A COMPARATIVE STUDY OF THE IMPACT OF COUNTRIES' HEALTH EXPENDITURE ON THE DIAGNOSIS EXPERIENCES OF PATIENTS WITH LYMPHOMA AND CLL IN EUROPE

**Topic:** 35. Quality of life, palliative care, ethics and health economics

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**Background:** Lymphomas are a mixed group of cancers that have a variety of clinical presentations ranging from an indolent course to an aggressive disease. As such, they are often a challenge to diagnose. A long time to diagnosis of lymphoma or CLL can result in increased patient anxiety and may impact patients’ survival and quality of life. In addition, communication with healthcare professionals is a key part of the patient experience at diagnosis as patients will use the information to make sense of their diagnosis and care.

**Aims:** Using data from the Lymphoma Coalition (LC) 2020 Global Patient Survey (GPS) on Lymphomas and CLL, this study examines the impact of countries’ health expenditure (as a percentage of the Gross Domestic Product (GDP)) on the diagnostic experiences of patients with lymphoma in Europe.

**Methods:** Globally, there were 11,878 respondents to the LC 2020 GPS, comprised of 9,179 patients and 2,699 caregivers. 4,346 patients responded from 36 European countries. Using the 2019 World Health Organisation (WHO) Global Health Expenditure Database, LC calculated the average percentage of health spending by these European countries’ governments - 8.2%. A comparison was then done between GPS respondents from countries with below-average health expenditure (BA-HE) (n=452) and countries with above-average health expenditure (AA-HE) (n=3894).

Demographics of the two groups were examined, and univariate, bivariate and multivariate analyses of questions relating to patients’ diagnosis experience were performed in IBM SPSS v27.

**Results:** Both groups differed significantly in the time taken from patients’ first appointment with a GP about their symptoms to getting a lymphoma or CLL diagnosis (Table 1). 40% of patients in the BA-HE countries received their diagnosis in less than 3 months compared to 51% of patients in the AA-HE countries. Over 10% of patients in both country groups (BA-HE- 14%; AA-HE-13%) reported getting a diagnosis more than 12 months after their first GP visit for their symptoms (Table 1).

Regarding information experience at diagnosis, patients in AA-HE countries were 2.5 times more likely to have been told their lymphoma subtype at diagnosis than not remember if they were told their subtype at diagnosis when compared to patients in BA-HE countries (Table 1). Patients in AA-HE countries were also 67% more likely to report that they were given the right amount of information than not given enough information when compared to patients in BA-HE countries (Table 1).

Patients in AA-HE countries were 48% less likely to need more information about treatment options and 58% less likely to need more information about support for self-care compared to patients in BA-HE countries. These differences were statistically significant (Table 1).

There were no significant differences in both groups in the need for more information in the following areas: psychological support, support for their families, side effects of treatment, diagnosis and what it means, and fertility (Table 1).
Summary/Conclusion: Both groups differed in the time taken to get a diagnosis of lymphoma or CLL and in their information experiences at diagnosis. On the other hand, both groups showed an equal need for more information in areas such as psychosocial support and the side effects of treatment.

LC advocates for increasing awareness of lymphoma among the general populace and the medical community to accelerate diagnosis. Healthcare providers should also provide patients with credible, understandable information to support the best possible patient experience.