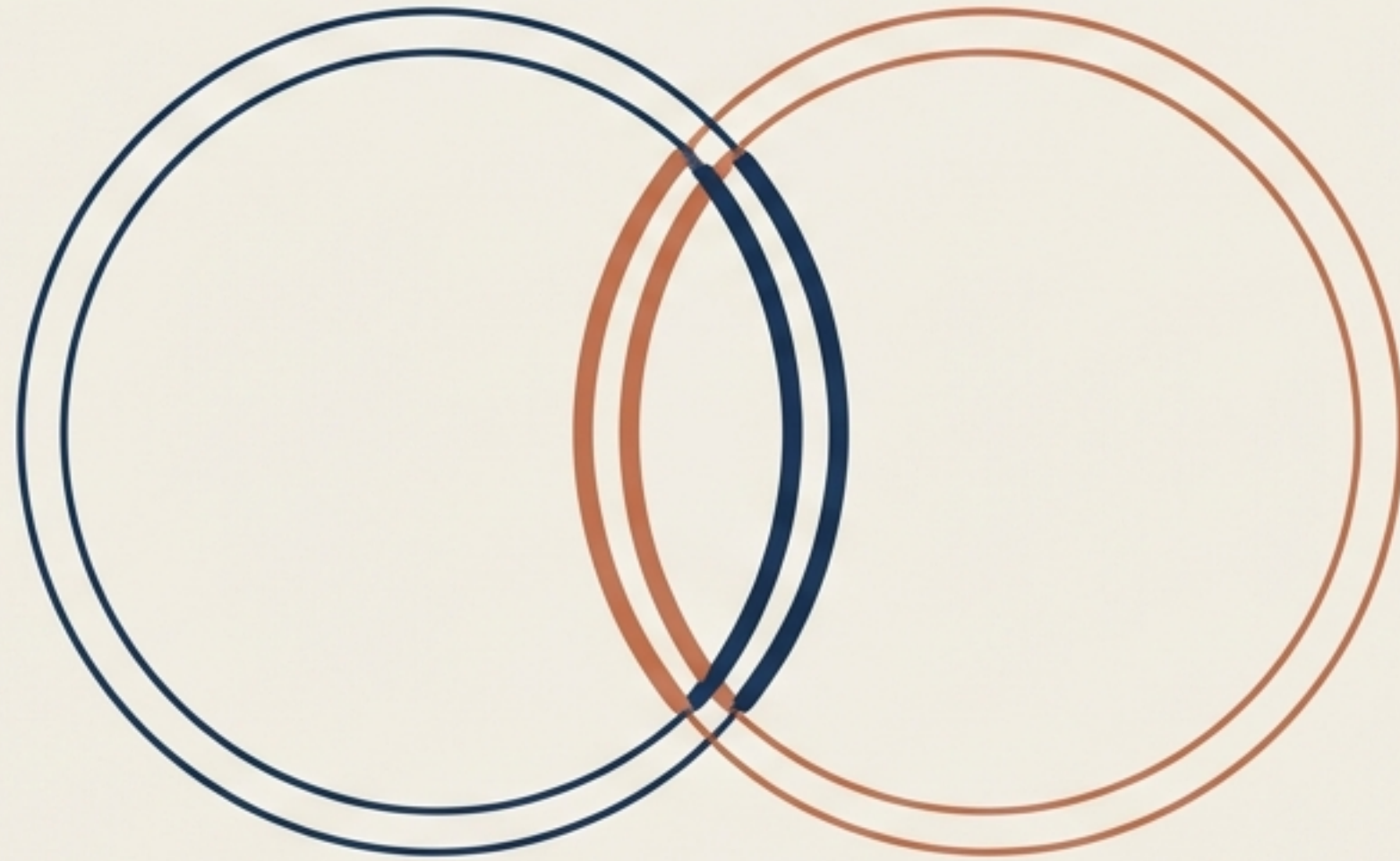


Beyond the Hemoglobin: Patient-Centered Decision-Making in Cold Agglutinin Disease

Aligning Biological Precision with Lived Experience



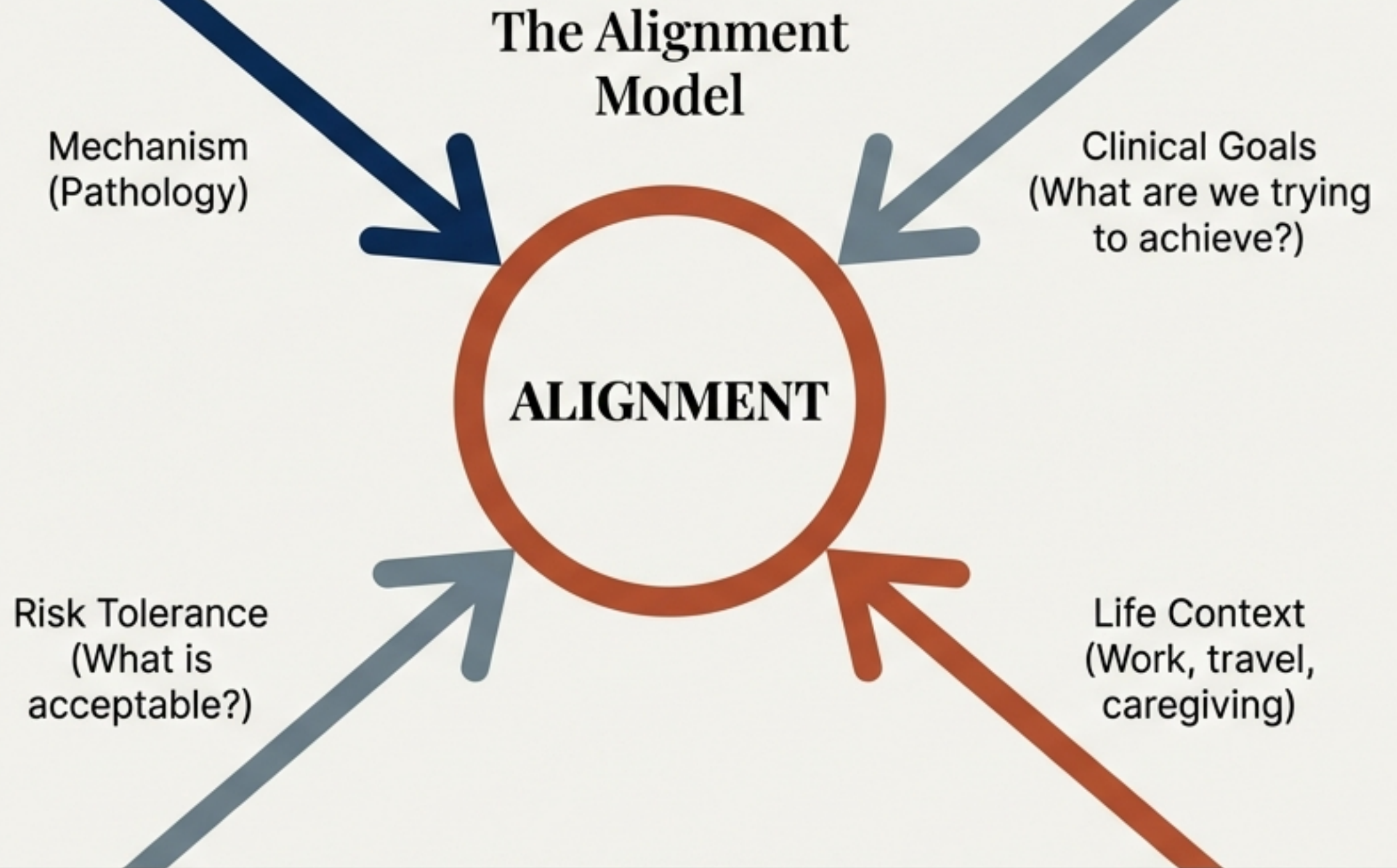
Based on the work of William Aird

CAD Is Not a One-Decision Illness

Cold Agglutinin Disease (CAD) is a condition where the mechanism is clear, but the thresholds for intervention are highly contextual.

Even when biology is well-defined, optimal management depends entirely on alignment.

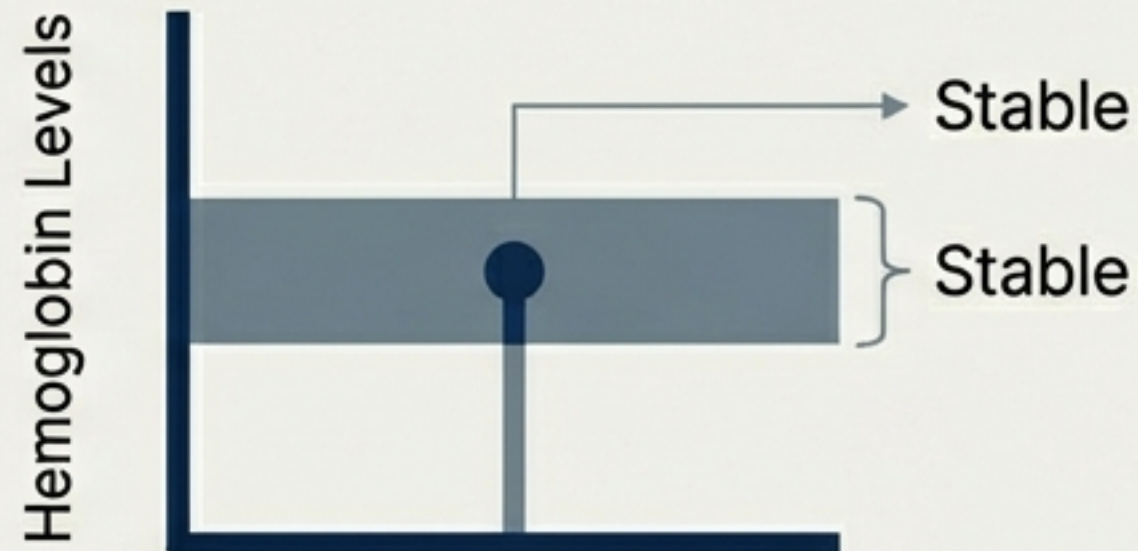
Two patients with identical laboratory profiles may reasonably choose completely different treatment paths.



Biology defines the disease; values define the treatment.

Numbers Describe Physiology. Symptoms Describe Life.

THE LABS (Physiology)



Acceptable Labs
Moderate Anemia
Stable Markers

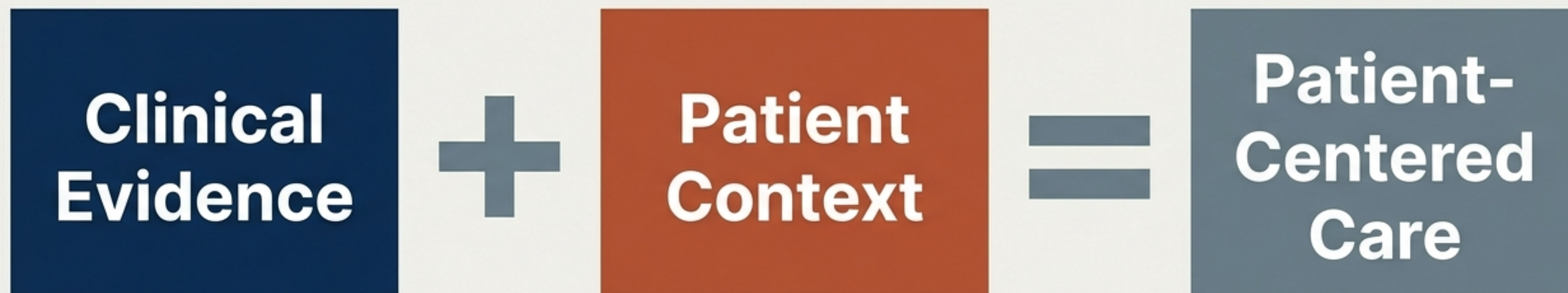
THE LIFE (Lived Experience)



Daily Impairment
Fatigue (Reported by ~90% of patients)
Cold-induced pain
Acrocyanosis
Microvascular flow disturbances

Fatigue can occur even with mild anemia. Symptom severity often correlates poorly with hemoglobin levels.

Preference Does Not Replace Evidence



The Core Concept

Patient-centered care is not about ignoring medical reality; it is about applying evidence in a way that fits the person living with the disease.

Clinical Application

Treatment is generally recommended when anemia is symptomatic, transfusion-dependent, or accompanied by disabling circulatory symptoms.

The Shift

We must move away from rigid numeric thresholds and toward validating symptoms that are biologically real but numerically subtle.

Decisions Are About Trade-Offs, Not “Right Answers”

Most decisions involve compromising on one axis to gain on another.



Mapping Trade-Offs to Therapeutic Strategy

COMPLEMENT INHIBITION

Prioritizes Speed & Predictability

- Rapid control of hemolysis.



Requires ongoing, continuous therapy. Focuses on control rather than cure.

CLONE-DIRECTED THERAPY

Prioritizes Durability & Treatment-Free Intervals

- Potential for remission.






Delayed onset (months) and immunosuppressive risks.

These trade-offs cannot be resolved by guidelines alone.
They require shared deliberation.

Making Implicit Questions Explicit

Expert clinicians translate clinical questions into value-based questions.

Clinical View	Patient View
Is continuous therapy indicated? 	Do I want fast, reliable control even if it means ongoing infusions?
Is Rituximab/chemo appropriate? 	Am I willing to accept delayed benefit and immunosuppression for the possibility of remission?
What is the toxicity profile? 	How do these choices fit into my work, travel, and caregiving duties?

Risk Tolerance Has Structure

Risk tolerance is not random; it reflects how patients weigh specific realities.

PRIORITY: IMMEDIACY



Patient Values: Rapid control, predictability.

Acceptable Risks: Infection risk, ongoing access requirements.

Example: Choosing complement inhibition to stabilize quickly for an upcoming life event.

PRIORITY: INDEPENDENCE



Patient Values: Time off treatment, durability.

Acceptable Risks: Toxicity, delayed onset of action.

Example: Choosing clone-directed therapy to aim for a treatment-free interval.

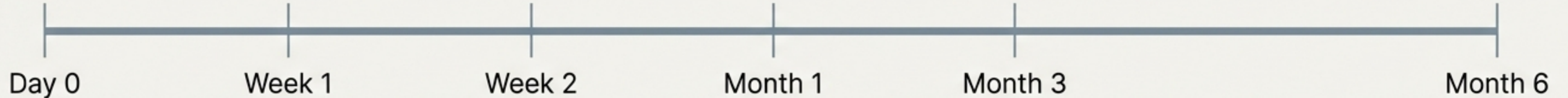
There is no 'correct' risk tolerance. There is only 'informed' risk tolerance.

Time Is a Therapeutic Variable

Misaligned expectations about tempo cause mistrust.

Complement Inhibition

Rapid Control. Days/Weeks to response.
No modification of underlying clone.

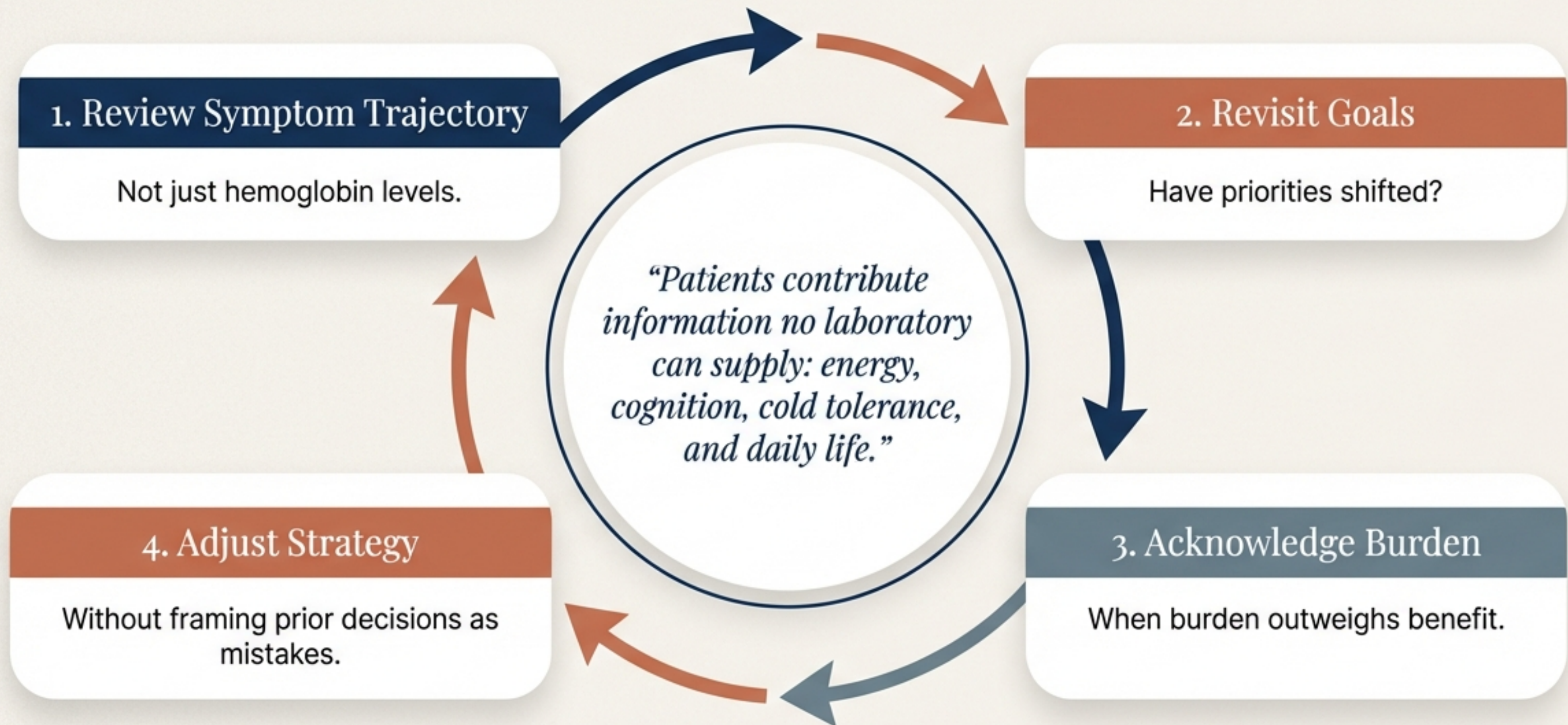


Rituximab-based Therapy

Delayed Response. Requires patience.
Modification of underlying clone.

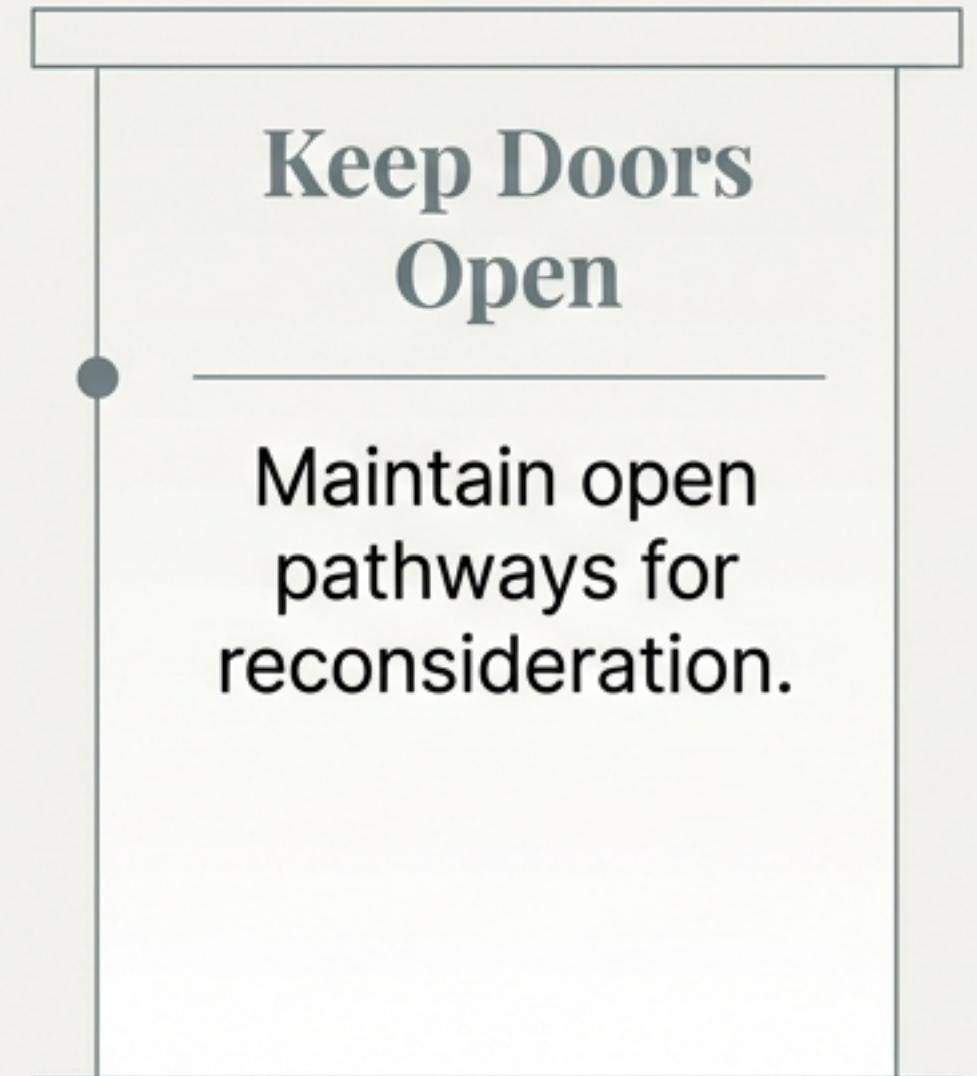
Goal: Prevent abandoning effective therapy too early or persisting with ineffective therapy too long.

Reassessment Is Done WITH the Patient, Not TO Them



Refusal Is a Decision Point, Not a Failure

Respecting autonomy does not require abandoning vigilance. Decisions often change as disease tempo changes. A 'no' today might be a 'yes' during an exacerbation.



Communication Is Itself Therapeutic

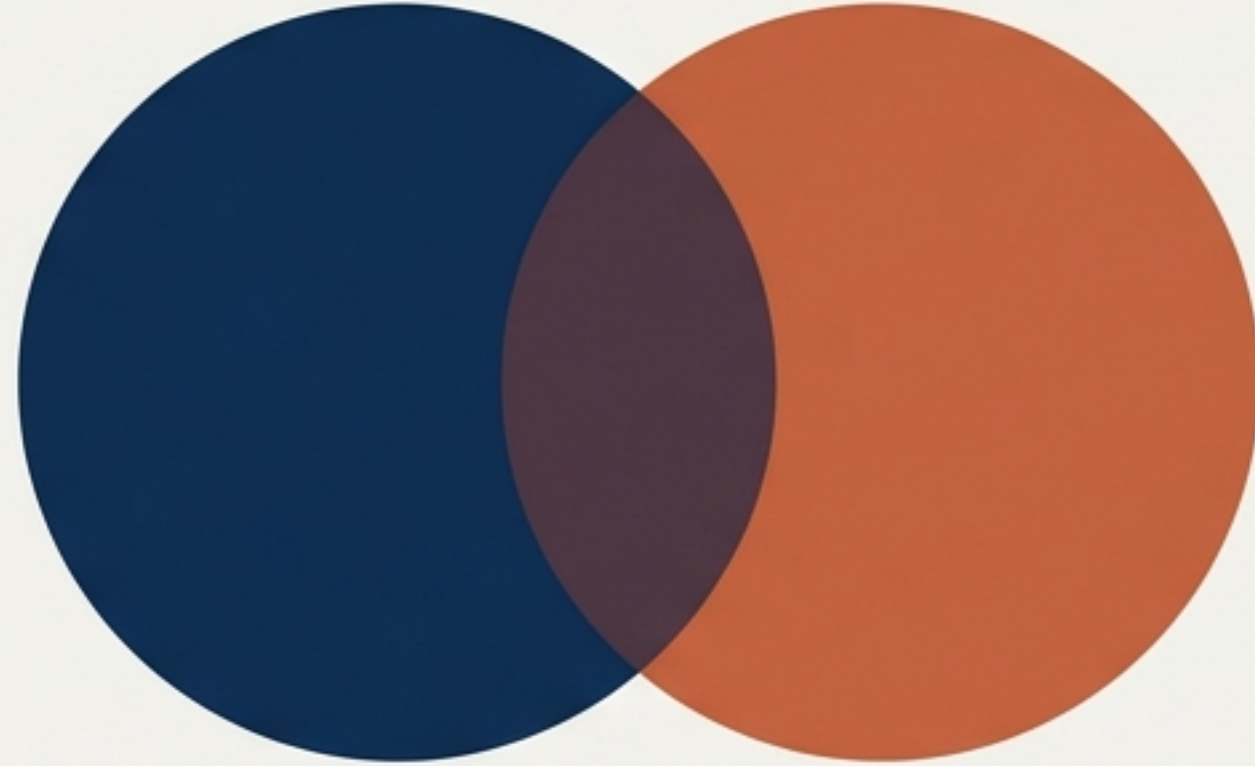
How CAD is explained shapes how it is lived.

Framing Principles

- Emphasize **CONTROL** rather than **CURE**.
- Distinguish **DANGEROUS** disease from **DISRUPTIVE** disease.
- Normalize **FLUCTUATION**.

Your disease is real and biologically active, but it is also manageable. Our goal is not to eliminate it overnight. Our goal is to control it safely in a way that fits your life.

Completing Clinical Rigor



Patient-centered decision-making in Cold Agglutinin Disease
does not weaken clinical rigor; it completes it.
Expert care matches mechanism to moment.

**The best decision is the one that fits the person,
not the one that looks ideal on paper.**