To identify clinical characteristics and sociodemographic factors among lymphoma patients that are
Who was involved in your treatment decision making process
The survey questions were designed to collect demographic information, clinical characteristics, and
This study was reviewed and approved by the Rutgers IRB.
Statistical analyses were performed using non-parametric two-sided Mann Whitney U test and Fisher
However, despite the established need for shared decision making, there are discrepancies between
There is robust evidence that establishes the importance of a collaborative relationship between
• To identify clinical characteristics and sociodemographic factors among lymphoma patients that are
Objective
Method
Background
• Patients have become more involved in understanding treatment options, joining advocacy
• This has increased the patients role in the treatment decision-making while the complexity of
treatment options has increased, with multiple factors to consider including: various therapeutic
classes, safety profile, cost, access and any potential impact on quality of life
• There is robust evidence that establishes the importance of a collaborative relationship between
patients and clinicians when making treatment related decisions. The growing evidence also
suggests there is an increased need for patient-oriented research, including communication
between the scientific community and cancer pts.1,3,4
• Despite the established need for shared decision making, there are discrepancies between
the extent that pts prefer to be involved vs their actual involvement. Previous studies have
suggested that cancer patients older than 50, patients with an education status of less than a high
school education, and female patients all respectively preferred a passive role in treatment decision
making.1

Table 1: Patient Demographic Characteristics (N = 878)

Gender (n=878) Males 478 (54.5%) Females 399 (45.5%) Age range (n=845) 18-29 years 60 (7.1%) 30-49 years 263 (31.2%) 50-69 years 293 (34.7%) 70 years or older 229 (26.9%) Ethnicity (n=846) White 408 (48.3%) Black 250 (29.5%) Education level (n=877) College Degree 694 (79.7%) Professional Status (n=877) Healthcare Provider 118 (13.6%) Non-Healthcare Provider 758 (86.4%) Insurance type (n=845) Commercial Insurance 224 (44.4%) Medicare 217 (44.4%) Medicaid 17 (3.3%) Veteran 14 (2.4%) Non-NCI Designated Center 274 (54.1%) NCI Designated Center 229 (54.1%) Diagnosis (n=504) Non-Hodgkin: T-Cell 194 (38.3%) Non-Hodgkin: Mantle Cell 103 (20.2%) Non-Hodgkin: Diffuse Large B-Cell 67 (13.3%) Non-Hodgkin: Marginal Zone 65 (12.9%) Non-Hodgkin: Others 123 (24.4%) Treatment (n=338) Watch and wait 230 (68.0%) Investigative treatment 75 (22.0%) Surgery 33 (9.8%) Radiation 67 (19.8%)

Table 2: Clinical Characteristics (N = 878)

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Results

Conclusions

• While nearly all responding patients reported they preferred to have an active role in the treatment
decision making, 1/3 of these patients stated they were excluded from the decision making
• This analysis suggests that patients with no form of commercial insurance are more likely to report
no role in decision making. This could be due to hapless treatment selection initiatives that are in place
with certain health coverages (i.e. Medicaid, Medicare) or lack of coverage at all together.
• Also there was a prominent age-based discrepancy with younger lymphoma patients reporting no role
in treatment decisions compared with older patients. As prior literature establishes, younger
patients are less likely to prefer a passive role compared to older patients, suggesting a potential correlation.

• Despite previous literature identifying female and less educated patients to prefer more of a passive
role, this analysis demonstrates that these groups are not at a lower risk to report being excluded from
treatment decision-making.
• Continued analyses and studies are warranted to understand this paradigm and to improve the overall
treatment decision making process for patients and providers.