

Physician-reported Patient Involvement in 1L Ovarian Cancer Treatment, Including Maintenance, in the US and Europe: A Real-World Chart Review Analysis (2017–2020)

Abstract no. #556

Background

- Ovarian cancer (OC) is one of the most common gynecologic cancers and is typically diagnosed in advanced stages due to its non-specific symptoms and lack of effective screening.^{1,2}
- Due to the high rate of recurrence following adjuvant treatment, maintenance therapies are used in the first-line (1L) setting; treatment options include vascular endothelial growth factor inhibitors (VEGFi) and poly (ADP-ribose) polymerase inhibitors (PARPi).³
- There is a lack of evidence from real-world settings as to the drivers of treatment choice in OC, especially the contribution that the patient plays in decisions made about their treatment.
- Patient-centric care is an essential part of cancer medicine to enhance the physician–patient relationship, enable patients to feel engaged in their own care, and maximize outcomes; however, patients may be reluctant to initiate such discussions and patient preferences for treatment are often overlooked.^{4,5}

Aim

- Our aim was to explore physician-reported patient involvement in treatment decisions in the 1L setting in OC, based on information documented in the patients' medical charts.

Methods

Study design

- This was a retrospective chart review study of electronic medical records (EMRs) of patients diagnosed with OC in Italy, France, Germany, Spain, the UK, and the US.

- The study was conducted in line with *Healthcare Market Research* guidelines.

Data collection and analysis

- Patient data were collected via a survey completed by treating physicians (oncologists, gynecologic oncologists, and gynecologists where applicable).
 - Physicians were invited randomly and went through a screening process to confirm their practice and experience.
- Certified oncologists (who had a minimum 3 years' experience and were treating a minimum of 10 patients with OC a year) retrieved the EMRs for 10–20 patients from their practice.
- Patient eligibility included ≥18 years of age at the time of diagnosis and diagnosed with epithelial ovarian, fallopian tube, or primary peritoneal cancer between June 1, 2017, and May 31, 2020.
 - To avoid selection bias, physicians selected consecutive cases.
- The oncologists completed standardized patient record forms (PRFs) using data from the EMR for each patient.
- The PRFs contained multiple-choice questions covering patient demographics and clinical characteristics, treatment patterns in 1L treatment including maintenance, and the level of patient involvement in their treatment plan (Table 1).
- Responses to the multiple-choice questions were collated and summarized descriptively.

Table 1. Questions relating to level of patient involvement in their treatment plan

Topic	Questions	Responses
Overall level of patient involvement in the decision making for their 1L treatment? Please select the item that best reflects this patient's involvement in the decision making of their 1L treatment.	What was the level of patient involvement in the decision making for their 1L treatment? Please select the item that best reflects this patient's involvement in the decision making of their 1L treatment.	1. Treatment was prescribed and scheduled for the patient as per physician's discretion and then options were discussed with the patient 2. Options were discussed with the patient upfront in detail and the patient's preference was factored into treatment decision 3. Patient came to the consultation prepared with treatment options that they would like to choose from after seeking physician's advice
	Why did you select this 1L adjuvant treatment for this specific patient? Select all that apply	1. Availability in my hospital 2. Personal experience with this treatment 3. Positive publications/trial data on this treatment 4. Patient's characteristics 5. Patient's preference 6. Recommendations from peers 7. Recommended in international and/or national guidelines 8. Other
Role of patient preference in treatment selection	Why did you select this 1L maintenance treatment for this patient? Select all that apply	1. Availability in my hospital 2. Personal experience with this treatment 3. Positive publications/trial data on this treatment 4. Patient's characteristics 5. Patient's preference 6. Recommendations from peers 7. Recommended in international and/or national guidelines 8. Other
	Why hasn't this patient received any 1L treatment? Select all that apply	1. Frailty 2. Age 3. Performance status 4. Medical contraindication 5. Patient's preference 6. Family wishes 7. Rapid progression/clinical deterioration 8. Existing toxicities 9. Other
Timing of discussions relating to management	When was the maintenance part of the 1L treatment discussed with the patient? Select one response	1. At treatment initiation 2. After the surgery 3. When starting the chemotherapy 4. When the response to chemotherapy was evaluated
	What was the reason for stopping 1L treatment excluding maintenance? Select all that apply	1. Optimal efficacy reached 2. Side effects 3. Disease progression 4. Patient's decision 5. Patient lost to follow-up 6. Patient included in a clinical trial

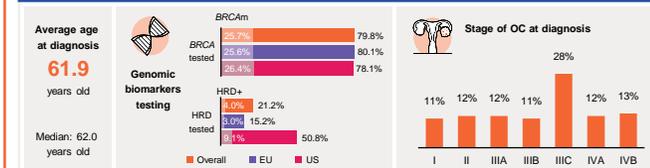
1L treatment includes neo-adjuvant therapy, debulking surgery (optimal or interval), adjuvant therapy, and maintenance therapy following adjuvant

Results

Patient demographics and clinical characteristics

- PRFs for 7072 patients with OC were completed by 416 oncologists.
- The median age at diagnosis for the patients included in this survey was 62.0 years, and most patients were diagnosed at a late stage of disease (Figure 1).
- Overall, 6896 (97.5%) patients received anticancer treatment, of which 5224 patients received 1L adjuvant therapy.
- A total of 238 patients were excluded as the reporting physician was not the physician who initiated adjuvant therapy, resulting in 4986 (70.5%) patients who received 1L adjuvant therapy; 3331 (47.1%) patients went on to have 1L maintenance treatment.

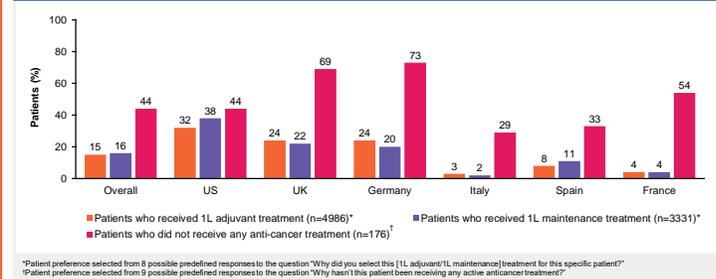
Figure 1. Patient characteristics (N=7072)



Overall level of patient involvement in treatment decision-making

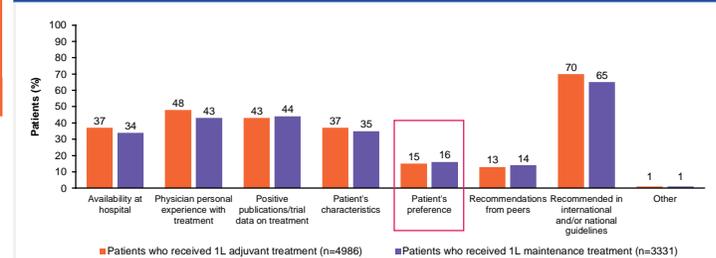
- Higher rates of patient involvement in treatment decisions in the 1L adjuvant and 1L maintenance setting were documented in the US, UK, and Germany versus the other countries (Figure 2).
- Overall, documented rates of patient involvement in treatment decisions were similar in the 1L adjuvant and 1L maintenance settings (15–16%).
- Across all countries, patient's decision was commonly recorded as a reason for not receiving any anticancer treatment (overall, 44% of patients did not receive treatment partly or completely due to their own choice).

Figure 2. Frequency of patients whose input was considered by physicians in treatment choices, overall and by country



- In 1L adjuvant and 1L maintenance settings, patient preference was documented in the EMR as a reason for choosing the specific 1L treatment in 15–16% of cases (Figure 3).

Figure 3. Reasons for treatment choice in 1L adjuvant and maintenance settings, across all countries



- Among the 754 patients receiving 1L adjuvant treatment for whom patient treatment preference was documented, 48% received chemotherapy, 47% received chemotherapy + VEGFi, and 5% received other treatment.
- Among the 521 patients receiving 1L maintenance treatment for whom patient treatment preference was documented, 53% received VEGFi only, 33% received PARPi only, 7% received VEGFi + PARPi, 5% received chemotherapy, and 2% received other 1L maintenance treatment.

Timing of discussions relating to management

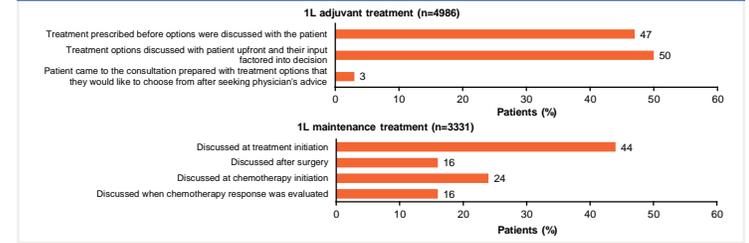
- According to the EMRs, for 1L adjuvant, treatment options were discussed with the patient prior to prescribing in 50% of cases; in 47% of cases, treatment was prescribed prior to a discussion of options with the patient (Figure 4).
- In the 1L maintenance setting, most patients (44%) discussed treatment options with their physician at treatment initiation (36–49% across countries; data not shown) (Figure 4).

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Figure 4. Timing of discussions in management of 1L adjuvant and 1L maintenance settings, across all countries



- In the 1L adjuvant setting, when comparing timing of treatment discussions, the distribution of treatments that were selected was markedly different for patients who attended the consultation already prepared with information about treatment options (Table 2).
- These patients selected chemotherapy + VEGFi less often than patients with other discussion timings.

Table 2. 1L adjuvant treatment selected by timing of discussion with patients (n=4986)

Treatment selection, n (%)	Timing of treatment discussion	
	Treatment prescribed before options were discussed with the patient (n=2319)	Treatment options discussed with patient upfront and their input factored into decision (n=2506)
Chemotherapy	1083 (47)	1248 (50)
Chemotherapy + VEGFi	1120 (48)	1136 (45)
Other*	116 (5)	122 (5)

*Other includes monotherapy/combination of the following: anti-angiogenic inhibitors, aromatase inhibitors, checkpoint inhibitors, chemotherapy, tamoxifen, PARPi

- Anti-angiogenic agents were the most commonly chosen 1L maintenance treatment regardless of timing of discussion with the patient (Table 3).
- Choice of PARPi as a maintenance treatment was highest (38%) when discussions occurred during evaluation of chemotherapy response.

Table 3. 1L maintenance treatment selected by timing of discussion with patients (n=3331)

Treatment selection, n (%)	Timing of treatment discussion			
	At treatment initiation (n=1458)	After surgery (n=544)	When starting chemotherapy (n=810)	When response to chemotherapy was evaluated (n=519)
Chemotherapy	41 (3)	17 (3)	15 (2)	14 (3)
VEGFi	1059 (73)	373 (69)	558 (69)	253 (49)
PARPi	289 (20)	130 (24)	205 (25)	198 (38)
VEGFi + PARPi	49 (3)	18 (3)	27 (3)	40 (8)
Other*	20 (1)	6 (1)	5 (1)	14 (3)

*Other includes monotherapy/combination of the following: anti-angiogenic inhibitors, aromatase inhibitors, checkpoint inhibitors, chemotherapy, tamoxifen, PARPi

Role of patient choice in the event of treatment discontinuation

- 1L treatment (including 1L maintenance) was stopped in 4630 patients; this was mostly documented as being due to optimal efficacy being reached (89%).
- Patient decision was documented as a reason for stopping treatment in 6% (n=289) of cases overall. Germany showed the highest weight of patients' decisions in ceasing 1L treatment (14%; n=138), followed by the US (12%; n=74) and the UK (6%; n=49), with the remaining countries at 1%.

Conclusions

- In this retrospective review of patients' medical charts, rates of physician-reported patient involvement in treatment decisions in 1L OC in the US and Europe were low.
 - Patient involvement in treatment decisions were, however, consistent between 1L adjuvant (15%) and 1L maintenance (16%) settings.
 - In the 1L adjuvant setting, patient involvement was highest in the US, UK, and Germany.
- According to patients' medical records, treatment options for 1L adjuvant therapy were not discussed with all patients with OC prior to prescribing.
- Fewer than 50% of patients with OC discussed 1L maintenance options with their physician at treatment initiation, highlighting a need for early communication on this topic with patients.
- The timing of discussions around 1L treatment choice influenced the modality that was selected.
 - Prior preparation by patients of available treatment options may have an impact on selection of therapies.
 - Further studies are needed to evaluate the impact of a systematic informed consent process including treatment options on patient compliance and outcomes.

Disclosures

DL reports personal fees from AstraZeneca, Clovis Oncology, Genmab, Immunogen, PharmaMar, Amgen, and Merck grants from PharmaMar and Merck. BM reports consulting fees from Abbvie, Amgen, Aravive, AstraZeneca, Clovis, GOG Foundation, Gradiis, Immunogen, Latina Healthcare, Merck, Merusana, Myriad, Nucera, Oncomed, Oncosyst, Pfizer, Roche/Genentech, and GSK. Speaker's bureau fees from AstraZeneca, Clovis, Merck, Roche/Genentech, and GSK, and honoraria from Abbvie, Amgen, AstraZeneca, Clovis, GOG Foundation, Gradiis, Immunogen, Latina Health Care, Merck, Merusana, Myriad, Nucera, Oncomed, Oncosyst, Pfizer, Roche/Genentech, and GSK. JS honoraria: AstraZeneca, Eisai, Clovis Oncology, Olympus Medical Systems, Johnson & Johnson, PharmaMar, Pfizer, Teva, Tesaro, MSD Oncology, GSK, Bayer, Consulting or Advisory

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Abbreviations

1L, first-line; BRCAm, breast cancer gene mutation; EMR, electronic medical records; HRD, homologous recombination deficiency positive; OC, ovarian cancer; PARPi, poly ADP-ribose polymerase inhibitor; PRF, patient record form; VEGFi, vascular endothelial growth factor inhibitor

Footnotes

*This study adheres to legal and ethical guidelines of Healthcare Market Research, as per the guidelines of the European Pharmaceutical Market Research Association, British Healthcare Business Intelligence Association and Pharmaceutical Business Intelligence and Research Group.

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