



**Compliance with tyrosine kinase inhibitors in
chronic myeloid leukaemia:
patients' beliefs and barriers -
a follow-up project**

Master Thesis

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1. Abstract

Background

Several published trials detected inadequate medication compliance in oral cancer therapy, with compliance rates from less than 20% to 100%. Patients with chronic myeloid leukaemia (CML) who are not compliant with treatment may experience suboptimal outcomes. Results of a previous Master Thesis showed that patients starting a new therapy may declare non compliance to treatment.

Objectives

The objectives of this follow-up project were to amend the Master Thesis 2009 of C. Kaufmann with all tyrosine kinase inhibitors (TKIs) and to complete the questionnaires and patient interviews accordingly. The recruitment of CML patients should take place in a hospital setting with focus on patients with recent diagnosis. The scores of CML patients with recent diagnosis and those with older diagnosis should be compared. If possible, results of both Master Thesis are to be compared.

Methods

Prospective observational study of patients with CML and with a prescription for a tyrosine kinase inhibitor (TKI). Patients were asked to go in for the study by their physician during a control consultation. Compliance behaviour as well as beliefs and barriers of the patients were evaluated with a semi-structured interview and with standardized questionnaires (BMQ, MARS, MMAS-8, NVS).

Results

All asked patients accepted to be enrolled. The study sample consisted of 14 patients, eight patients from the University Hospital Basel and six from the Kantonsspital Liestal. One patient was recently diagnosed with CML (\leq two weeks). The mean duration of time since diagnosis excluding the aforementioned patient was 38 ± 22.1 months. All were treated with Glivec®. To remember their daily intake, half of the patients developed a certain ritual, four (28.6%) had a special place to store their drug, two (14.3) made use of an alarm clock and one (7.1%) used a dosette. The mean MARS score was 24.36 ± 0.8 (range: 23-25), mean MMAS score was 7.64 ± 0.5 (range: 6.75-8). The BMQ-necessity mean score was 4.76 ± 0.2 (range: 4.4-5.0) and was 2.06 ± 0.8 (range: 1.2-3.8) for concerns.

Conclusion

The follow-up study confirmed a very high self-declared compliance of the patients. The conducted interviews revealed their high motivation to participate as well as their willingness to talk very outspoken about a sensitive topic. Every patient had developed his/her own regime for remembering the intake. The only participant with recent diagnosis showed no different behaviour.