

Perceptions, experiences, and behaviors of patients and their caregivers with gastric and gastroesophageal junction cancer treated with or without trastuzumab deruxtecan in the United States

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Objective

- Conduct a series of focus groups to better understand patient and caregiver perspectives on gastric cancer (GC) and gastroesophageal junction (GEJ) cancer, including their experiences with diagnosis, disease symptoms, human epidermal growth factor receptor 2 (HER2) biomarker awareness, treatment history, treatment satisfaction, adverse events (AEs), and AE management

Conclusions

- Most patients and caregivers felt that they did not receive adequate information from their health care provider (HCP) regarding their cancer, biomarkers, and treatment options
- Biomarker awareness, treatment satisfaction, and experience of AEs varied widely between patients/caregivers and focus groups, based on treatments received and/or disease stage
- Overall, late-stage patients were more knowledgeable about T-DXd as a treatment option and T-DXd treated patients had higher HER2 biomarker awareness
- Patient and caregiver feedback suggests that efforts should be made to improve disease education and communication between HCPs and patients/caregivers

Plain language summary



Why did we perform this research?

- To get a more complete understanding of gastric cancer, it is important to talk to patients who are living with the disease, as well as their caregivers, to learn about their thoughts and feelings regarding their disease and treatment



How did we perform this research?

- We worked with a research partner to assemble three focus groups consisting of patients with gastric cancer and/or their caregivers
- Our research partner led discussions with patients/caregivers about certain topics of interest



What were the findings of this research?

- Most patients and caregivers felt that their doctors did not talk to them enough about important topics, such as their treatment options and some features of their disease (i.e., biomarkers), which might influence their treatment
- None of the patients/caregivers interviewed were completely satisfied with the treatment options for their disease. This was often because they thought treatments were not effective or the adverse events they or their loved ones experienced were too severe



What are the implications of this research?

- Our findings suggest that patients living with gastric cancer and their caregivers may benefit from further discussion of important topics with their health care providers. Opportunities also exist to improve educational resources for patients with gastric cancer and their caregivers

This study is sponsored by Daiichi Sankyo, Inc. In March 2019, AstraZeneca entered into a global development and commercialization collaboration agreement with Daiichi Sankyo for trastuzumab deruxtecan (T-DXd; DS-8201)

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Introduction

- GC is a significant health challenge**, with >25,000 new cases and ~11,000 deaths reported in the United States in 2023
- GC is **often diagnosed at a late stage**, when patients have advanced signs/symptoms and metastases. This is associated with worse outcomes and increased mortality
- New medications targeting specific biomarkers (i.e., HER2) in GC, including trastuzumab deruxtecan (T-DXd), are expected to improve outcomes, but their **success depends upon HCP awareness and patient adherence**
- It is essential to understand patient and caregiver perspectives and knowledge** related to the disease and its treatment, including knowledge of T-DXd and relevant biomarkers such as HER2

Results

- This study included 23 patients/caregivers (22 patients/caregivers included in three focus groups and one individual patient interview)
- Key themes were identified around journey to diagnosis, biomarker awareness, treatment history, treatment satisfaction, management of AEs, clinical care, life with GC/GEJ cancer, and clinical research experiences and perceptions
- Baseline demographic and disease characteristics are presented in **Table 1** and an example patient journey is presented in **Figure 2**

Table 1. Baseline Demographic and Disease Characteristics of Patients and Caregivers

	Group 1 (N = 10) Late-stage, non-T-DXd users	Group 2* (N = 8) Early-stage, non-T-DXd users	Group 3 (N = 5) Late-stage, T-DXd users	Total (N = 23) All patients/care-givers
Sex				
Male	4 (40%)	2 (25%)	1 (20%)	7 (30%)
Female	6 (60%)	6 (75%)	4 (80%)	16 (70%)
Age				
20-39	1 (10%)	3 (37.5%)	0 (0%)	4 (17%)
40-59	4 (40%)	5 (62.5%)	1 (20%)	10 (44%)
60-69	5 (50%)	0 (0%)	2 (40%)	7 (30%)
70+	0 (0%)	0 (0%)	2 (40%)	2 (9%)
Race/Ethnicity				
Hispanic/Latino	1 (10%)	1 (12.5%)	0 (0%)	2 (9%)
Caucasian	8 (80%)	6 (75%)	4 (80%)	18 (78%)
Black/African American	0 (0%)	1 (12.5%)	0 (0%)	1 (4%)
Asian/Pacific Islander	1 (10%)	0 (0%)	1 (20%)	2 (9%)
Role				
Patient	6 (60%)	6 (75%)	2 (40%)	14 (60%)
Caregiver	4 (40%)	2 (25%)	3 (60%)	9 (40%)
HER2 Status**				
Positive	8 (100%)	2 (25%)	4 (100%)	14 (70%)
Negative or Unknown	0 (0%)	6 (75%)	0 (0%)	6 (30%)
Year of Diagnosis**				
2020-current	4 (50%)	5 (62.5%)	2 (50%)	11 (55%)
2015-2019	2 (25%)	1 (12.5%)	2 (50%)	5 (25%)
2010-2014	2 (25%)	1 (12.5%)	0 (0%)	3 (15%)
2007	0 (0%)	1 (12.5%)	0 (0%)	1 (5%)
Disease Stage at Diagnosis**				
0-1	0 (0%)	3 (37.5%)	0 (0%)	3 (15%)
2	0 (0%)	2 (25%)	0 (0%)	2 (10%)
3	4 (50%)	3 (37.5%)	0 (0%)	7 (35%)
4	4 (50%)	0 (0%)	4 (100%)	8 (40%)

*Individual patient interviewed was an early-stage GC/GEJ cancer, non-T-DXd user and is included in Group 2 for analysis; **N = 20 total patients, as 3 patients were accompanied by a caregiver during the focus group, resulting in the discrepancy between total focus group participants and total patients represented

Journey to Diagnosis

- Patients in all groups reported similar symptoms of GC/GEJ cancer, such as burping, hiccups, heartburn, difficulty swallowing, nausea, feeling full, and weight loss. Patients/caregivers agreed **symptoms of GC/GEJ cancer are subtle, making early diagnosis difficult**
- Several patients/caregivers reported having to demand further testing and urged better awareness of early disease signs/symptoms

Methods

- We conducted a series of focus groups among patients with GC/GEJ cancer and/or their caregivers. Patients were placed into focus groups based on stage of disease and exposure to T-DXd (**Figure 1**). Focus groups were conducted as 2-hour, recorded, virtual sessions with a trained moderator to guide the discussion
- The patient/caregiver screening and selection process is shown in **Figure 1**
- Audio recordings for all focus groups were transcribed. A thematic analysis approach was used to identify key themes across each group. Transcriptions were reviewed twice, then qualitative data were coded and themes/subthemes were identified
- Patients/caregivers were included if they met the following criteria: ≥18 years old, reside in the US, have or care for a person who has a diagnosis of GC/GEJ cancer, have internet access, read/signed informed consent, sufficiently fluent in English

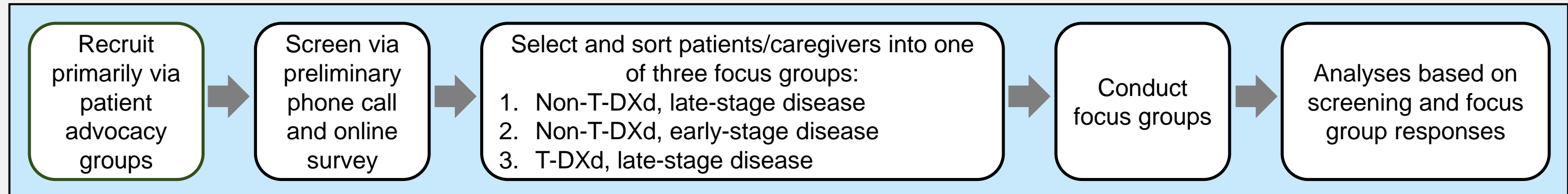
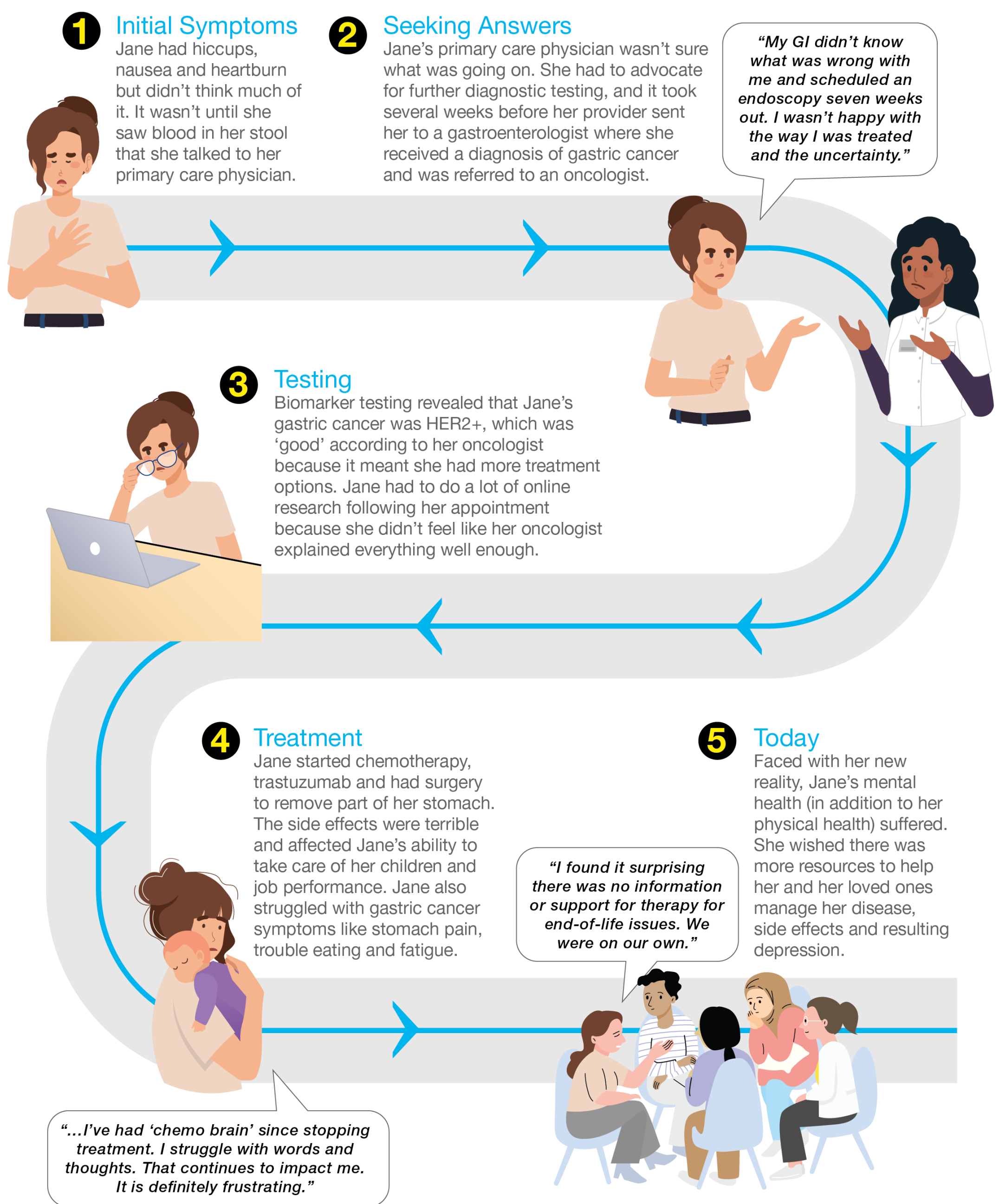


Figure 1. Patient/caregiver screening and selection flow diagram

Figure 2. Example GC/GEJ Cancer Patient Journey

Jane's Experience with Gastric Cancer



Biomarker Awareness and Experience

- All patients/caregivers felt it was important for **HCPs to better explain the role of biomarker testing and educate patients/caregivers**
- Late-stage T-DXd users had more knowledge about biomarkers, but many reported seeking information on their own through support groups, family members, and online search engines

"The three consultations I had were different surgeons. They never talked about staffing or various types of chemo depending on what biomarkers show." – Early-Stage Non-T-DXd Patient

Treatment History and Treatment Satisfaction

- Early-stage patients more often reported treatment with chemotherapy followed by surgery or surgery alone, while later-stage patients/caregivers reported several subsequent lines of therapy
- No patients/caregivers were completely satisfied with currently available treatments** largely due to their perceived lack of efficacy, AEs with chemotherapy, or gastrectomy. Patients/caregivers expressed a desire for more targeted treatments

"If you are taking pills and you have stomach cancer, why are you taking pills? Your stomach's already volatile, I don't get it." – Late-stage, non-T-DXd patient

AEs and AE Management

- Almost all patients reported AEs** while on treatment for GC/GEJ cancer
- Early-stage patients reported AEs such as delayed emptying, nausea/vomiting (N/V), dumping syndrome, and difficulty maintaining weight. Late-stage patients mentioned pain, diarrhea, and fatigue to be the most bothersome AEs overall
- Patient strategies to manage AEs included resting, ondansetron for N/V, prune juice, pain medications, and nutritionist support

Clinical Care and Life with GC/GEJ Cancer

- Patients/caregivers who sought multiple opinions were generally more satisfied with their care. **Those who were not satisfied mentioned that their doctors were dismissive of their questions, poor communicators, and/or did not seem up-to-date with latest treatments**
- Many patients reported having to stop working or go on disability. Several patients/caregivers spoke about the toll on mental health and how anxiety and depression further reduced their quality of life
- Patients/caregivers also felt there were a lack of resources dedicated to navigating the disease and end-of-life care

Clinical Research Experiences and Perceptions

- Only 4 patients had participated in a clinical trial, yet all patients/caregivers had positive perceptions of clinical research as **the only way new and improved treatments could be developed**
- Several patients/caregivers felt it was important for oncologists to be up-to-date with new GC/GEJ cancer research and clinical trial opportunities. Some reported seeking information about clinical trials independently

Interpretation & Conclusion

- In general, late-stage patients were more knowledgeable about T-DXd as a treatment option. In addition, T-DXd treated patients had higher HER2 biomarker awareness compared to other patients
- These findings support the **need to improve the experiences of patients with GC/GEJ cancer and their caregivers**
- Results suggest the largest areas of opportunity are centered on increasing awareness of early symptoms, biomarker testing, treatment options, management of AEs, and communication between HCPs and patients

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Disclosures

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