Table 2).
- Only 36.4% rated their overall health as “very good” at baseline and this decreased to 24.2% at 6 months. (Figure 2).
- Survey is ongoing to elucidate the changes in adherence and HRQOL overtime.