

Physician Perspectives on Unmet Need and Treatment Options Among Patients with Relapsed Advanced Non-Squamous Non-Small Cell Lung Cancer (NSCLC) in Canada: Findings from Qualitative Interviews

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Objective

The aim of this study was to understand physician perspectives on the unmet need and limited treatment options for Canadian patients with non-small cell lung cancer (NSCLC) following progression on platinum-based chemotherapy (PBC).

Conclusions

These qualitative findings revealed limitations of docetaxel in this patient population, for whom it is the only approved treatment option, underscoring the need for more effective and better-tolerated alternatives that optimize health-related quality of life (HRQoL). These qualitative findings will guide development of a quantitative survey among Canadian medical oncologists.

Plain language summary



Why did we perform this research?

- In Canada, docetaxel is the only approved treatment option for advanced NSCLC following PBC discontinuation.¹⁻³ It provides modest survival benefit^{4,5} and has low response rates, high toxicity, and poor HRQoL outcomes.⁶⁻¹¹
- Real-world evidence on physician decision-making and experience with docetaxel in the Canadian setting is limited.
- Regulators highlight the need for safer, more effective treatments for relapsed advanced NSCLC.¹²



How did we perform this research?

- Semi-structured videoconference interviews were conducted with five Canadian medical oncologists across the country.



What were the findings of this research?

- Survival and HRQoL are key treatment goals, with patient decisions often guided by their ability to function and participate in daily activities, and physician decisions influenced by the patient's health status, prior treatment responses, and preferences.
- From the physician perspective, docetaxel's modest survival benefits, low response rates and challenging toxicity profile generate reluctance in the use of docetaxel among both physicians and their patients. Use is often at a reduced dose. Physicians expressed the need for more treatment options in this setting.



What are the implications of this research?

- Not all treatment-eligible patients receive docetaxel, and many receive docetaxel at a reduced dose, with HRQoL being a central concern.
- Findings highlight the urgent need for more effective, tolerable treatment options for relapsed advanced NSCLC.

Introduction

- NSCLC is the most common form of lung cancer and a major burden in Canada (~24,000 diagnoses in 2023).¹³⁻¹⁶ Over half are diagnosed at the metastatic stage, with a poor prognosis.^{16,17}
- Symptoms such as fatigue, dyspnea, pain, cough, depression, and anxiety affect most patients and worsen with relapse, leading to significant HRQoL decline.¹⁷⁻²⁴ Patients often value treatments that preserve HRQoL as the disease progresses.^{21,25}
- In Canada, docetaxel remains the only approved treatment option for relapsed advanced NSCLC after PBC.¹⁻³ While early trials, conducted over 20 years ago, showed survival benefit,^{4,5} its use is limited by high toxicity and poor HRQoL outcomes.⁶⁻¹¹ Despite this, real-world evidence and patient/physician perspectives remain limited.²⁶
- The aim of this study was to understand physician perspectives on the unmet need and limited treatment options for Canadian patients with NSCLC following progression on PBC.

Methods

- Semi-structured videoconference interviews with five medical oncologists across Canada.
- Eligible participants included actively practicing medical oncologists who have treated ≥ 1 patient with relapsed advanced NSCLC within the prior 12 months, including direct involvement in the treatment decision-making process.
- Interview topics included:
 - Treatment goals and decision-making in the post-PBC setting;
 - Docetaxel usage and dosing practices; and
 - Unmet needs and limitations of current treatments.

Abbreviations

AB, Alberta; AGAs, actionable genomic alterations; BC, British Columbia; HRQoL, health-related quality of life; NS, Nova Scotia; NSCLC, non-small cell lung cancer; ON, Ontario; PBC, platinum-based chemotherapy; QC, Quebec.

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Disclosures

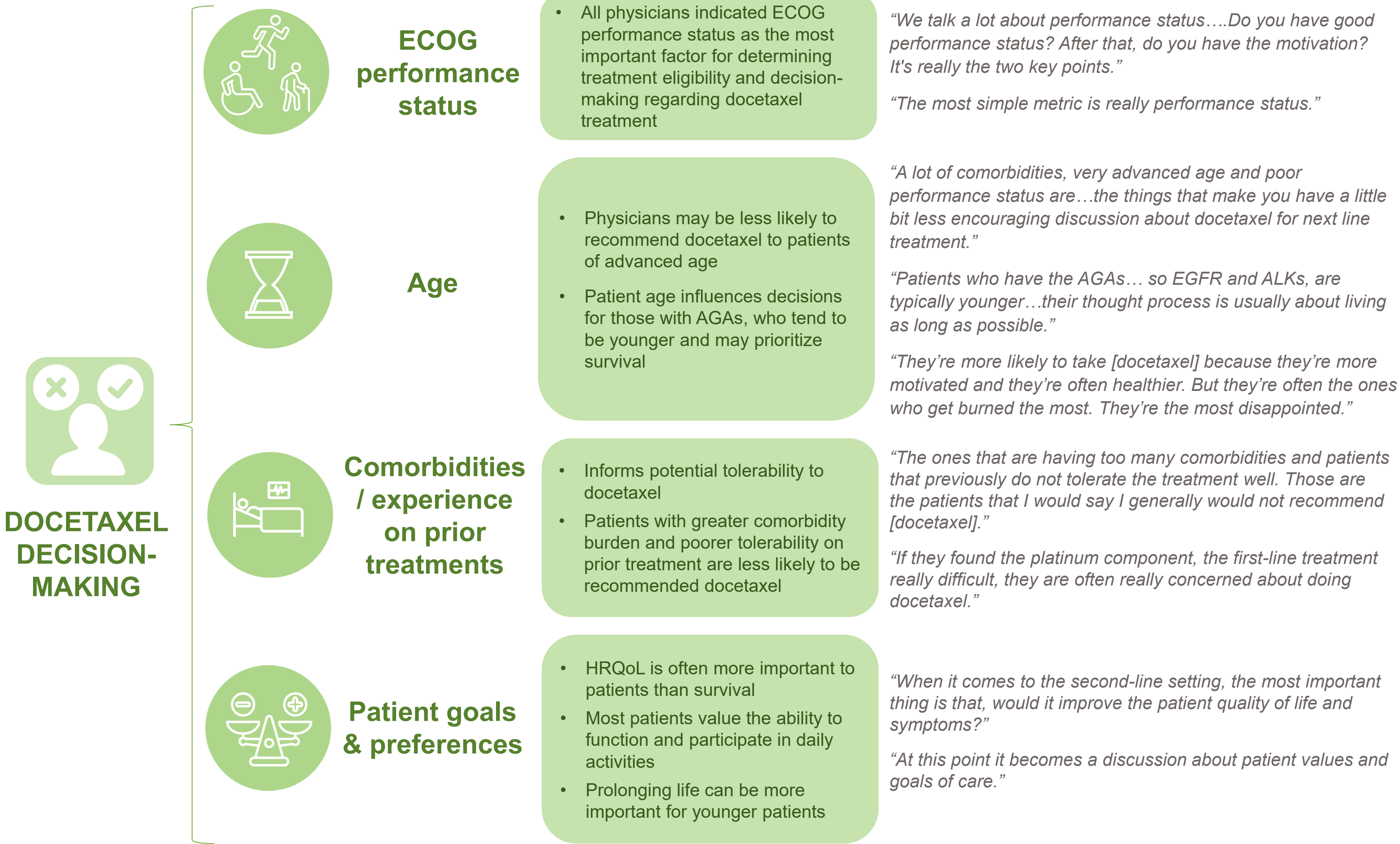
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Results

- Five physicians participated from five Canadian provinces (AB, BC, ON, NS, QC).
- Physician perspectives and experiences with post-PBC advanced NSCLC patients are shown in **Table 1**. Factors most impacting docetaxel decision-making in this population are summarized in **Figure 1**.

Table 1. Physician perspectives and experiences: post-PBC advanced NSCLC		
Topic	Physician perspectives: themes	Interview excerpts
Treatment goals	<ul style="list-style-type: none">• Survival and HRQoL are key treatment goals• Important to understand patient goals for treatment	<p>"The goal really is to provide patients with the best therapy that will satisfy two primary conditions: one of them is preserving quality of life and the second is...prolonged survival."</p> <p>"Overall survival and then what will help [them] feel better."</p> <p>"Most people [at] this point [have] a life expectancy less than a year and so understanding their priorities is important."</p>
Decision-making: treatment eligibility / treatment with docetaxel	<ul style="list-style-type: none">• Multi-faceted approach, physician-led; guided by individualized risk-benefit assessment for each patient• Not all treatment-eligible patients receive docetaxel due to either physician discretion or patient preference	<p>"They're weighing up at this point how much they want to put themselves through for a perceived benefit...and when we get to docetaxel...all of this is sort of balancing risk with benefit."</p>
Docetaxel risk-benefit profile	<ul style="list-style-type: none">• Poor risk-benefit profile, characterized by modest survival, low response rates, and challenging toxicity profile• Side effects that were frequently mentioned by physicians as being impactful to patients included: fatigue, peripheral neuropathy, pain, myalgias, hair loss, neutropenia	<p>"The two biggest symptoms that I hear from my patient is fatigue and muscle pain, particularly in the thighs. The myalgias in the legs can be quite difficult, especially the first week."</p> <p>"The loss of hair is a big thing for a lot of my patients....The neuropathy can be pretty bad."</p> <p>"You don't actually expect an improvement in quality of life because of that detriment that gets associated with actual side effects from the docetaxel."</p>
Docetaxel dosing practices	<ul style="list-style-type: none">• All physicians reported using reduced docetaxel dosing (<75 mg/m²) for a subset of patients, either at docetaxel initiation or in early cycles, to manage docetaxel-related toxicities and mitigate HRQoL impacts, with variability across physicians	<p>"So, I do try to start low and bring up for people who are worried about side effects."</p> <p>"For people who I'm reducing to 60 [mg/m²], it's generally because they've been on the drug for a little while...that it is working, stabilized their disease...but they're more tired or they've had some neutropenia, so I'm reducing the dose."</p>
Treatment gaps & unmet needs	<ul style="list-style-type: none">• There is a need for more effective and better tolerated treatment alternatives that optimize HRQoL	<p>"Unmet need is improvement in efficacy and improvement in quality of life."</p> <p>"The biggest gap is something better than docetaxel....You need a treatment that gives a better response rate with better quality of life than something that gives 7% with the toxicity profile of docetaxel. I mean, that's just the biggest gap."</p> <p>"Our community...underestimates the need for drugs in this setting to be really tolerable. They really need to be manageable. Patients and clinicians are not really willing to accept toxic drugs as the last line of treatment."</p>

Figure 1. Key factors influencing docetaxel decision-making



Discussion

- Based on insights from five Canadian medical oncologists, not all treatment-eligible advanced NSCLC patients who have progressed on PBC receive docetaxel, due to either physician discretion or patient preference. All physicians reported using reduced docetaxel dosing (<75 mg/m²) for a subset of patients at treatment initiation or during early cycles, to manage docetaxel-related toxicities and mitigate HRQoL impacts.
- These findings highlight limitations of docetaxel and the need for more effective, better-tolerated treatments that optimize HRQoL in this patient population.
- The participating oncologists' views may not fully represent all physicians treating relapsed advanced NSCLC (e.g., geography, care setting). Efforts were made to recruit a diverse group across provinces.
- These findings will inform development of a quantitative survey of Canadian medical oncologists (n= ~50).

Docetaxel has limitations in relapsed advanced NSCLC, highlighting the need for more effective, tolerable treatments that optimize HRQoL

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