

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

Dr Anup Toshniwal

MD, DM (Medical oncology -TMH, Mumbai)

ACORD Fellow, ECMO.

Consultant Medical Oncology

Shree We care Clinic, Aurangabad



- **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.

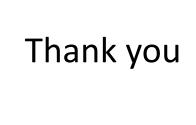
• There appears to be some association between employment status (p =.033) or educational degree (p =.049) for tolerance of side effects if there is at least 1 additional year of DFS or OS.



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.

Research Sponsor: None.



Journal of Clinical Oncology®

An American Society of Clinical Oncology Journal

Enter words / phrases / DOI / ISBN / authors / keywords / etc.

Newest Content	Issues	Special Content	Authors	Subscribers	About	ASC	:O P
<u>Journal of Clinical Oncology</u> > <u>List of Issues</u> > <u>Volume 40, Issue 16 suppl</u> >							C
Meeting Abstract 2022 ASCO Annual Meeting I							E
LUNG CANCER—NON-SMALL CELL LOCAL-REGIONAL/SMALL CELL/OTHER THORACIC CANCERS							-6
Patients' preferences for adjuvant osimertinib in non-							7
small cell lung cancer (NSCLC) after complete surgical							6
resection: What makes it worth it to patients? (PATT)—							,
The Roswell Park (RP) Comprehensive Cancer Center							
experience							
Check for upda	tos						D
Officer for upda	163						
_	<u>íristopher At</u>	twood, <u>Kayla Catalfa</u>	mo, <u>Prantesh</u> J	l <u>ain, Hongbin Che</u>	en, <u>Edwin</u>		C
Yau, Show More							N
	- 53						Α
Abstract Disclosure	<u>s</u> 🖒						-