

Health Utilities of Diffuse Large B-Cell Lymphoma Patients in China

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INTRODUCTION

Diffuse large B-cell lymphoma (DLBCL) is the most common form of non-Hodgkin's lymphoma (NHL) and is an aggressive lymphoma that can occur in lymph nodes, outside of the lymphatic system, in the gastrointestinal tract, testes, thyroid, skin, breast, bone, or brain. DLBCL is costly that place a heavy burden on patients. However, evidence evaluating the health of persons with DLBCL is still lacking. Therefore, we conducted a survey to explore the demographic characteristics, experience of diagnosis and treatment, disease burden and quality of life of persons with DLBCL.

STUDY OBJECTIVES

To investigate the health utilities of persons with DLBCL.

METHODS

- DLBCL patients were identified via a patient group and were surveyed.
- Inclusion criteria: 1) be > 18 years old 2) had a diagnosis of DLBCL 3) can describe the patient's disease status, quality of life and other conditions.
- Exclusion criteria: 1) patients were unclear or unwilling to report his/her annual income.
- Five-level EuroQol five-dimensional questionnaire (EQ-5D-5L) and Short-Form 6-Dimension Version2 (SF-6D-V2) were delivered to investigate the health utilities associated with DLBCL patients. EQ-5D-5L and SF-6D-V2 responses were converted to utility values using Chinese-specific value sets.

RESULTS

- In total, 582 valid responses were collected during September 9 and November 3, 2022. Among these interviewees, 477 were first-line treatment patients and 105 were patients with relapsed/refractory DLBCL (RR-DLBCL).
- Overall, for the first-line treatment patients: the mean [standard deviation(SD)] EQ-5D-5L utility score was 0.841 (0.21). And the utility scores for patients in progression-free survival state and progressive disease state were 0.877 (0.17) and 0.731 (0.27), respectively. The mean SF-6D-V2 utility score was 0.653 (0.21). And the utility scores for patients in progression-free survival state and progressive disease state were 0.703 (0.20) and 0.497 (0.21), respectively.
- For the patients with RR-DLBCL, the mean EQ-5D-5L utility score was 0.769 (0.26). And the utility scores for patients in progression-free survival state and progressive disease state were 0.835 (0.19) and 0.685 (0.31), respectively. The mean SF-6D-V2 utility score was 0.586 (0.24). And the utility scores for patients in progression-free survival state and progressive disease state were 0.659 (0.18) and 0.493 (0.27), respectively.
- The proportion of the first-line treatment DLBCL patients reporting "no problem" to the five EQ-5D-5L questions were 75.26%, 85.95%, 79.25%, 41.51% and 29.98%, respectively. The corresponding numbers among patients with RR-DLBCL were 66.67%, 81.90%, 67.62%, 29.52% and 26.67%.
- By contrast, the proportion of the highest-level functioning responses to the six SF-6D-V2 questions among the first-line treatment DLBCL patients were 10.27%, 14.26%, 17.19%, 37.32%, 15.30% and 6.50%, respectively. The corresponding numbers among patients with RR-DLBCL were 7.62%, 10.48%, 9.52%, 39.05%, 11.43% and 5.71%.

Figure 1. Distribution across levels of the EQ-5D-5L dimensions among first-line treatment DLBCL persons.

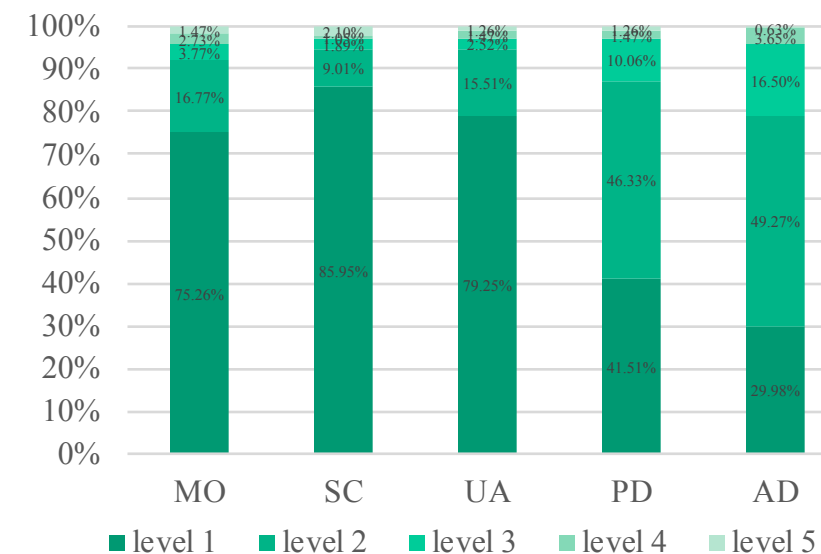


Figure 2. Distribution across levels of the EQ-5D-5L dimensions among RR-DLBCL persons.



Figure 3. Distribution across levels of the SF-6D-V2 dimensions among first-line treatment DLBCL persons.

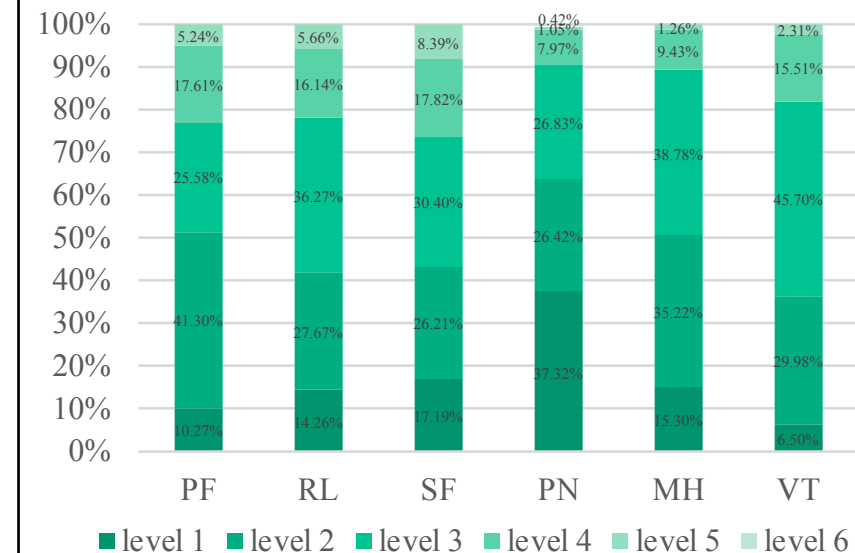
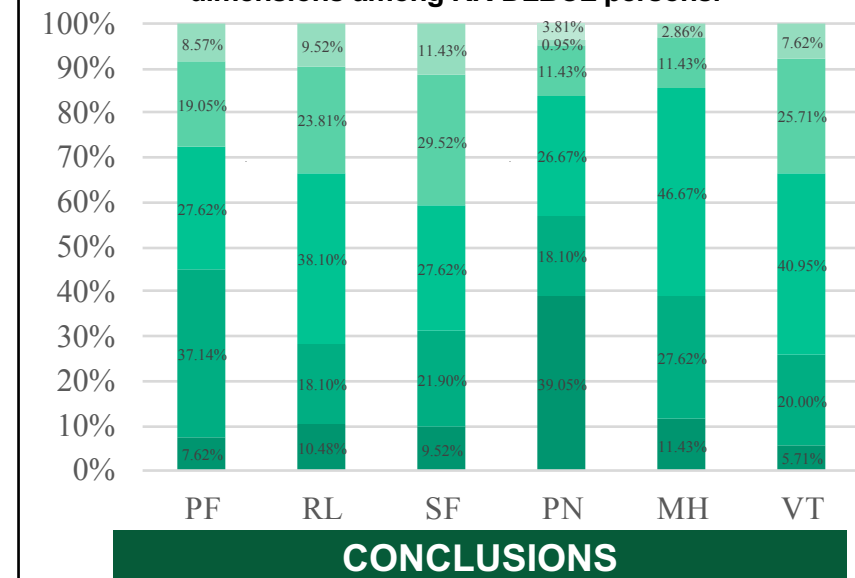


Figure 4. Distribution across levels of the SF-6D-V2 dimensions among RR-DLBCL persons.



CONCLUSIONS

DLBCL patients in China experience impaired health utilities, which were especially low among the RR-DLBCL patients. Also, EQ-5D-5L is subject to stronger ceiling effects than SF-6D-V2 among DLBCL patients in China.