



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

906.OUTCOMES RESEARCH-MYELOID MALIGNANCIES

Development of the Treatment Preference in Myelodysplasia Questionnaire (TPMQ) for Clinicians (mTPMQ), Carers (cTPMQ), and Patients (pTPMQ)

Anoop K Enjeti, MBBS FRCPA MDMRCP¹, Chun Yew Fong, MBBS, FRACP, FRCPA, PhD², Francesco Castaldi, PhDMSc³, Taliesha Paine, PhD³, Donna Collett⁴, Robert Morlock⁵

¹Calvary Mater Hospital, Waratah, AUS

²Austin Hospital, Heidelberg, Australia

³Otsuka Australia Pharmaceutical Pty Ltd, Chatswood, Australia

⁴Valeur Consulting Pty Ltd, Sydney, Australia

⁵YourCareChoice, Ann Arbor, MI, Ann Arbor, MI

Objective: Myelodysplastic syndrome (MDS) is a disease of the hematopoietic stem cells and leads to an increased risk of developing acute myeloid leukemia (AML).[1] The injectable hypomethylating agents (HMA) azacitidine and decitabine have been shown to be superior to best supportive care in improving cytopenias in intermediate to high-risk patients.[2, 3] These injectable HMAs regimens are commonly administered in a healthcare facility, with patients traveling to the facility on consecutive days. The recent availability of an oral form of decitabine, ASTX 727 (a fixed-dose combination of decitabine and the cytidine deaminase inhibitor cedazuridine), may significantly impact patient, carer, and clinician choices. To assess preference for an injectable vs. orally administered HMA, three questionnaires were developed based on qualitative input from clinicians, patients, and carers: the Treatment Preference in Myelodysplasia Questionnaire (TPMQ) for clinicians (mTPMQ), carers (cTPMQ), and patients (pTPMQ).

Methods: This was a non-interventional, cross-sectional qualitative interview study consisting of interviews with patients with MDS who were eligible for or were being/had been treated with injectable azacitidine, their carers and their treating clinicians. Data were collected from qualitative mixed method interviews composed of concept elicitation and cognitive debriefing. Two sites were identified to enrol participants. During concept elicitation, participants were asked about MDS and treatment options to best understand the constructs of interest relative to their specific circumstance and preferences. Cognitive debriefing occurred after participants reviewed a draft of the questionnaire. Based on the interviews, the questionnaires were revised to ensure the constructs of importance were captured and the questionnaires, response options, and instructions were all well understood.

Results: 15 participants completed interviews (5 clinicians for the mTPMQ, 5 patients for the pTPMQ, and 5 carers for the cTPMQ). Concepts identified as important included across groups included: easier to be compliant, less travel time, less time in the clinic, less painful, costs and convenience (Table 1).

The mTPMQ underwent 3 revisions. Overall, clinicians indicated the directions, items and response options were understandable and clear. Comments that significantly modified the questionnaire concerned splitting the last question from 1 to 2 questions, depending on which treatment the patient would be receiving.

Patient participants thought the pTPMQ captured concepts of interest and was easy to understand. Modifications were made to the questionnaire either as a direct result of patient participant comments (e.g., changed skip directions to "turn to page X, question X"), study team discussions of the interviewer's comments and notes and making items consistent between questionnaires.

Carer participants thought the cTPMQ captured the constructs of interest and the questions were clear and the questionnaire was easy to answer. Modifications were made to the questionnaire as a direct result of carer participant comments (e.g., changed "We spend less time in the clinic" to "It means less time in the clinic for the patient"), study team discussions of the interviewer's comments and notes (e.g., added "It makes it easier for the patient to continue treatment") and making items consistent between questionnaires.

Conclusions: The findings of the participant interviews suggest the concepts assessed in the assessments are complete. Respondents could respond to items and talk about all aspects assessed in the questionnaires in meaningful ways and were

able to comprehend the instructions and response options on a categorical scale. The TPMQs are based on direct input from the population of interest and assess the constructs of importance to each group.

1. Bell, J.A., et al., *Clin Lymphoma Myeloma Leuk*, 2018. **18**(4): p. e157-e166.
2. Kantarjian, H., et al., *Cancer*, 2006. **106**(8): p. 1794-803.
3. Fenaux, P., et al., *Lancet Oncol*, 2009. **10**(3): p. 223-32.

Disclosures Enjeti: Servier: Honoraria; Otsuka: Honoraria, Speakers Bureau; Pfizer: Honoraria; Jazz: Honoraria; RACE oncology: Honoraria; Astellas: Honoraria; AbbVie: Honoraria, Speakers Bureau. **Fong:** AbbVie, Pfizer, Servier: Speakers Bureau; AbbVie, Astellas, RACE oncology, Jazz, Pfizer, Otsuka, Servier: Honoraria. **Castaldi:** Otsuka Australia Pharmaceutical Pty Ltd: Current Employment. **Paine:** Otsuka Australia Pharmaceutical Pty Ltd: Current Employment. **Collett:** Otsuka Australia Pharmaceutical Pty Ltd: Consultancy, Honoraria; Valeur Consulting Pty Ltd: Current Employment, Membership on an entity's Board of Directors or advisory committees. **Morlock:** Otsuka, Novartis, Heron Therapeutics, Replimune, Horizon Therapeutics, Syndax, ArthroSi, Pfizer: Consultancy.

Table 1. Concepts and response options from the three questionnaires

	mTPMQ for clinicians	cTPMQ for carers	pTPMQ for patients
Treatment Preference	<ul style="list-style-type: none"> • Azacitidine (sub-q) • Decitabine/ cedazuridine (oral) • No preference 	<ul style="list-style-type: none"> • Injection • Oral/tablets • No preference 	<ul style="list-style-type: none"> • Injection • Oral/tablets • No preference
Strength of preference	<ul style="list-style-type: none"> • Extremely strong • Very strong • Moderately strong • Slightly strong • Not at all strong 	<ul style="list-style-type: none"> • Very strong • Fairly strong • Not very strong 	<ul style="list-style-type: none"> • Very strong • Fairly strong • Not very strong
Reasons for stated preference	<p><u>For either treatment:</u></p> <ul style="list-style-type: none"> • More efficacious • Better tolerated • Easier to manage • Patient prefers • Better patient compliance 	<p><u>For injections:</u></p> <ul style="list-style-type: none"> • More convenient and easier to manage • Don't need to remind the patient to take his/her medication • We benefit from more time in clinic • Easier to continue treatment • Less emotionally distressing • Prefer someone else gives treatment • Less costly <p><u>For oral tablets:</u></p> <ul style="list-style-type: none"> • More convenient and easier to manage • It means less time in the clinic • Easier for patient to take an oral tablet • Less emotionally distressing • Easier to continue treatment • Less burdensome • Easier to manage my schedule • Less costly 	<p><u>For injections:</u></p> <ul style="list-style-type: none"> • More convenient and easier to manage • I don't need to remember to take my medication • I benefit from more time in clinic • Easier to continue treatment • Less emotionally distressing • Prefer someone else gives treatment • Less costly <p><u>For oral tablets:</u></p> <ul style="list-style-type: none"> • More convenient and easier to manage • It requires less time in the clinic • Easier to take an oral tablet • Less emotionally distressing • Easier to continue treatment • Less burdensome on my carer(s) • Easier to manage my schedule • Less painful and I don't have to have needles • Less costly

Figure 1

<https://doi.org/10.1182/blood-2023-185981>

Downloaded from http://ashpublications.net/blood/article-pdf/142/Supplement_1/5188/2199320/blood-1789-main.pdf by guest on 21 May 2024