ISPOR Europe 2023
#ISPOREurope

Metekohy C,[1] Pisini M, MBA[2] Janssen E, PhD[3]
Fernandez G, MPH[4] Michaels-Igbokwe C, PhD[5]

[1]Janssen – Cilag BV, Breda The Netherlands; [2]Janssen NV, Beerse Belgium
[3]Janssen R&D, Titusville New Jersey USA; [4] Patient-Centered Research, Evidera, Bethesda, MD, USA; [5] Patient-Centered Research, Evidera, St-Laurent, QC, Canada

Introduction

Solid tumors with various sites of origin can harbor similar alterations in oncogenic genes, like fibroblast growth factor receptors (FGFR). Numerous types of cancer may harbour a variety of FGFR alterations, including breast cancer, cervical cancer, cholangiocarcinoma (CCA), endometrial cancer, gastric cancer, glioblastoma, head and neck cancer, non-small cell lung cancer, rhabdomyosarcoma, small cell lung cancer, and urothelial cancer.[1]
This recognition of the potential common underlying mechanisms contributed to the development of targeted treatments that target the specific signaling pathway.
Patients' preferences for targeted treatments and willingness to tolerate the associated benefit-risk trade-offs is not well understood.[2]
The aim of this study was to identify stakeholder-relevant treatment attributes that can characterize targeted treatments across four specified indications: cholangiocarcinoma, glioblastoma, metastatic urothelial cancer, and pancreatic cancer in four European countries.

Methods

Semi-structured qualitative interview guides were informed by a review of published preference research and summary of clinical endpoints for relevant treatment alternatives across the four indications.

Results

Extending progression free survival (PFS) and overall survival (OS) were key treatment benefits identified by patients. Half of patients indicated that their physician had described the benefits of their current *or* most recent treatment regimen in terms of PFS outcomes and three had discussed OS with their physician.
Five participants reported having undergone genetic testing related to their cancer, but most were unable to differentiate this from biomarker testing and did not have a clear understanding of how results could be used to inform treatment selection.
All patients indicated a willingness to undergo biopsy and additional testing for a targeted treatment with superior OS, however; in describing their reasoning, participants conflated test accuracy and testing modality with treatment benefit, and assumed additional non treatment-related benefits of testing.

Discussion

Assessment of preferences for targeted treatments in oncology is unique in several respects. Treatment eligibility must first be established via diagnostic procedure, patient outcomes are linked to correct identification of alteration status and correct treatment allocation, and the relative value of a treatment for each patient may vary according to differing comparator sets.

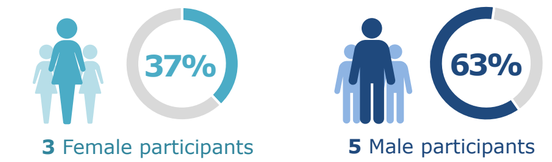
References

1. Krook MA, Reeser JW, Ernst G, et al. Fibroblast growth factor receptors in cancer: genetic alterations, diagnostics, therapeutic targets and mechanisms of resistance. British Journal of Cancer. 2021;124(5):880-892
2. Collacott H, Soekhai V, Thomas C, et al. A systematic review of discrete choice experiments in oncology treatments. The Patient-Patient-Centered Outcomes Research. 2021;14(6):775-790

Patient preferences for targeted treatment in oncology: qualitative insights and challenges

Patients highly value extending progression free survival (PFS) and overall survival (OS).
They indicate a willingness to undergo biopsy and additional testing for a targeted treatment with superior OS, however; they might conflate test accuracy and testing modality with treatment benefit.
The relative value of a treatment for each patient may vary according to differing comparator sets per tumor type.

Figure 1. Interview Participant Characteristics (n=8)



Interviews were conducted with eight patients in France, Germany, Italy, and the United Kingdom. Four patients had pancreatic cancer, two had cholangiocarcinoma, and two had urothelial cancer. No eligible patients with glioblastoma were identified.

Figure 2. Conceptual Map of Items Identified in Qualitative Interviews

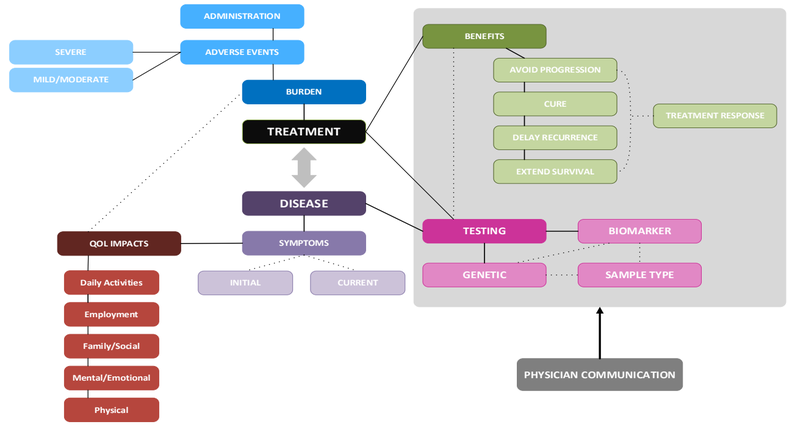
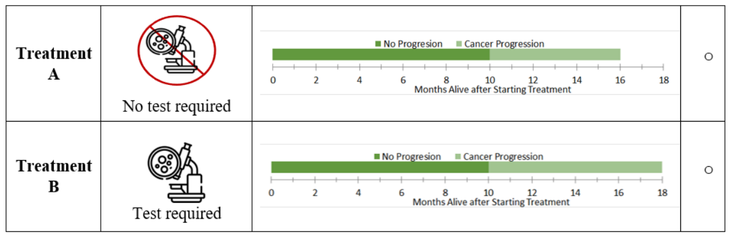


Figure 3. Example choice task



Test description: *In order to be eligible for treatment B a biomarker test is required. This test would require a sample of the tumour tissue that could be sent to a laboratory and analysed to identify genetic alterations that may be present in the cancer cells.*

All participants chose Treatment B, prioritizing increased overall survival regardless of the requirement for tissue sample testing.
Some participants' description of the reason for their choice suggested that they may have made additional assumptions about the test. For example, that test done using a tissue sample was a more accurate test than a blood sample for testing, or that the test results could provide information beyond informing treatment choice.

janssen | PHARMACEUTICAL COMPANIES OF Johnson & Johnson