

**PATIENT REPORTED ADVERSE
PSYCHOSOCIAL OUTCOMES
AND IDENTIFICATION OF
PREDICTIVE FACTORS IN
THOSE WITH LYMPHOMA OR
CHRONIC LYMPHOCYTIC
LEUKEMIA**

*An analysis of the Lymphoma
Coalition's 2024 Global Patient Survey*

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**LYMPHOMA
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INTRODUCTION

- Many **Adverse Psychosocial Outcomes (APSOs)** are frequently overlooked in clinical settings and are not consistently identified or documented through traditional **Patient-Reported Outcome Measures (PROMs)**.
- This presentation draws on data from the 2024 Global Patient Survey on Lymphomas & CLL to explore 19 Adverse Psychosocial Outcomes (APSOs) and their associations with demographic and treatment-related factors.
- The findings highlight often-overlooked aspects of the cancer journey, including fear, emotional wellbeing, and social disruption.



Psychosocial outcomes extend beyond anxiety and depression and deserve deeper exploration.

OBJECTIVES



Measure the prevalence of 19 distinct APSOs amongst a patient population.



Explore associations with key variables: age, sex, time since diagnosis/ treatment, and relapse status.



Provide evidence to inform future PROM refinement and psychosocial care strategies.



Generate actionable insights that can inform more holistic, patient-centred outcome measures.

METHODS



6,073

SURVEY RESPONSES



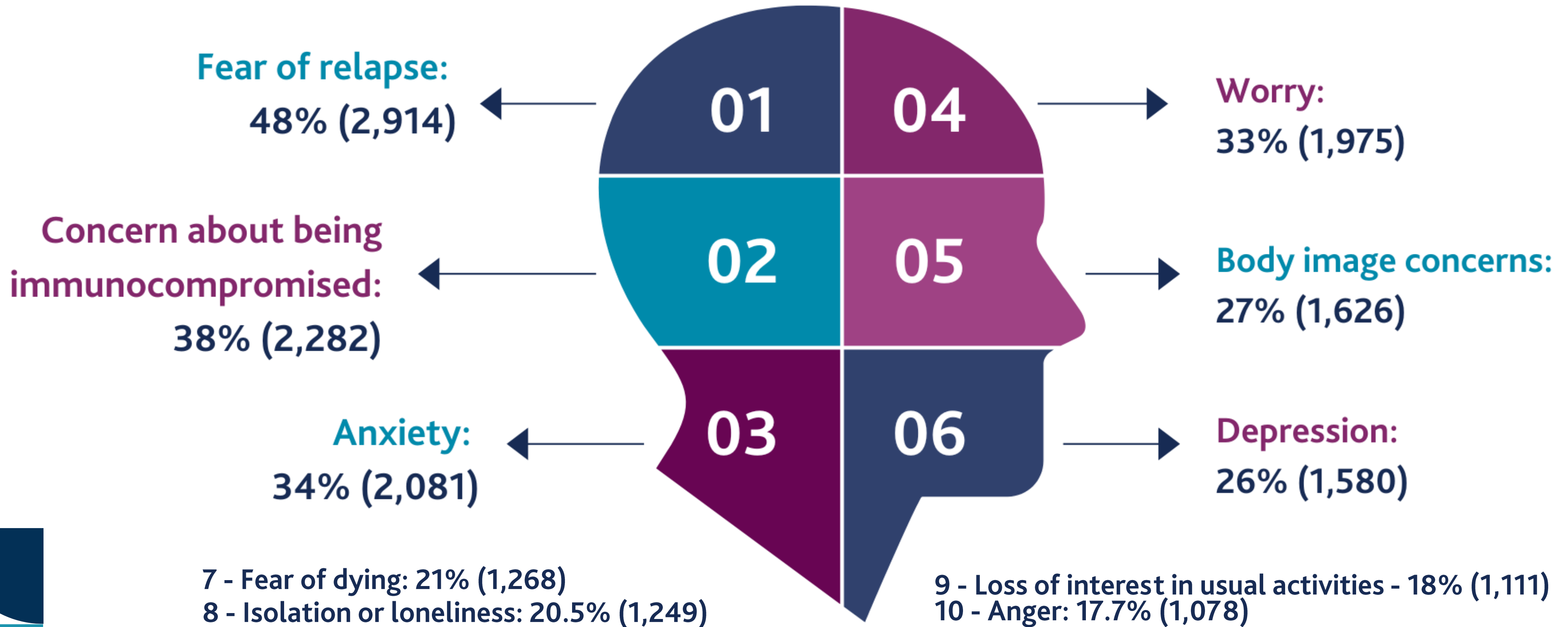
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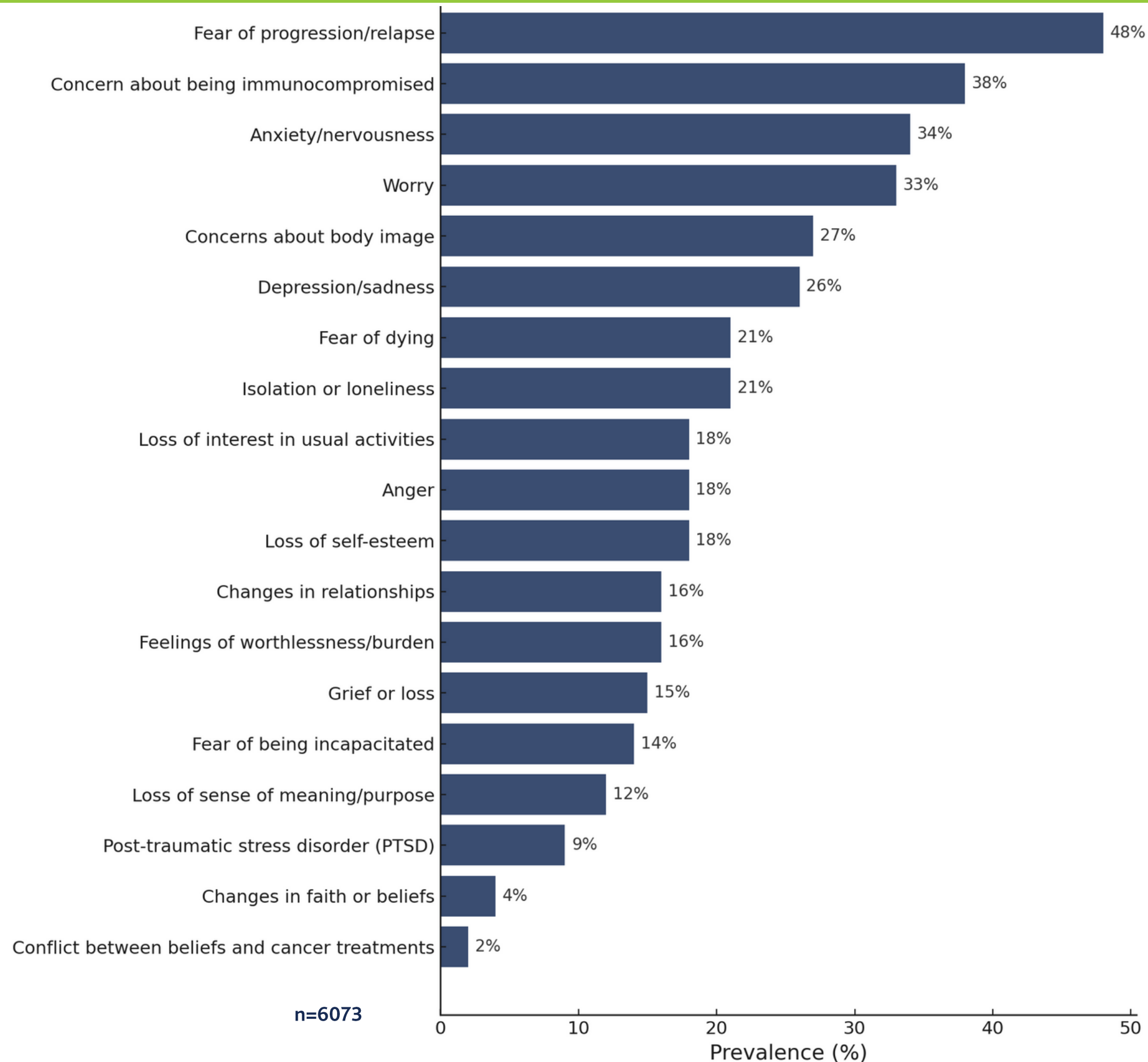
COUNTRIES



- Cross-sectional anonymous survey conducted in early 2024, available in 20 languages.
- Population: individuals diagnosed with lymphoma or CLL.
- Predictors: age, biological sex, relapse status, time since last treatment and diagnosis.
- Nominal logistic regression used to model APSO prevalence.

APSO Prevalence - Top 10 Outcomes





All APSO Prevalence

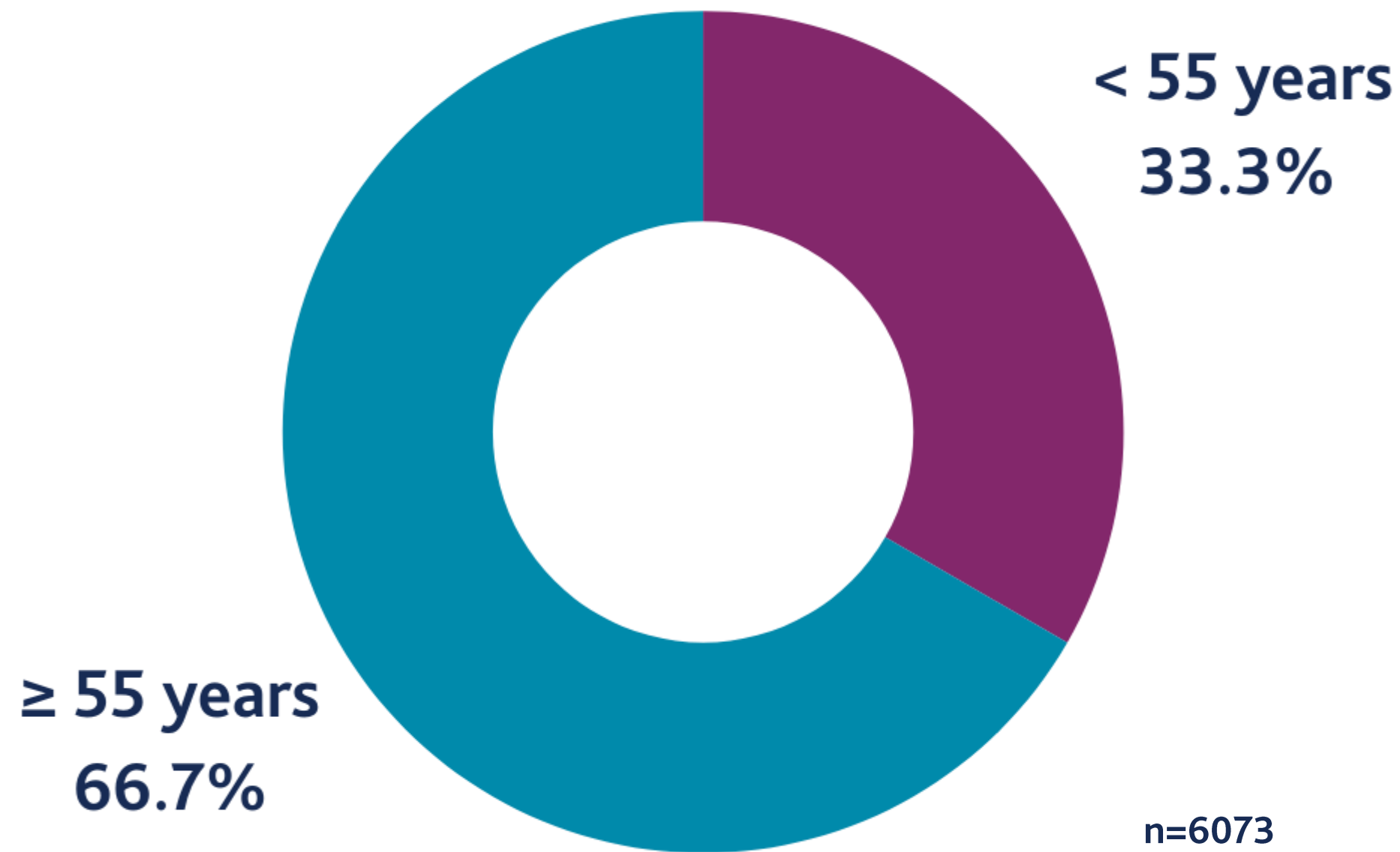


APSOs span emotional, existential, and social dimensions — not just clinical symptoms.

The three least prevalent were:
Conflict between beliefs and cancer treatments: 2% (144)
Changes in faith or beliefs: 4% (260)
Post-traumatic stress disorder (PTSD): 9% (549)

Age Distribution of Respondents

Median age: 64 years (range: 18–92)
60% female - 40% male



Patients aged 55+ make up ~65% of the sample, offering insight across the lifespan.

APSO Categories

APSOs encompass emotional, existential, and social challenges.

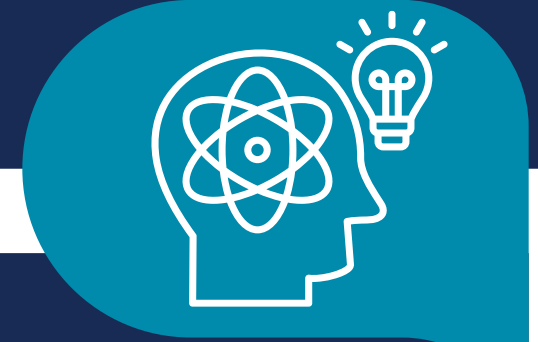


Many respondents reported more than one APSO concurrently

Emotional: anxiety, depression, worry, fear of dying



Existential: loss of purpose, changes in beliefs, grief



Social: isolation, relationship changes, anger



Predictive Patterns from Regression Analysis

- Age was found to be the most significant predictor in the regression analysis ($p < 0.0001$), with an inverse relationship — younger patients had a higher risk of APSOs.
- No statistically significant associations were observed with sex.
- Fear of being immunocompromised had no significant association with age ($p = 0.4$).



Age should be considered a key variable for psychosocial screening and intervention. Patient-reported outcome measures and models of care should be adapted to reflect this reality.

Younger Patient Burden

- Younger age was significantly associated with higher risk of multiple APSOs, including fear of relapse, anxiety, self-esteem loss, and isolation.
- Findings support the need for early intervention and age-sensitive mental health support.



Younger patients face a higher psychosocial burden, especially around fear, anxiety, and identity.

Key Takeaways

APSOs go
beyond anxiety
and depression



Age is a consistent
predictive factor



Widely experienced
across patient
populations



PROMs should
reflect the full
patient experience



Implications for Practice and Policy

DATA

Prevalence and predictors of APSOs, particularly age.

INSIGHT

Younger age = higher psychosocial burden.
Younger individuals consistently reported higher levels of psychosocial challenges across most APSOs.

ACTION

Adjust PROMs and care models by age and scope.
PROMs should be age-sensitive and capture a wider range of APSOs beyond anxiety and depression, to better inform psychosocial interventions and reflect patients' lived experiences.



PROMs must expand to reflect broader psychosocial realities, with younger patients prioritised for screening and results informing HTA decisions and care delivery models.



THANK YOU!

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