

# Challenge TDT

## Transfusion-Dependent $\beta$ -Thalassaemia (TDT) Can Significantly Impact Quality of Life of Patients and Caregivers<sup>1,2</sup>

### KEY POINTS

Transfusion-dependent  $\beta$ -thalassaemia significantly impacts quality of life for both patients with TDT and their caregivers.<sup>1,2</sup>

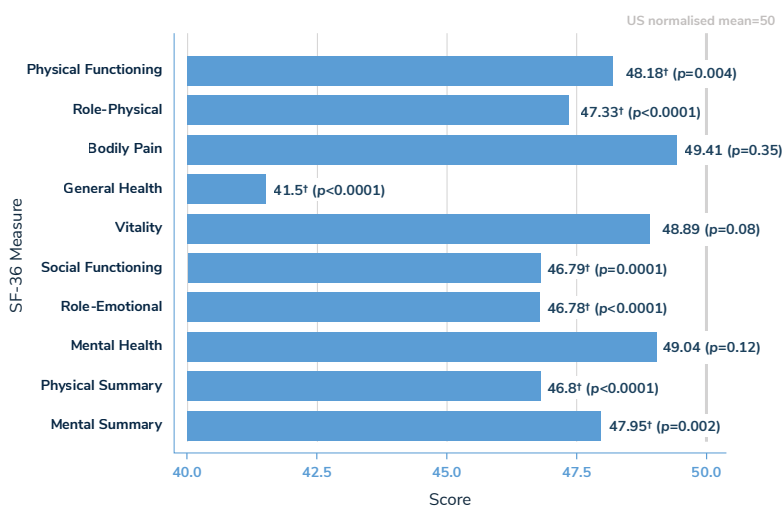
Patients receiving allogeneic haematopoietic stem cell transplantation (HSCT) reported improved quality of life over patients receiving conventional transfusion/chelation therapy.<sup>3</sup>

30-year overall survival (OS) in conventionally treated patients was similar to transplanted patients; however, transplanted patients reported higher mortality in the first ten years, with nearly 50% of the mortality being driven by acute GvHD.<sup>4</sup>

#### REFERENCES:

1. Sobota A, Yamashita R, Xu Y, et al. Quality of Life in Thalassaemia: A Comparison of SF-36 Results from the Thalassaemia Longitudinal Cohort to Reported Literature and the US Norms. *Am J Hematol.* 2011;86(1):92-95. 2. Yengil E, Acipayam C, Kokacya MH, et al. Anxiety, depression and quality of life in patients with beta thalassaemia major and their caregivers. *Int J Clin Exp Med.* 2014;7(8):2165-2172. 3. La Nasa G, Caocci G, Efficace F, et al. Long-term health-related quality of life evaluated more than 20 years after hematopoietic stem cell transplantation for thalassaemia. *Blood.* 2013;122(13):2262-2270. 4. Caocci G, Orofino MG, Vacca A, et al. Long-term survival of beta thalassaemia major patients treated with hematopoietic stem cell transplantation compared with survival with conventional treatment. *Am J Hematol.* 2017;92(12):1303-1310.

### Health-Related Quality of Life Scores (SF-36\*) in the Thalassaemia Longitudinal Cohort vs. US Norms<sup>1</sup>



Adapted from Sobota A, Yamashita R, Xu Y, et al. Quality of Life in Thalassaemia: A Comparison of SF-36 Results from the Thalassaemia Longitudinal Cohort to Reported Literature and the US Norms. *Am J Hematol.* 2011;86(1):92-95.

\*These health domains are evaluated as part of the Medical Outcomes Study Short Form 36-Item (SF-36). They are defined as follows: Physical functioning covers limitations in daily life due to health problems. The role-physical scale measures role limitations due to physical health problems. The bodily pain scale assesses the frequency of pain and interference of pain with usual roles. The general health scale measures individual perceptions of general health. The vitality scale assesses energy levels and fatigue. The social functioning scale measures the extent to which ill health interferes with social activities. The role-emotional scale assesses role limitations due to emotional problems. From: Busija L, Pausenberger E, Haines T, et al. Adult Measures of General Health and Health-Related Quality of Life Medical Outcomes Study Short Form 36-Item (SF-36) and Short Form 12-Item (SF-12) Health Surveys, Nottingham Health Profile (NHP), Sickness Impact Profile (SIP), Medical Outcomes Study Short Form 6D (SF-6D), Health Utilities Index Mark 3 (HUI3), Quality of Well-Being Scale (QWB), and Assessment of Quality of Life (AQOL). *Arthritis Care Res.* 2011;63(11):S383-412.

†one sample T test shows significant difference between population and US norm (p<0.05)