

The role of illness perception in patients with cutaneous t-cell lymphoma

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Disclosures

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Background

- Illness perception: beliefs about disease
 - Revised illness perception questionnaire (IPQ-R)
- Health-related quality of life (QOL): objective measure of quality of life
 - Skindex-29
- CTCL are often chronic and debilitating malignancies
 - Indolent but remitting course
- Treatment of CTCL may be burdensome
 - Wide range of therapies with varying side effects
 - Often significant disruption to normal routine
- COVID-19 pandemic significantly disrupted access to healthcare in United States
 - Unique opportunity to the investigate the impact on illness perception and QOL



Background

- Illness perception
 - Internal beliefs about illness
 - Psychosocial impact
- Uses of validated scales of illness perception and QOL
 - Quantify patients' beliefs
 - Quantify specific QOL domains
 - Determine how beliefs impact patient QOL
 - Help physicians to identify and address specific issues
- Few studies investigate illness perception in Cutaneous T-Cell Lymphomas (CTCL)
 - Small sample size
 - Limited patient diversity



Background

- Primary objectives
 - Identify patients' disease understanding and interpretation
 - Identify illness perception's impact on health-related QOL
 - Determine health disparities in illness perception and QOL
- Secondary objectives
 - Investigate the impact of additional educational modalities on disease understanding
 - Investigate the impact of the COVID-19 pandemic on health-related QOL



Methods

- Inclusion criteria
 - >18 years of age
 - Diagnosed with mycosis fungoides (MF) and Sezary syndrome (SS)
 - Seen at the Johns Hopkins Dermatology Department, Baltimore Maryland United States
- Procedure
 - Participants completed an electronic survey
 - Revised Illness Perception Questionnaire (IPQ-R)
 - Skindex-29
 - Functional Assessment of Cancer Therapy General 7 Item Version (FACT-G7)
 - Select questions from the Household Pulse survey from the U.S. Census Bureau
 - Patients randomized to control group or to view a prerecorded educational video
 - Surveys completed at time 0, 2 months, and 6 months
- Result Analysis
 - Survey scores analyzed via descriptive statistics
 - Group differences determined via t-test or ANOVA
 - Analyzed by pairwise comparisons via Tukey's test

		Initial	
		n (%)	IOHNS HOPKINS
Patient	Total	47 (100)	SCHOOL of MEDICINE
	Gender		
Demographics	Male	24 (51)	
	Female	22 (47)	
	Other	1 (2)	
	Age		
	18-39	8 (17)	
	40-49	7 (15)	
	50-59	8 (17)	
	60-69	14 (30)	
	70-79	7 (15)	
	80+	3 (6)	
	Race/Ethnicity		
	White	21 (45)	
	Black/African American	17 (36)	
	Hispanic/Latino	4 (9)	
	Asian	4 (9)	_
	Other	1 (2)	7

Patient Demographics	Total Initial disease stage Early Stage	Initial n (%) 47 (100)	JOHNS HOPKINS SCHOOL of MEDICINE
	IA	7 (15)	
	IB	15 (32)	
	IIA	4 (9)	
	Late Stage		
	IIB	4 (9)	
	IIIA	3 (6)	
	IIIB	2 (4)	
	IVA1	6 (13)	
	IVA2	1 (2)	
	IVB	1 (2)	
	Randomized group	23 (49)	8

		Initial cohort n (%)	NCI SEER n (%)	<i>p</i> -value	Johns Hopkins
Patient	Total	47 (100)	3231 (100)		SCHOOL of MEDICINE
Demographics	Gender				
	Male	24 (51)	1866 (58)	0.45	
	Female	22 (47)	1365 (42)	0.45	
	Age				
	Mean	57	58	0 95	
	Median	60	60	0.95	
	Race/Ethnicity				
	White	21 (45)	2458 (76)		
	Black/African American	17 (36)	380 (12)	<0.01	
	Asian	4 (9)	175 (5)	\0.01	
	Other	5 (11)	218 (7)		
	Disease stage				
	0-11	30 (64)	2253 (70)	0.03	0
	III-IV	13 (28)	469 (15)	0.00	9



IPQ-R Scores

	Score Range	Mean <u>+</u> SD
Identity	n/a	2.19 <u>+</u> 2.61
Timeline – acute/chronic	6 to 30	23.26 <u>+</u> 4.67
Timeline - cyclical	4 to 20	12.33 <u>+</u> 3.41
Consequences	6 to 30	20.78 <u>+</u> 4.60
Personal control	6 to 30	21.54 <u>+</u> 3.95
Treatment control	5 to 25	18.45 <u>+</u> 2.82
Illness coherence	5 to 25	16.28 <u>+</u> 4.45
Emotional representations	6 to 30	17.21 <u>+</u> 5.20

Most common perceived causes

Stress/worry, chance or bad luck, pollution, ageing, altered immunity

IPQ-R Group Comparisons

Age	Mean <u>+</u> SD	<i>p</i> -value	
Consequences			
18-39	18.71 <u>+</u> 3.50		
40-49	24.50 <u>+</u> 4.65		
50-59	23.00 <u>+</u> 4.36	0.08	
60-69	21.00 <u>+</u> 3.37		
70+	18.78 <u>+</u> 5.59		
Emotional			
18-39	17.75 <u>+</u> 6.27		
40-49	20.25 <u>+</u> 3.77		
50-59	21.42 <u>+</u> 5.35	0.02	
60-69	15.27 <u>+</u> 3.98		
70+	14.44 <u>+</u> 3.64		
Illness coherence			-
18-39	15.25 <u>+</u> 4.40		
40-49	16.25 <u>+</u> 5.68		
50-59	16.57 <u>+</u> 4.86	0.96	
60-69	16.23 <u>+</u> 3.73		
70+	17 + 5.32		



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IPQ-R Group Comparisons

Race/Ethnicity	Mean <u>+</u> SD	<i>p</i> -value	
Consequences			JOHNS HOPKINS
White	20.24 <u>+</u> 4.01		
Black/African American	22.54 <u>+</u> 3.84	0.22	
Hispanic/Latino	18.00 <u>+</u> 8.83	0.23	
Asian/Other	20 <u>+</u> 2.65		
Emotional			
White	15.67 <u>+</u> 5.36		
Black/AA	19 <u>+</u> 4.98	0.21	
Hispanic/Latino	17.25 <u>+</u> 5.12	0.31	
Asian/Other	18.00 <u>+</u> 5.00		
Illness coherence			
White	18.22 <u>+</u> 3.86		
Black/African American	15 <u>+</u> 4.30	0.02	
Hispanic/Latino	12.5 <u>+</u> 3.11	0.03	
Asian/Other	15.67 <u>+</u> 6.35		12

IPQ-R Group Comparisons

Di	sease stage	Mean <u>+</u> SD	<i>p</i> -value	IOHNS HOPKINS
Consequen	ces			SCHOOL of MEDICINE
	Early-stage	19.70 <u>+</u> 4.91		
	Late-stage	22.06 <u>+</u> 3.96	0.12	
Emotional				
	Early-stage	18.32 <u>+</u> 5.74		
	Late-stage	15.76 <u>+</u> 4.13	0.13	
Illness cohe	erence			
	Early-stage	15.18 <u>+</u> 3.92		
	Late-stage	17.71 <u>+</u> 4.79	0.08	



Skindex-29 Group Comparisons

	Emotions	Symptoms	Function	Total
Cutoff score	<u>></u> 39	<u>></u> 52	<u>></u> 37	<u>></u> 44
Age				
18-39	41.88	44.20	22.92	36.33
40-49	50.00	53.57	41.25	48.27
50-59	60.71	47.02	38.39	48.30
60-69	30.28	41.07	27.29	31.89
70+	28.13	38.84	24.17	30.18
<i>p</i> -value	0.06	0.70	0.60	0.26
Race/Ethnicity				
White	32.03	41.96	26.67	32.26
Black/African American	53.08	47.53	39.23	45.71
Hispanic/Latino	28.125	37.50	21.88	29.17
Asian/Other	48.125	46.43	23.44	39.33
<i>p</i> -value	0.07	0.72	0.41	0.21



Discussion

- Significant difference in race/ethnicity compared to prior studies
 - Increased representation of Black or African American patients
 - Greater ability to detect differences between demographic groups
 - Sex and age not significantly different
- Perception of CTCL to be chronic with variable course
 - Indicative of effective counseling from treatment team
 - Establishes appropriate expectations of disease course
- Perception of high treatment control
 - Indicates confidence in therapies and treatment team
- Perception of high personal control
 - Potential risk of demoralization if treatment failure



Discussion

- 40-49 and 50-59 age groups highly impacted by CTCL
 - Peak productivity years for adults in United States
 - High consequences of disease on patient and families
 - High emotional impact
- Black or African American population also highly impacted
 - Greater perception of consequences of disease
 - Difference not explained by higher initial disease stage (not presented)
- Disease understanding varies between demographic groups (illness coherence)
 - White patients had higher disease understanding
 - Black or African American and Hispanic or Latino patients had lower disease understanding
- Social determinants of health may impact illness perception
 - Relationship status, educational level, occupational status, socioeconomic status, etc.
- Additional research required to investigate disparities



Limitations

- Sample from one tertiary hospital system in the United States
- Might not be generalizable to patients living in remote or rural areas
- Limited follow-up data available at time of presentation



Future Plans

- Ongoing study
- Recruit larger number of patients
- Continue to collect follow-up data
- Additional analysis of disparities
- Analyze impact of educational modalities on illness perception and QOL
- Analyze impact of COVID-19 pandemic on illness perception and QOL



Conclusions

- Disparities exist between demographic groups of patients with CTCL
 - Disparity in illness understanding between White and Black or African American patients
 - Tailored interventions may reduce these inequities
- Patients ages 40-59 may be more emotionally and practically affected
 - Important to evaluate patients holistically when considering management options
- Patients generally have positive beliefs on personal disease control
- Patients generally have positive beliefs on treatment disease control



Thank you



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