

Hoping against hope: Are patients' expectations and understanding about therapeutic aims of novel drugs similar



to their oncologists?

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Background

Discussions about disease progression and the advantages of further anticancer treatment in metastatic settings are challenging. Some patients (pts) with advanced disease are prescribed drugs shown only to extend Progression Free Survival (PFS) in clinical trials that may not necessarily improve overall survival. Such treatments may control the cancer and reduce the symptom burden but do not increase survival or produce discernible clinical benefits for pts. There are data to show that doctors and their pts are overly optimistic about the benefits of novel drugs. (Fallowfield et al 2017).

As part of the AVALPROFS (Assessing the VALue to Patients of PROgression Free Survival) longitudinal study we explored the expectations and understanding pts and oncologists held about prescribed novel treatments.

Methods

- Patients with metastatic cancer were recruited to AVALPROFS and baseline interviews were conducted prior to or within 2 weeks of starting novel treatment by phone or face to face. The interviews explored pts' expectations and understanding of the drugs prescribed
- Oncologists completed a checklist following the initial consultation, indicating their expectations about likely therapeutic benefits from the drugs they prescribed

Results

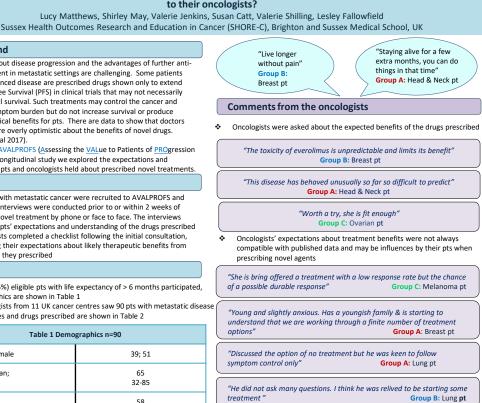
- 90/120 (75%) eligible pts with life expectancy of > 6 months participated, demographics are shown in Table 1
- 32 oncologists from 11 UK cancer centres saw 90 pts with metastatic disease ÷ Cancer sites and drugs prescribed are shown in Table 2

Table 1 Demographics n=90		
Sex: Male; Female	39; 51	
Age in Yrs Mean; Range	65 32-85	
Partner: Yes	58	
Employed: Yes	27	
Stage of disease: III; IV	10; 80	

Table 2	
Cancer diagnosis (n)	Drugs prescribed (n)
Lung (30)	afatinib (1), carboplatin + etoposide (1) or gemcitabine (1), pemetrexed + carboplatin (2) or cisplatin (2), erlotinib (23)
Melanoma (19)	ipilimumab (15), dabrafenib (2), vemurafenib (2)
Breast (18)	bevacizumab + paclitaxel (2), eribulin (6), everolimus (1) + exemestane (4), TDM-1 (2), pertuzumab + docetaxel + trastuzumab (3)
Renal (10)	sunitinib (5), pazopanib (2), axitinib (2), everolimus (1)
Gynae (ovary/cervical) (7)	bevacizumab (4), + carboplatin + paclitaxel (2), or + gemcitabine (1)
Head & Neck (3)	cetuximab + cisplatin (2) or carboplatin + 5FU (1)
Colorectal (2)	bevacizumab (1) bevacizumab + capecitabine (1)
Sarcoma (1)	pazopanib (1)

- ٠ 36/90 (40%) patients died or progressed within 6 months of study entry (Group A)
- 13/90 (14.4%) withdrew due to toxicity, 4 of these had treatment breaks (Group B)
- 41/90 (45.5%) stayed on treatment in the study for 6 months without ÷ progression (Group C)
- ۵ At baseline 92% (83/90) of patients expected to gain some medical benefit from treatment, compared with doctors' expectation that 51% (46/90) would do so
- ÷ Oncologists predicted a longer life expectancy from treatment for 62% (56/90) of patients
- ٠ 50% (45/90) of patients misunderstood the therapeutic aim of treatment and thought it was to extend life

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Quotes from the patients about hope

treatment '

Patients are hopeful that treatment will control cancer & extend life



Conclusions

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- Optimism about medical benefits of treatments is common ٠ amongst oncologists and even more so their patients
- This combination could be driving oncologists to prescribe and recommend treatments that have little likelihood of extending pts' lives &/or improving QoL
- Some oncologists' expectations of likely treatment benefit may be ٠ influenced by pts e.g. young or fit enough to undergo treatment regimen
- Pts value treatments that control the cancer as long as side-effects ٠ are manageable

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if you're suffering" Group A: Breast pt