VOCAL (Views of Ovarian Cancer Patients - How Maintenance Therapy Affects their Lives) Study: Patient Preference for Treatment Formulation and Administration

Background
A recent study of a US health record database showed that only a quarter of patients with advanced OC received 1 line of maintenance therapy.1 To date, a limited number of studies have evaluated patient preferences regarding maintenance therapies for OC, including preferences for different forms of administration and dosing frequencies.

Aims
To describe US patient preference when considering maintenance therapies and active surveillance (AS) – no medication – following 1L chemotherapy treatment of advanced OC.

Methods
An observational, cross-sectional survey was completed by US patients with advanced OC who were eligible for 1L maintenance therapy.

Key inclusion criteria
• ≥18 years of age
• Advanced ovarian cancer diagnosis
• Completed 1L chemotherapy
• Eligible for 1L maintenance treatment
• Currently receiving either no medication – AS, PaP, monotherapy, and VEGF monotherapy or PaP/anti-VEGF combination in the 1L maintenance setting

Study Design
Patient demographics and clinical characteristics were collected. Patients completed a two-part ‘time trade off’ (TTO) exercise, which assessed:

• Patient preference scenario
• TTO of preferred scenario versus alternatives

Take-home messages
In the US OC setting, when assuming similar outcomes with both approaches the majority of patients (56%) preferred maintenance therapy compared to AS.

• Patients prefer once-daily oral treatment overall as the alternative to IV chemotherapy and when asked how much time they were willing to trade before cancer progression on their preferred treatment over an alternative.

• Intravenous infusion every 3 weeks plus a pill/tablet/capsule daily was the least preferred choice when compared with all other treatment options.

• One possible limitation of the study was that patient perception of “maintenance” and “active surveillance” may differ in practice.

• These results indicate the importance of understanding and considering all patient preferences regarding treatment options.

Conclusions
When asked what scenarios patients most preferred, the majority of patients (56%) preferred active chemotherapy over active surveillance (44%) even when assuming similar outcomes with both scenarios.

The most common reason for this choice was because patients felt they were taking an active approach to preventing cancer progression.

Patient characteristics

<table>
<thead>
<tr>
<th>Table 1. Baseline Patient Demographics and Clinical Characteristics</th>
<th>N=152</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, median (range), years</td>
<td>55.0 (27–77)</td>
</tr>
<tr>
<td>Ethnic origin, n (%)</td>
<td>White</td>
</tr>
<tr>
<td>Asian</td>
<td>19 (12)</td>
</tr>
<tr>
<td>African-American</td>
<td>15 (10)</td>
</tr>
<tr>
<td>Hispanic and Latin</td>
<td>11 (7)</td>
</tr>
<tr>
<td>Other</td>
<td>17 (11)</td>
</tr>
<tr>
<td>Current smoking status, n (%)</td>
<td>Current</td>
</tr>
<tr>
<td>Former</td>
<td>120 (79)</td>
</tr>
<tr>
<td>Never</td>
<td>11 (7)</td>
</tr>
</tbody>
</table>

Patient scenario preference
Patients first ranked their preferred post-chemotherapy (active surveillance only) vs medication; A) pill/tablet/capsule once daily (QD); B) pill/tablet/capsule twice daily (Q3W); C) intravenous infusion every 3 weeks (IV-Q3W). Patients were then asked to rank their equivalence to (for scenarios) and equivalent safety and side effects (for treatment scenarios only).

If maintenance therapies were preferred over AS, patients were asked to provide their rationale for this choice.

Time trade off

<table>
<thead>
<tr>
<th>Preferred scenario</th>
<th>Time trade off for QD versus AS†</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-Q3W/BID</td>
<td>7%</td>
</tr>
<tr>
<td>IV-Q3W</td>
<td>36%</td>
</tr>
<tr>
<td>BID</td>
<td>36%</td>
</tr>
<tr>
<td>QD</td>
<td>44%</td>
</tr>
</tbody>
</table>

Most common reason:

• “Taking an actual drug/medication makes me feel like I am actively doing something to prevent my cancer from coming back”

• “I prefer having regular visits to my doctor/hospital and taking an actual drug/medication provides that”

• “I feel taking an actual medication will mean I can feel monitored more closely and carefully”

Oftentimes, the treatment options, over four times more patients chose QD treatment over BID treatment.

Conclusions

The time trade off exercise showed that patients prefer once-daily oral treatment overall as the alternative to their initially preferred choice.

Patient preference on dosing and convenience should be considered in treatment decisions and further studied.

References

Acknowledgments
This study was funded by GSK. GSK study #421511 (NCT03555515). Editorial assistance was provided by Nicole Swan, PhD, in Fishwick Healthcare, UK, part of Fishwick Health and Life Sciences. The author, in collaboration with the International Advisory Board, was responsible for all final content and presentation of the International Advisory Board meeting. The International Advisory Board included: Dr. Carola Egger, Sabine Hack, MD, Oncology Foundation, Ulm, Germany; Dr. Teresa M. Gatter, Radiation Therapy, Centre for Translational Oncology (AFCP), Heidelberg, Heidelberg, Germany; and Dr. Brian van den Brink, AIM Pharma, Buenos Aires, Buenos Aires, Argentina. The Corresponding Author was responsible for approving the final version of this paper but co-authored the substantial revisions.

Disclosures
SLW declares advisory boards for AstraZeneca and GSK, BSB and AG are employees of GSK, JBC, KEC, and TTF are employees of Adelphi Health World. All authors gave critical input at time of study. All authors had access to the final study report. All authors were involved in drafting the material and revising it critically for important intellectual content. All authors approved the final version of the paper. SLW had the responsibility for approving this final version. SLW had overall responsibility for the study and the final version of the manuscript.

Presented at the European Society of Gynaecological Oncology (ESGO), Berlin, Germany, October 27–30, 2022