

Kategorie: Hematology and hematologic neo-plasms

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Symptom clusters in patients with myeloproliferative neoplasms and their associations with patient characteristics: results of a multicenter survey by the East German study group for hematology and oncology (OSHO #97)

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Background: FITT criteria (frequency, intensity, time, type) in exercise therapy are based on disease- and therapy-related symptoms, and side effects. Training recommendations for patients with chronic myeloid leukemia (CML) and polycythemia vera (PV) are similar^{1,2}. There is lack of knowledge as to whether the FITT criteria are transferable within the spectrum of myeloproliferative neoplasms (MPN). The study aims to identify symptom severity clusters (SSC) in a cohort of MPN patients (MPN) and to analyse their association with patient characteristics.

Methods: A survey of MPN patients was conducted. Cluster analysis and multinomial regression was used to identify SSC, and their association with patient characteristics (e.g., sex, age, education, diagnosis, years since diagnosis). Cluster analysis was performed using the K-means algorithm. A set of 14 MPN symptoms (e.g. fatigue, musculoskeletal pain, and itching) was assessed as continuous measures.

Result: The sample comprised 646 patients (63% female, mean age = 56.8 ± 13.4 years), who were categorised into four diagnostic groups: CML = 189, PV = 174, essential thrombocythaemia = 154, and myelofibrosis = 129. A number of four SSC were identified, including very high, high, middle, and low SSC. Belonging to the very high SSC compared with low SSC was associated with female gender [95% confidence interval (CI) = 0.35; 1.66], lower age (95% CI = -0.05; -0.00, lower education [95%-CI = -1.68; -0.49] and lower well-being [95% CI = 0.13; -0.088]. Belonging to the clusters with very high, high, and middle SSC, compared with low SSC was not associated with the diagnosis groups, respectively.

Conclusion: The severity of symptoms in MPN patients seems to be comparable across diagnoses. This speaks in favor to establish the FITT criteria across diagnosis.

Indication of source

¹Hollenbach et al. *Front. Oncol.* DOI 10.3389/fonc.2024.1345050

²Felser et al. *Cancer Med.* DOI 10.1002/cam4.6413

