Reasons for patients’ preferences for subcutaneous or intravenous trastuzumab in the PrefHer study

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Background

• Subcutaneous (SC) trastuzumab formulations (Herceptin® SC, F. Hoffman-La Roche Ltd, Basel, Switzerland) provide an alternative to intravenous (IV) infusion for treating HER2-positive breast cancer.

• SC trastuzumab is administered as a 600 mg fixed dose by hand-held syringe or single-use infusion device (SID, Figure 1). The HannaH study showed that the SC formulation delivered by hand-held syringe has non-inferior efficacy and a comparable pharmacokinetic and safety profile to the IV formulation.1,2

• The SC formulation delivered by the SID was shown to have comparable pharmacokinetics to the SC formulation delivered by hand-held syringe in the PFS study.1,2

• SC trastuzumab (Herceptin® SC, F. Hoffman-La Roche Ltd, Basel, Switzerland) has non-inferior efficacy and a comparable pharmacokinetic and safety profile to the IV formulation.1,2

• The PrefHer trial assessed patients’ preferences for SC trastuzumab via SID (Cohort 1) and hand-held syringe (Cohort 2), compared with traditional IV infusion using standardised telephone patient interviews (PINTs).1

• Previously reported results from Cohort 1 of PrefHer showed that 93% of patients preferred SC trastuzumab via the SID (Figure 2).5

Figure 1: SC trastuzumab SID (A) top view, (B) bottom view and (C) placement.

Figure 2: Patients’ preferences in Cohort 1 of PrefHer (N = 238 evaluable patients).

Results

When asked “What are the two main reasons for your preference?”

• The primary reason for SC preference was shown in Table 1. The majority of reasons were categorised under time saving, less pain/discomfort and convenience.

Table 1: Main reasons for SC preference in Cohort 1 of PrefHer.

<table>
<thead>
<tr>
<th>Category</th>
<th>n/m</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time saving</td>
<td>100</td>
<td>“It does affect me being there so many hours. With this it was ‘in and out’ without having to spend hours with patients”</td>
</tr>
<tr>
<td>Less pain/discomfort</td>
<td>88</td>
<td>The SC method was a lot less painful to me and my biggest faistic than in the case of the intravenous method</td>
</tr>
<tr>
<td>Convenience to patient</td>
<td>35</td>
<td>“Busy mum with four young children – want to get on with x”</td>
</tr>
<tr>
<td>Ease of administration</td>
<td>33</td>
<td>“Nurses can take care of many patients at the same time”</td>
</tr>
<tr>
<td>Problems with IV</td>
<td>25</td>
<td>“No veins to be found as my arms are collapsing”</td>
</tr>
<tr>
<td>Less stress/anxiety</td>
<td>15</td>
<td>“It reminds of one of these isn’t very pleasant for the head”</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>“Sadder – less risk of infections”</td>
</tr>
</tbody>
</table>

Conclusions

• In PrefHer, patients very strongly preferred SC trastuzumab using the SID, mainly because it saved time, caused less pain/discomfort and was more convenient than IV administration.3,4

• The Phase II HannaH study has shown non-inferior efficacy and a comparable pharmacokinetic and safety profile to the IV formulation.1,2

• Together, these studies indicate that SC trastuzumab offers an efficacious and preferred alternative to IV infusion for the treatment of patients with HER2-positive breast cancer.

References

1. Ismael G, et al. European Society for Medical Oncology Conference 2012; Poster 470P.
2. Pivot X, et al. European Society for Medical Oncology Conference 2012; Poster 271P.

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NB: There may be associated costs for downloading data. These costs may vary depending on your type of data plan.

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