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

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*At time of study

Background

A recent study of a US health-record database showed that only a quarter of patients with advanced OC received 1L maintenance therapies.[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, PARPi monotherapy, anti-VEGF monotherapy or a PARPi/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 scenario preference
- TTO of preferred scenario versus alternatives

Take-home messages

- In this US survey, even when assuming similar outcomes with both approaches the majority of patients (56%) preferred active medication over active surveillance (44%).
- Patients prefer once-daily oral treatment overall as the alternative to their initially preferred choice when they were asked how much time they were willing to trade before cancer progression on their preferred scenario over an alternative.
- Intravenous infusion every 3 weeks plus a pill/tablet/capsule twice daily was the least preferred choice when compared with all other scenarios against the preferred choice.
- One possible limitation of the study was that patient perception may have been influenced by current treatment regimen experiences.
- These results indicate the importance of understanding and considering all patient preferences regarding treatment options.

Patient characteristics

Table 1. Baseline Patient Demographics and Clinical Characteristics

	N=152
Age, median (range), years	53.0 (27–77)
Ethnic origin, n (%)	
White	104 (68)
Black/African American	19 (12)
Hispanic and Latino	11 (7)
American Indian/Alaskan Native	2 (1)
Asian	2 (1)
Multiple ethnic origins*	3 (2)
Other	1 (1)
Prefer not to say	10 (7)
Cancer stage at first OC diagnosis, n (%)	
Stage II	49 (32)
Stage III	76 (50)
Stage IV	27 (18)
Time since OC diagnosis, n (%)	
Within the last 6 months	15 (10)
Between 6 and 12 months ago	43 (28)
Between 1 and 2 years ago	52 (34)
More than 2 years ago	42 (28)
Health insurance coverage for OC, n (%)	
Covers all treatment	123 (83)
Partially covers treatment	25 (17)
Living situation changed due to OC diagnosis, n (%)	21 (14)
Employment status changed, due to OC diagnosis, n (%)	45 (30)
Caregiver for help/support due to OC, n (%)	108 (71)
Current regimen, n (%)	
Active surveillance only (no medication; **AS**)	59 (39)
Pill/tablet/capsule once daily (**QD**)	27 (18)
Pill/tablet/capsule twice daily (**BID**)	19 (12)
Intravenous infusion every 3 weeks (**IV-Q3W**)	21 (14)
Intravenous infusion every 3 weeks and tablet/capsule twice daily (**IVQ3W/BID**)	20 (13)
Intravenous infusion every 3 weeks and tablet/capsule once daily (**IVQ3W/QD**)	6 (4)

*Patients selected >1 category: White and Hispanic and Latino (n=1), American Indian/Alaska Native and Hispanic and Latino (n=1), White and Other (n=1).
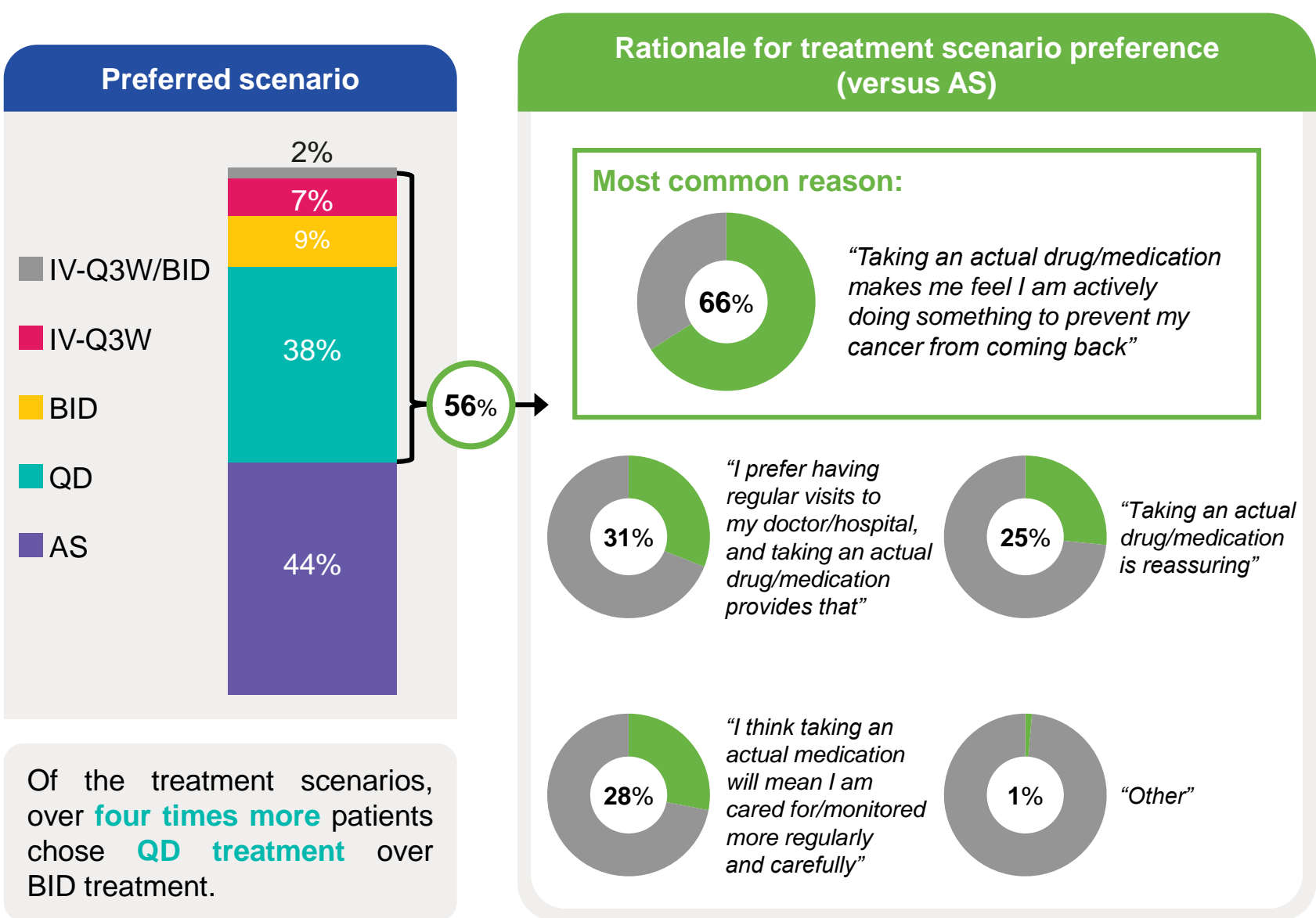
Time trade off

Patient scenario preference

Study Design

Patients first ranked their preferred post-chemotherapy (active surveillance only [no medication; AS], pill/tablet/capsule once daily [QD], pill/tablet/capsule twice daily [BID], intravenous infusion every 3 weeks [IV-Q3W], intravenous infusion every 3 weeks and tablet/capsule twice daily [IV-Q3W/BID]), assuming equivalent efficacy (for all 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.

Results

Preferred scenario

- IV-Q3W/BID: 2%
- IV-Q3W: 7%
- BID: 9%
- QD: 38%
- AS: 44%

56%

Rationale for treatment scenario preference (versus AS)

Most common reason:

66% — "Taking an actual drug/medication makes me feel I am actively doing something to prevent my cancer from coming back"

31% — "I prefer having regular visits to my doctor/hospital, and taking an actual drug/medication provides that"

25% — "Taking an actual drug/medication is reassuring"

28% — "I think taking an actual medication will mean I am cared for/monitored more regularly and carefully"

1% — "Other"

Of the treatment scenarios, over **four times more** patients chose **QD treatment** over BID treatment.

Conclusions

- When asked what scenario patients most preferred, the majority of patients (56%) preferred active medication over active surveillance (44%) even when assuming similar outcomes with both scenarios.
- The most common reason for this choice was because patients felt like they were taking an active approach to preventing cancer progression.

Preferred scenario versus alternatives
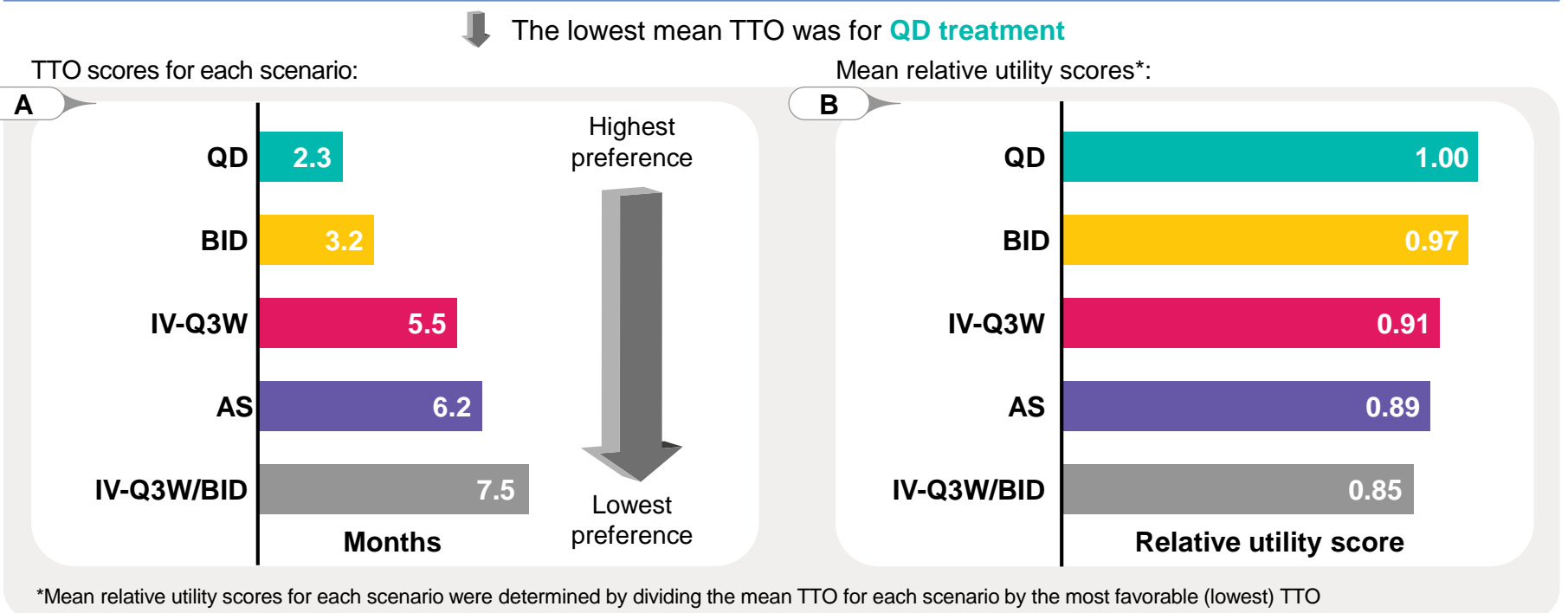
Study Design

Patients were asked to complete the second part of TTO valuation exercise, to determine their willingness to stay on their preferred scenario with a reduced time to progression, compared with a constant (3 years) time prior to disease progression with the alternative scenario, per the example shown below.

Example

	Initial preferred scenario: AS*	Alternative scenario: QD	Which of these scenarios do you prefer?		
			I Prefer AS	I Prefer QD	No better or worse than one another
Q1	AS that gives you 2 years and 9 months before cancer gets worse or comes back	QD treatment that gives you 3 years before cancer gets worse or comes back	✔		
Q2	AS that gives you 2 years and 6 months before cancer gets worse or comes back	QD treatment that gives you 3 years before cancer gets worse or comes back	✔		
Q3	AS that gives you 2 years and 3 months before cancer gets worse or comes back	QD treatment that gives you 3 years before cancer gets worse or comes back			✔

Time trade-off[†] for QD (versus AS): 9 months

*Initially patients were presented with the option of 2 years and 9 months before disease progression with their preferred scenario (selected previously) versus a constant 3 years before disease progression with each alternative management scenario. If the initially preferred scenario was selected again, the time to disease progression with this scenario/treatment was further reduced by 3 months. This was continued until the patient decided to select the alternative scenario or reported there were 'no better or worse than one another'; lower TTO indicates a greater preference for the specified alternative scenario. [†]The trade-off time was the difference between the time periods before progression with the initially preferred scenario versus alternative scenarios when 'no better or worse than one another' was reached.

Results

⬇ The lowest mean TTO was for QD treatment

(A) TTO scores for each scenario:

- QD: 2.3
- BID: 3.2
- IV-Q3W: 5.5
- AS: 6.2
- IV-Q3W/BID: 7.5

Months

Highest preference → Lowest preference

(B) Mean relative utility scores*:

- QD: 1.00
- BID: 0.97
- IV-Q3W: 0.91
- AS: 0.89
- IV-Q3W/BID: 0.85

Relative utility score

*Mean relative utility scores for each scenario were determined by dividing the mean TTO for each scenario by the most favorable (lowest) TTO

Conclusions

- The time trade off exercise showed that patients prefer once-daily oral treatment overall as the alternative to their initially preferred choice.
- Patient preferences on dosing and convenience should be considered in treatment decisions and further studied.

Abbreviations

1L, first line; AS, active surveillance; BID, pill/tablet/capsule twice daily; IV-Q3W, intravenous infusion every 3 weeks; IV-Q3W/BID, intravenous infusion every 3 weeks and tablet/capsule twice daily; OC, ovarian cancer; PARPi, poly (ADP-ribose) polymerase inhibitors; QD, pill/tablet/capsule once daily; TTO, time trade-off

References

1. Chase, D, et al. Disease Progression in Patients With Ovarian Cancer who Received First-line Maintenance Therapy or Active Surveillance, a US Real World Analysis. IJGC 2021;31;A266–A267.

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