Patients' Preferences For Adjuvant Osimertinib In Non–Small Cell Lung Cancer

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- **Back ground :** There are clinical controversies surrounding the US FDA approval of Osimertinib in December 2020 as adjuvant therapy, based on disease-free survival (DFS) improvement in patients (pts) with surgically resected stage IB-IIIA EGFRm NSCLC.

- **Hypothesis :** DFS benefit alone even without significant OS maybe deemed a valuable endpoint to pts, after considering trade-offs

- **Type :** Survey of patient

- **Site :** Multicentric

- **Methods:** Participants were recruited from pts seen at the RP Thoracic Clinic

- **Duration:** 01/21 to 12/21.

- Eligible pts who were being evaluated for adjuvant systemic therapy following surgical resection were given a self-administered survey based on the validated questionnaire by Blinman et al, which was modified to provide explanation of the differences between OS and DFS and the ADAURA trial results.

- Survey responses were collected in an online repository.

- **Statistics :** Associations between survey responses and demographics were assessed using Fisher’s exact test. Changes in preference responses were assessed using McNemar’s test.

Results:

- A total of 524 pts with NSCLC were screened, of which 101 pts were eligible to receive the survey. 51 pts (50%) responded to the survey.

- Median age of respondents was 69yrs (37-83), majority were female (69%, n = 35,), married (61%, n = 31), retired (63%, n = 32), had at least some college or higher education level(54%, n = 28), with history of smoking (84%, n = 43) and with stage IIIA (43%, n = 22) adenocarcinoma (80%, n = 41).

- To evaluate toxicity-related tradeoffs (Q1), a ≥12 mo. improvement in OS benefit was needed for 66% of pts to consider adjuvant Osi.

- However, an increase of ≥ 6 mo. of DFS was enough for 66% of pts to justify taking a daily medication (Q2).

- One mo. increase in DFS or OS was not enough for 60% and 78% of pts respectively to justify taking the medication.

- A threshold 1% increase in 5-year OS was sufficient to persuade patients to take Osi for three years, even with respect to toxicity side effects (p = .023). (Q3).

- Finally, in the hypothetical cost-based scenario (Q4), there was no indication that pts were willing to pay more for each incremental increase in OS.

- There appears to be some association between employment status (p =.033) or educational degree (p =.049) for tolerance of side effects if there is at least 1 additional year of DFS or OS.

Conclusions:

- It was observed that the value patients ascribe to adjuvant Osimertinib is influenced by factors besides efficacy.

- Knowing pts' preferences for cancer treatments can better inform regulatory bodies in formulating cost-sharing structure for cancer therapies.

- This study highlights the importance of shared decision making based on individual pts' preferences.

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Thank you

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