

Background

Treatment of advanced RCC includes multiple reasonable options for both newly diagnosed disease and after tumor progression, and current RCC guidelines provide limited direction on selecting optimal therapy for individual patients. To help, we developed an interactive, online treatment decision tool in November 2015 (after the approval of nivolumab but before the approval of cabozantinib and lenvatinib/everolimus in 2016). In this study, we analyzed completed cases entered into the tool to determine areas of agreement and variances between the planned treatment of healthcare professionals (HCPs) using the tool and recommendations from RCC experts at the time of tool development, as well as the potential impact of the tool on the subsequent treatment decisions of those who used it.

CCO Decision Support Tool for RCC

- Online decision support tool developed by 5 experts in RCC and included 461 case variations based on key factors experts considered important to guide Tx
 - Experts: Toni K. Choueiri, MD; Thomas E. Hutson, DO, PharmD, FACP; Robert Motzer, MD; Brian Rini, MD, FACP; Charles J. Ryan, MD
- The tool development took place in 2015 and expert recommendations were compiled in November 2015
 - Expert recommendations were made after the approval of nivolumab but before the approval of cabozantinib and lenvatinib/everolimus in 2016
- Tool users were prompted to select patient information from pull-down menus and then indicate their intended clinical approach
 - Recommendations from the 5 experts were then displayed
 - Users were asked whether the experts' recommendation confirmed or changed their intended clinical approach
- Tool online at: <http://clinicaloptions.com/RCCTool>

Optimal Care for Advanced Renal Cell Carcinoma: Decision Support

1. Clinician enters information on patient and disease characteristics through drop-down menus

2. Clinician indicates his/her intended treatment approach

3. Clinician receives expert treatment recommendations for his/her specific patient

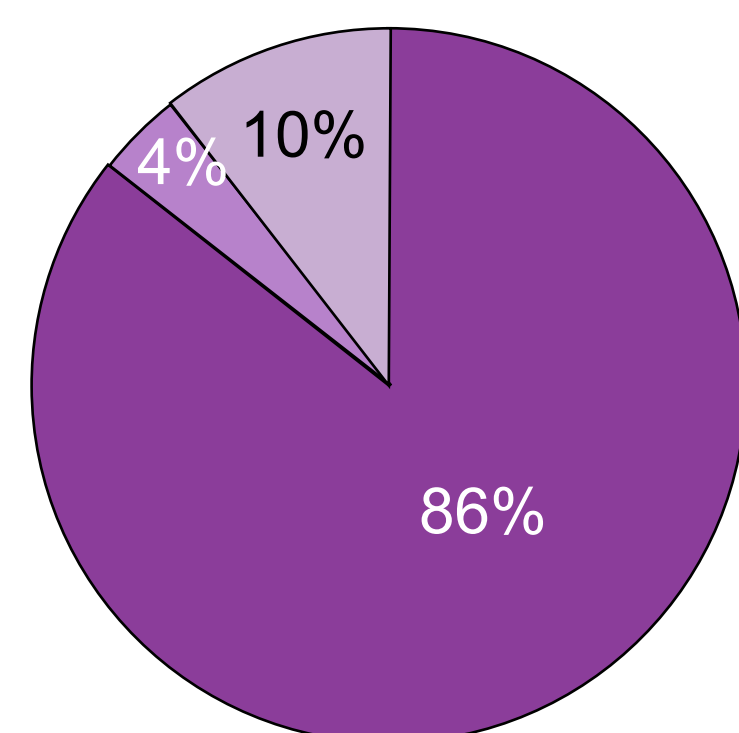
4. Clinician is able to compare intended treatment vs expert recommendation

Acknowledgments: This online tool was part of an educational program supported by grants from Novartis and Pfizer.

Results

Participant Demographics

490 cases entered by 327 HCPs



MD/physician
Other HCP
Nurse or NP

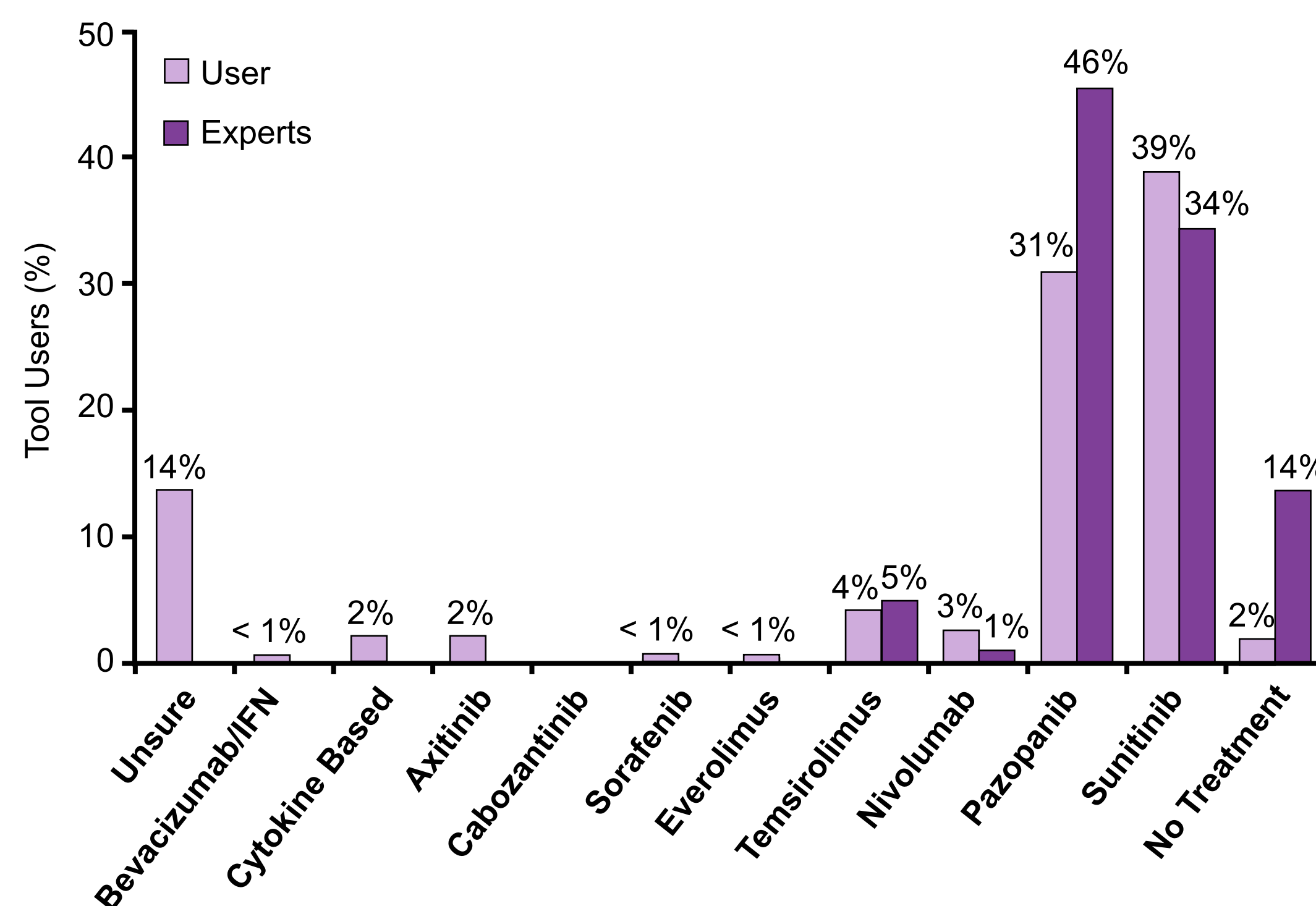
Table 1. Patient Cases by Line of Therapy (n = 488 respondents)

Line of Therapy	N	% of Total
None	259	53
First line only	167	34
First and second line	62	13

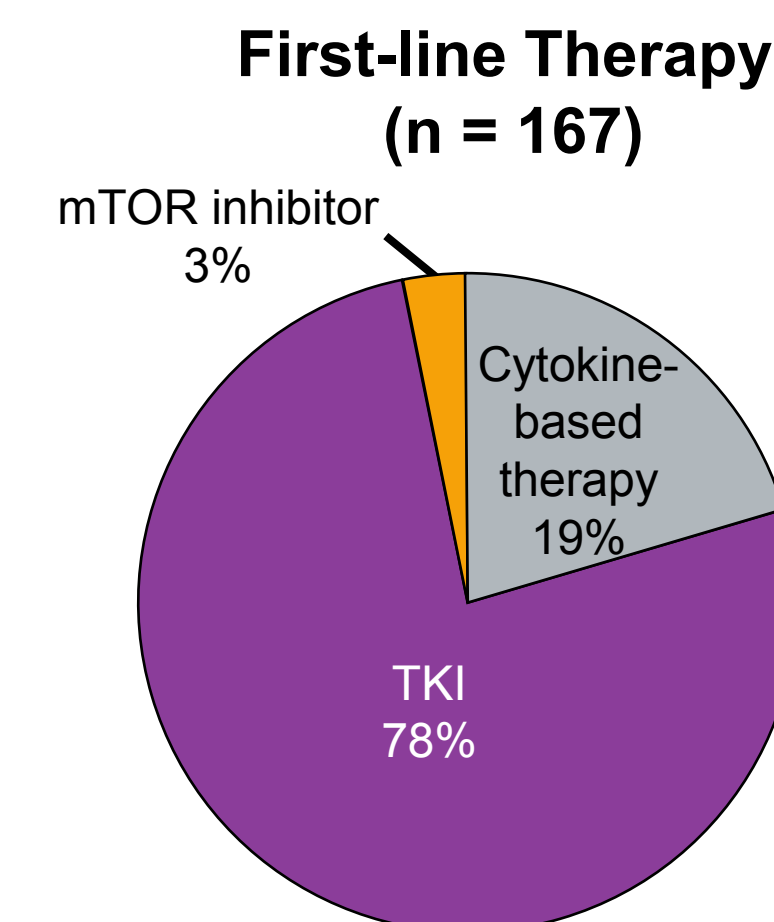
Table 2. Intended Use of Tool (n = 164 respondents)

A hypothetical patient case, % (n)	63 (103)
A specific patient in my clinical practice, % (n)	37 (61)

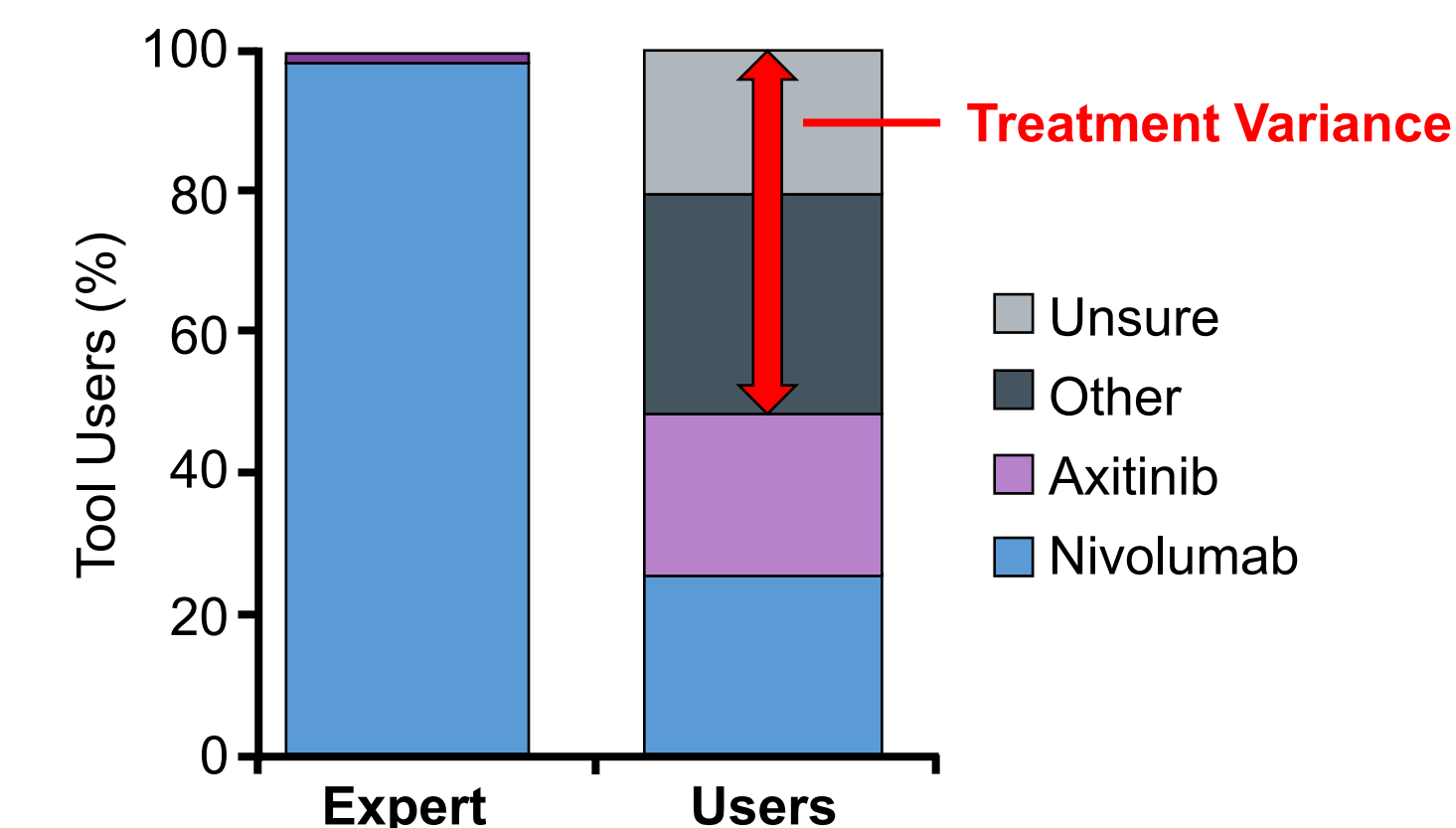
Newly Diagnosed Patients With RCC (N = 259)



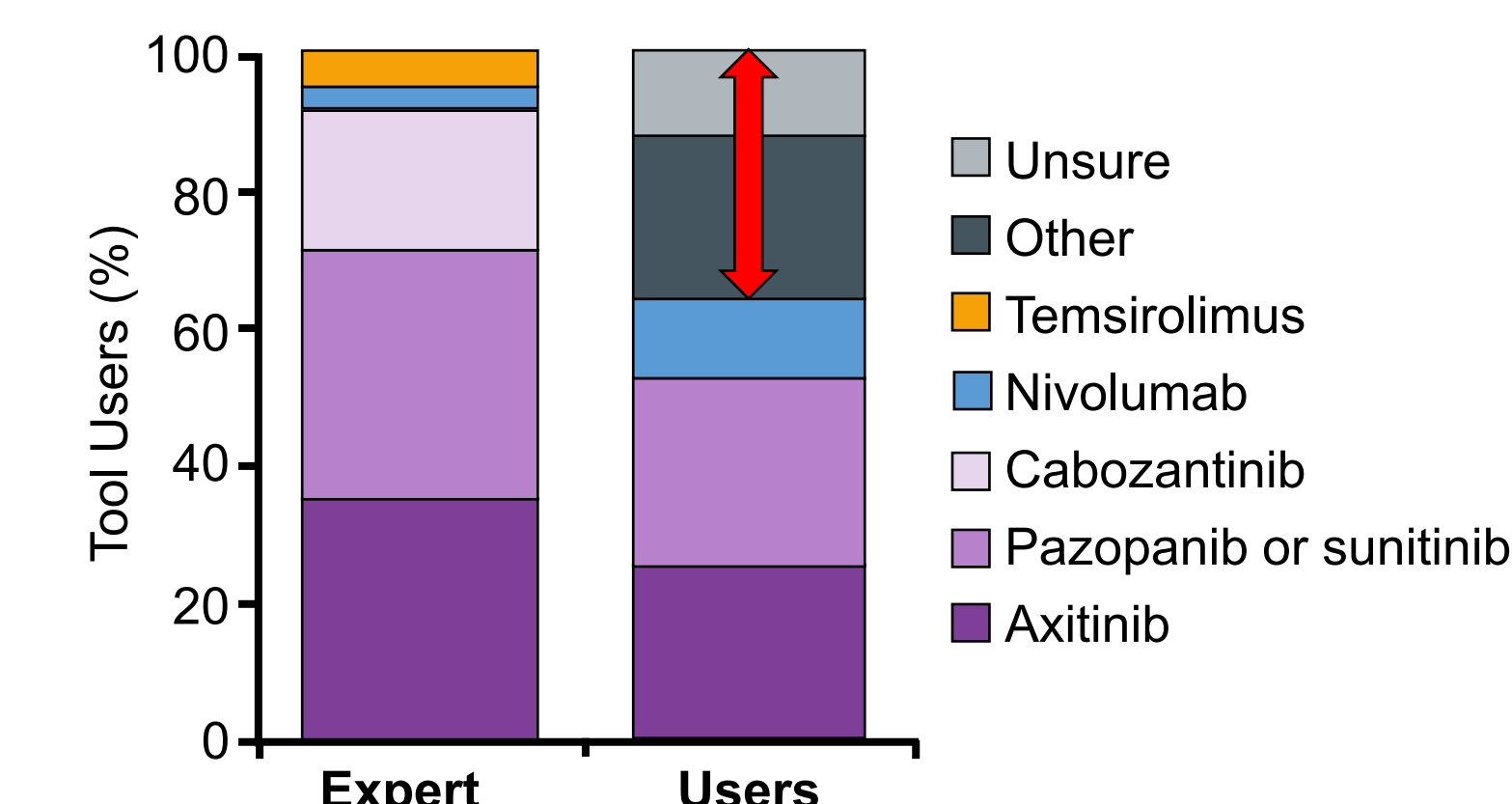
Patients Progressing After First-line Therapy (n = 167)



Treatment After First-Line TKI (n = 131)

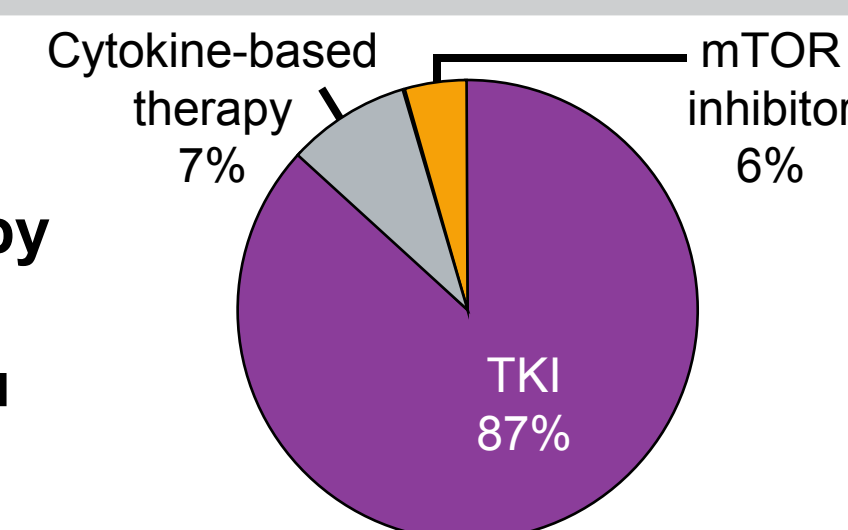


Treatment After First-Line Cytokine (n = 25)

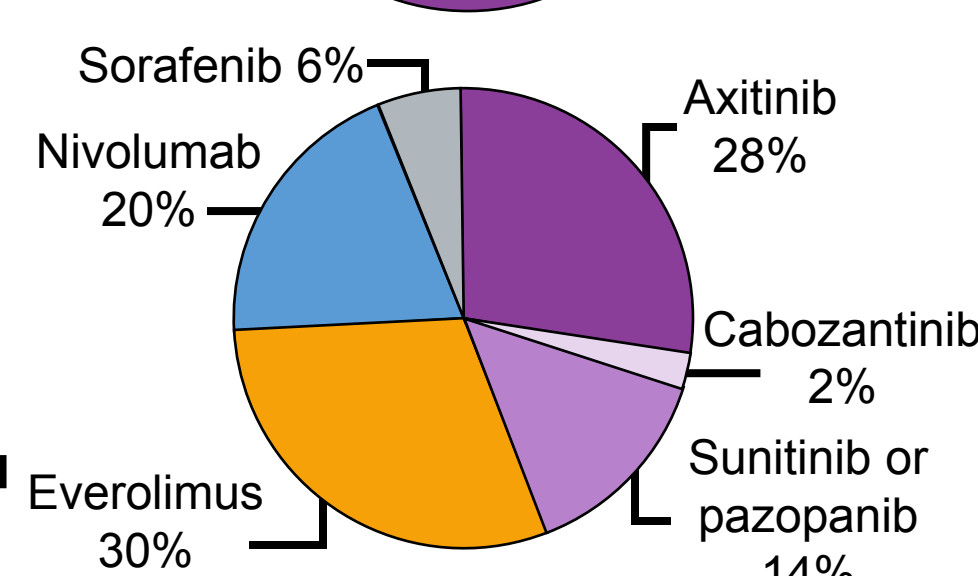


Patients Progressing After First-line and Second-line Therapy (n = 60)

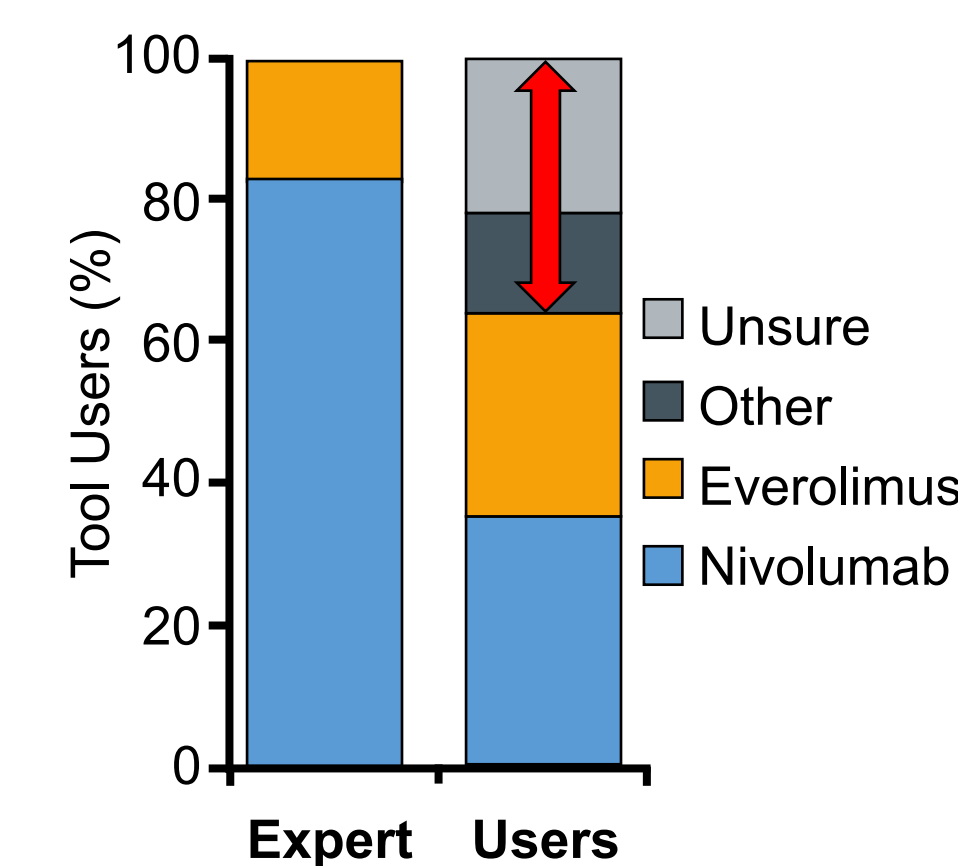
First-line Therapy Selected From Pull-Down Menu



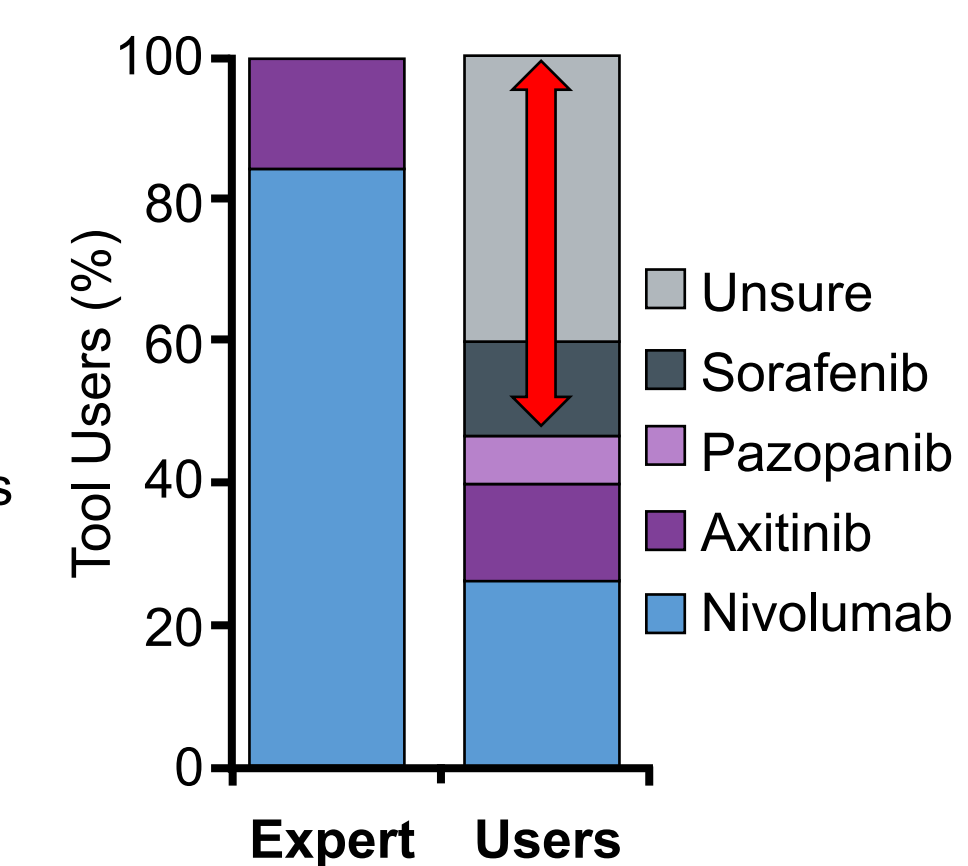
Second-line Therapy Selected From Pull-Down Menu



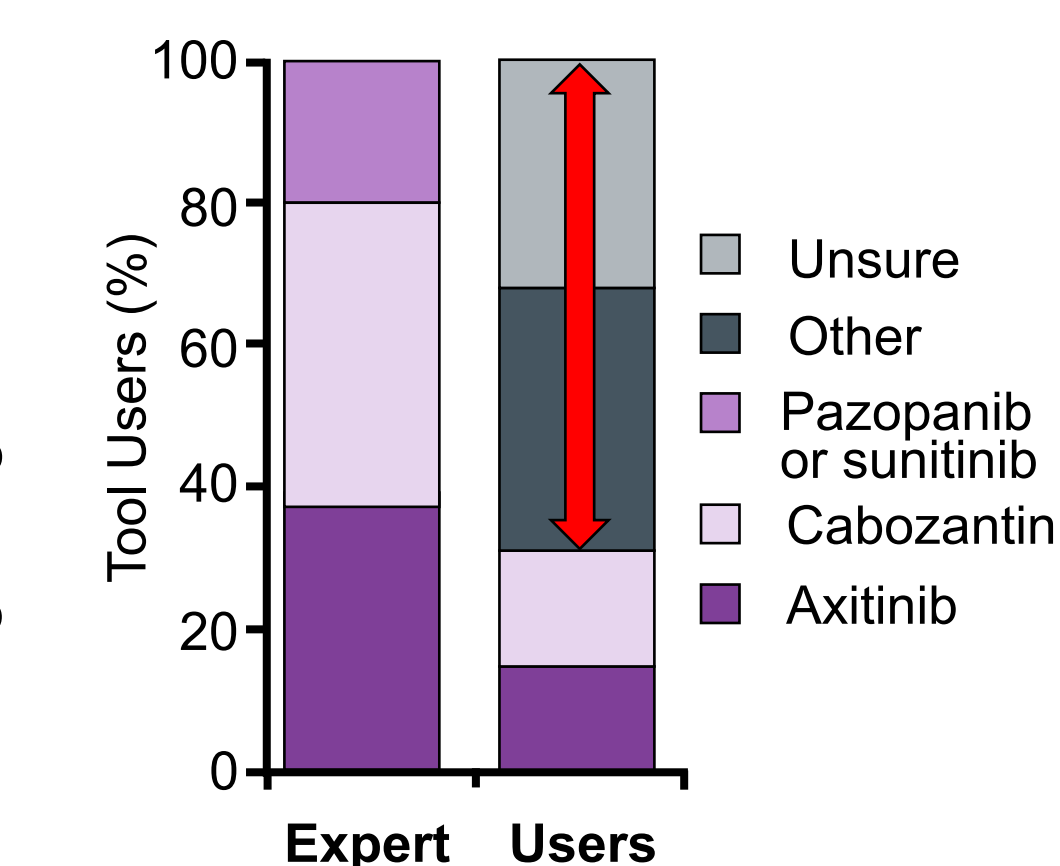
Treatment After TKI, Axitinib (n = 16)



Treatment After TKI, Everolimus (n = 15)

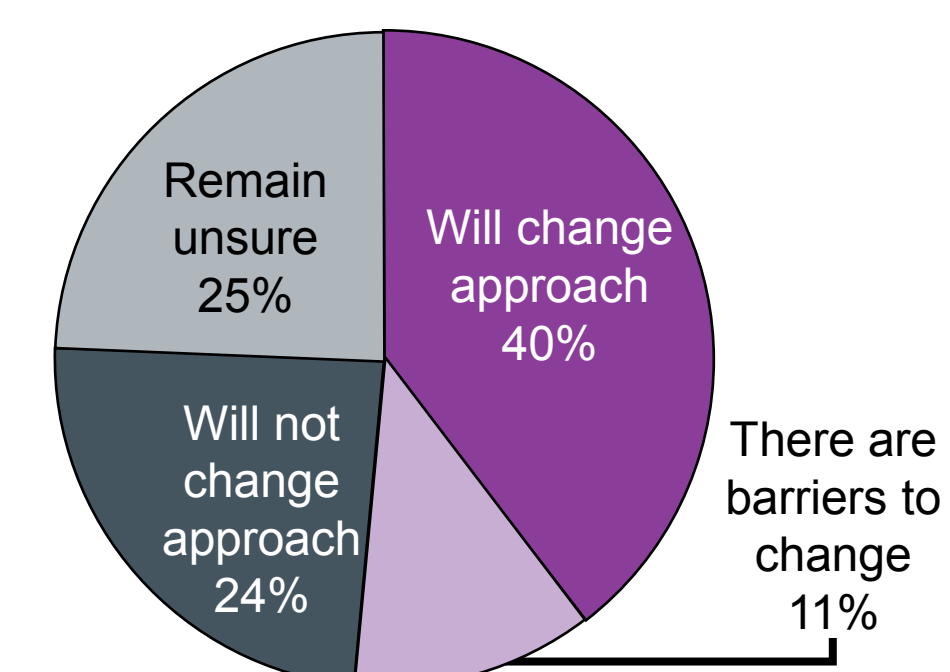


Treatment After TKI, Nivolumab (n = 13)



Educational Impact

Impact of Tool on Users With Intended Tx Not Matching Expert Recommendations (n = 53)



Conclusions

- For first-line Tx, tool users and the 5 RCC experts generally agreed on the use of either sunitinib or pazopanib with one of these 2 agents being selected for the majority of cases
- There was substantial variation between the intended Tx among clinicians who used the tool vs Tx recommendations from the experts for subsequent lines of therapy
- Fewer clinicians who used the tool selected new agents, such as nivolumab or cabozantinib, vs Tx recommendations from the experts
- Use of this tool positively affected 40% of clinicians who were selecting suboptimal treatment approaches and 36% either remained unsure or were unable to implement changes to treatment selection, while 24% indicated that they will not change their treatment approach
- New data, approvals, and indications continue to change treatment paradigms in advanced RCC and continued education will help clinicians remain up to date on best practices