Prescribing Behavior Among Community Oncologists for Generics/Biosimilars While Considering Costs or Financial Toxicity When Treating Cancer

Poster #HSD7

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Introduction

- Cancer treatment can be expensive in the United States resulting in a cost burden and to be stressful leading to financial toxicity (FT).[1]
- FT is the adverse impact of a cancer diagnosis or treatment on a patient's financial well-being due to the cost of innovative drugs, burdensome treatment plans, travel, time, or changes to employment.[2,3]
  - Patients are more likely to be nonadherent to prescribed treatments and/or fail to fill prescriptions due to FT.[3]
  - The recently concluded PRO-TECT trial, which assessed FT screening in oncology practice, found that routine screening along with communication of concerns to the clinical team resulted in significant benefits to the patients (e.g., prevented FT worsening).[4]
- With rising healthcare cost attribution to biologics and higher drug costs which contributes to FT one possible way to mitigate FT while maintaining quality of care, may be to consider the use of biosimilars when creating a treatment plan.[5,6]
  - In October 2022, the Inflation Reduction Act increased Medicare payment for qualifying biosimilars.

Objective

- This survey-based study aimed to evaluate perceptions related to costs or FT and prescribing behavior associated with cancer treatment among community oncologists.

Methods

- Survey questions were administered to U.S. community oncologists at an in-person forum in November 2022.
  - Demographic data were collected electronically prior to the summit
  - Not all summit participants responded to all questions; the sample size reported for each question.
- Descriptive statistics were used to analyze the results.

Results

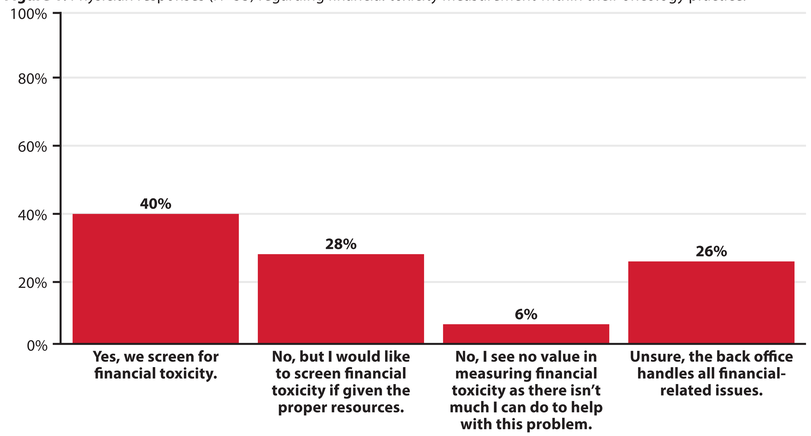
- Respondents (N=56) reported their primary specialty as hematology oncology (61%) or medical oncology (39%) and had an average of 20 years in practice (**Table 1**).
- The solid tumors that most of the participants reported treating most often are lung, gastrointestinal, and breast cancers.
- Less than half of respondents (40%) stated they measure FT in their practice (**Figure 1**).
- The biggest barriers to discussion financial/cost-related topics with patients include: lack of time (59%) and lack of resources (37%) (**Figure 2**).
- However, patient out-of-pocket cost (61%) was one of the top non-clinical factors in treatment decisions.
- A majority of respondents (75%) being "very likely" to prescribe a generic/biosimilar over brand name when treating cancer (**Figure 3**).

Table 1. Respondent characteristics

N=56	n (%)
U.S. region of practice	
West	4 (7%)
Midwest	13 (23%)
Northeast	11 (20%)
South	28 (50%)
Primary medical specialty	
Medical oncology	22 (39%)
Hematology oncology	34 (61%)
Solid tumors treated/managed most often (multiple select)	
Lung cancer	48 (84%)
Gastrointestinal cancer (e.g., esophageal, colorectal)	40 (71%)
Breast cancer	39 (70%)
Years in practice	
Mean (min-max)	20 (4-40)
Primarily employed by hospital	
Yes	25 (45%)

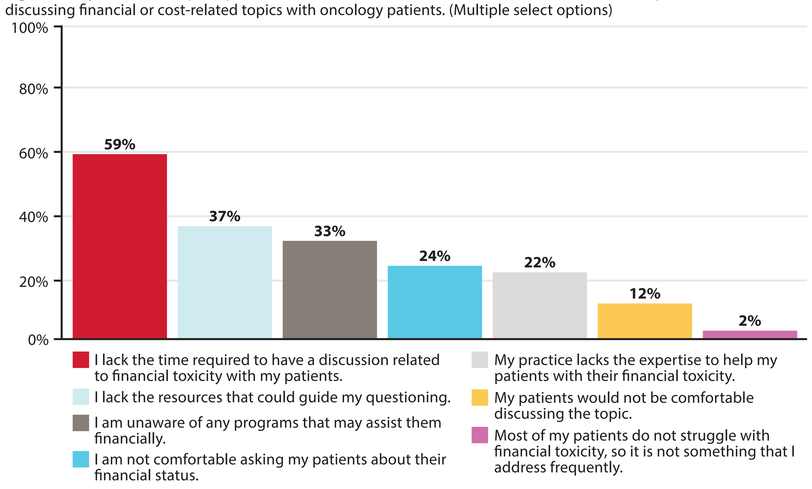
Results

Figure 1. Physician responses (N=53) regarding financial toxicity measurement within their oncology practice.



Q: Do you measure financial toxicity in your practice?

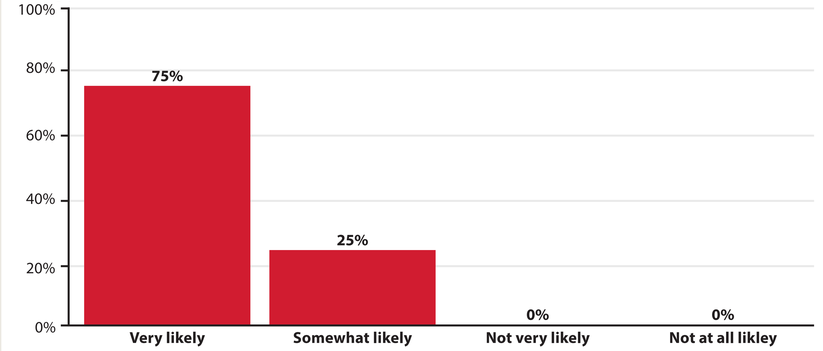
Figure 2. Physician (N=51) perception on which barriers exist for themselves and/or within their practice when discussing financial or cost-related topics with oncology patients. (Multiple select options)



Q: Which of the following best reflects the current barriers that you or your practice are facing when discussing financial/cost-related topics with your patients with cancer?

Results

Figure 3. Within the context of value-based care, physician responses (N=52) on potential prescribing behavior when treating patients with cancer.



Q: How likely are you to prescribe generic/biosimilar medications over brand name medications when treating your patients with cancer?

Conclusions

- While increased screening and communication around FT may benefit patients, findings from this study demonstrate that treating physicians experience barriers to implementation.
- However, it appears oncologists are aware of patient costs when creating treatment plans, specifically when considering prescribing generics/biosimilars.
- Study results suggest there may be a need for more education or awareness around screening for FT.

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Abbreviations: FT, financial toxicity; max, maximum; min, minimum; U.S., United States