**INTRODUCTION**

- Chronic myeloid leukemia (CML) is characterised by the malignant expansion of stem cells in the bone marrow. It is diagnosed using cytogentic and molecular diagnostic techniques to detect a chromosomal abnormality known as the Philadelphia (Ph) chromosome, which is the only known cause of CML.
- CML is a relatively rare disease having an annual incidence of approximately 1 per 100,000 people [1] and accounts for 10–20% of all haemopoietic malignancies [2]. The median age at presentation is 50–60 years and 12–30% of patients are <40 years old at diagnosis [3].
- The natural course of the disease involves three sequential phases: chronic, accelerated, and blast crisis, each becoming progressively more aggressive and difficult to treat [4].
- There are three levels of response following treatment of CML: chronic phase haematologic, cytogentic and molecular response [5].
- Patients who achieve only a haematologic response are at risk of progressing to a more severe disease. Approximately 50% will survive for at least 5 years, while they are dependent on another chronic Phase treatment [6].
- Patients who achieve a cytogenetic response are less at risk of progressing to severe disease and approximately 60% of patients will survive for at least 5 years [7].
- To date, preferences for CML chronic phase-related health states have not been measured.
- The objective of this study was to estimate tradeoffs (TTO) preference values associated with CML chronic phase-related health states among members of the general public in the UK.

**METHODS**

- **Health States**
  - Descriptions of the four chronic phase-related health states under evaluation (i.e. chronic phase CML, i.e. pre-treatment and treatment failure; haematologic response; cytogentic response and molecular response) were developed through literature review and clinical expert consensus.
  - Each health state described the typical patient experience across several domains including symptoms, treatment, response, remission and completion.
  - The health states were refined after iterative review by clinical experts and piloting the descriptors among a sample of 18 respondents in the UK.
  - The health states were designed to be easily understood by the general public.
- **Data Collection and Analysis**
  - Data were collected in a single face-to-face interview. Participants were provided with descriptions of the four different health states associated with CML chronic phase.
  - Participants were asked a set of descriptive and qualitative questions about themselves. They were also asked what proportion of their remaining lifetime they would be willing to sacrifice in return for not being in the symptoms of CML associated with each of the four health states being evaluated.
  - Utility scores ranging from 0.1 to 1.0 for perfect health to 0.0 for death were obtained for the different health states as described by Hammerschmidt et al. [11].
- **Results**
  - The utility values were statistically significant and the sample size of each sub-group was too small.
  - None of these differences reached statistical significance, possibly because the sample size of each sub-group was too small.
  - The study summation of 218 respondents was stratified by respondents’ cancer status.
  - The utility values elicited from respondents who did not have cancer were lower than the values elicited from those who did not have cancer [12].
  - The mean utility values elicited from respondents with cancer were lower than the values elicited from those who did not have cancer [13], however, these differences were not statistically significant, possibly because of the small number of respondents.

**REFERENCES**