

Impact of Therapeutic Complexity on Practice Patterns for MBC in the United States: Results of a 2-Phase National Study

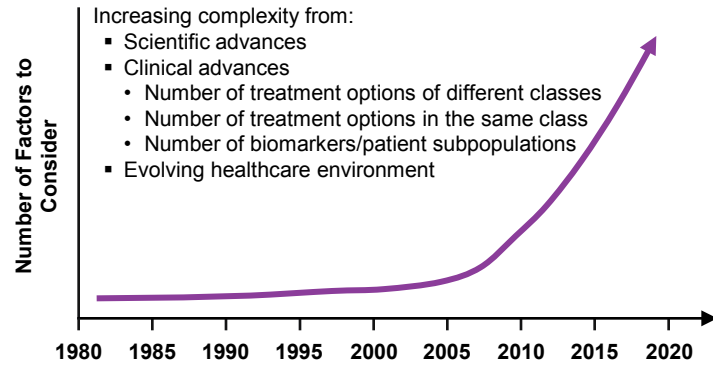
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Background

- Rapid clinical advances in the management of metastatic breast cancer (MBC) have increased the complexity of clinical decision making in patient care

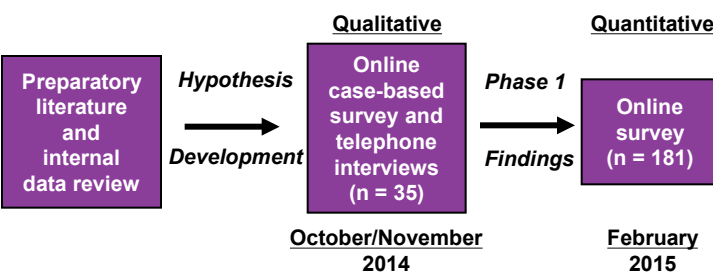


- Clinicians in both academic and community cancer centers are challenged to understand and integrate new data
 - Affects quality of care and patient outcomes
 - Need for ongoing education and training to understand rapidly evolving standards of care

Study Objectives

- Increase understanding of the factors that affect the clinical reasoning of US oncology specialists who care for patients with MBC
- Identify practice performance gaps and critical educational needs among medical oncologists, nurse practitioners, and nurse navigators in the United States who care for patients with MBC
- Draw attention to the need for educational interventions to improve patient care

Study Design



Inclusion Criteria

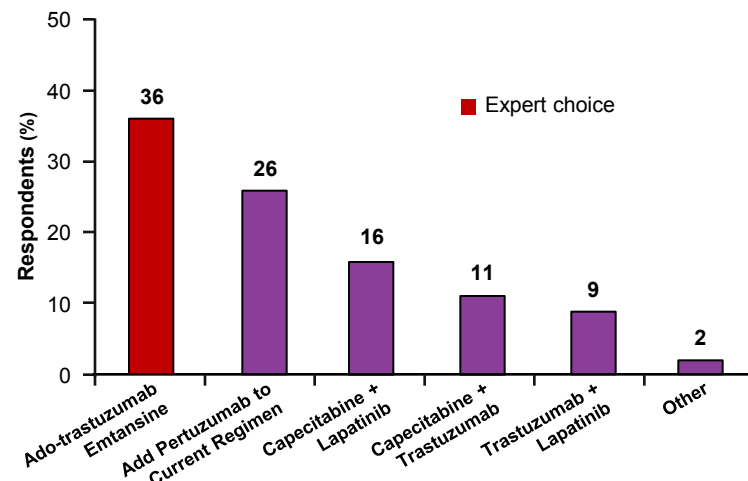
- Actively practicing oncology clinicians in the US
- Caseload of at least 1 patient with MBC per year

Results

| Participant Characteristics, % | Qualitative (n = 35) | Quantitative (n = 181) | Analyzed Sample (n = 216) |
|--------------------------------------|----------------------|------------------------|---------------------------|
| Position | | | |
| Physician | 86 | 72 | 74 |
| Nurse practitioner | 11 | 12 | 12 |
| Nurse navigator | -- | 13 | 11 |
| Physician assistant | 3 | 3 | 3 |
| Years in practice | | | |
| 1-5 | 11 | 22 | 20 |
| 6-15 | 40 | 31 | 32 |
| 16-25 | 11 | 30 | 26 |
| ≥ 26 | 38 | 16 | 19 |
| Practice setting | | | |
| Academic | 17 | 33 | 31 |
| Nonacademic | 83 | 67 | 69 |
| MBC caseload (patients/month) | | | |
| 1-5 | 3 | 26 | 22 |
| 6-15 | 11 | 21 | 19 |
| 16-25 | 29 | 18 | 19 |
| 26-50 | 49 | 19 | 24 |
| > 50 | 9 | 17 | 15 |

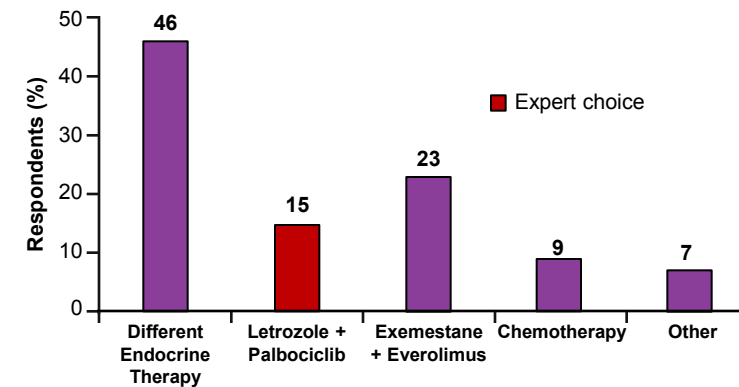
Choice of Treatment for HER2-Positive MBC Following Progression

Case: A patient with HER2+ MBC was previously treated with weekly paclitaxel plus trastuzumab. At her 18-month follow-up, radiographic imaging reveals progression with multiple new lesions in the lung, liver, and bones. Her PS is 0 but she does use daily ibuprofen for pain in her right hip

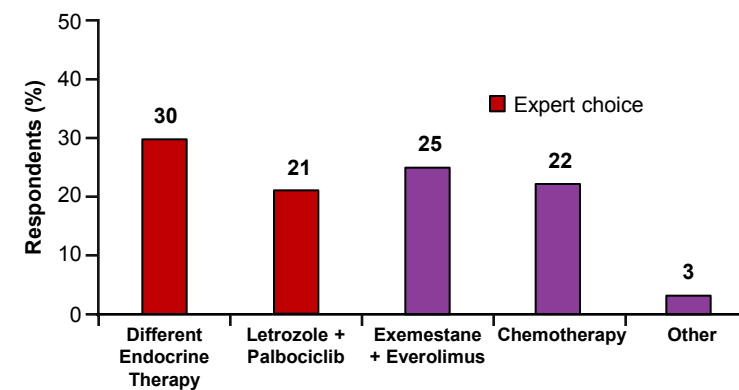


Choice of Initial Therapy for HR-Positive MBC After Previous Endocrine Therapy

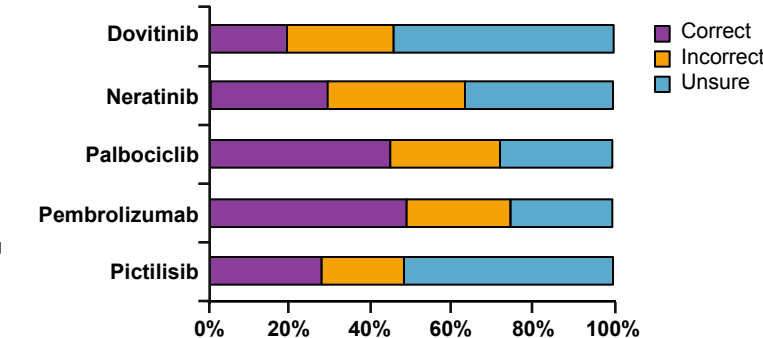
- Case: History of T4N0 invasive ductal carcinoma presents with lower back and hip pain 40 months after completing 5 years of adjuvant letrozole. Imaging reveals bone metastases (lower vertebrae/pelvis) and 2 lesions (< 1 cm) in the right lung. Biopsy confirms ER+/PgR+/HER2- disease



- Case: Postmenopausal woman with history of early-stage ER+/PgR+/HER2- presents with mildly symptomatic bone metastases and 2 liver metastases (< 1.2 cm) 30 months after completing 5 years of adjuvant AI therapy; her PS is 0

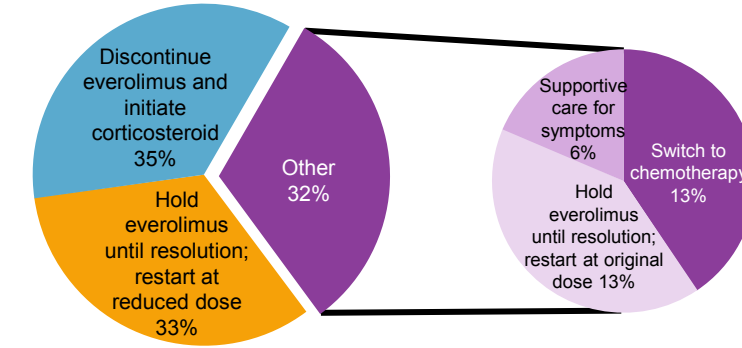


Knowledge of MOA for Newly Approved and Investigational MBC Therapies



Management of Treatment-Related Toxicities of Newer Approved Therapeutic Regimens

Case: A patient with ER+/PgR+/HER2- MBC is being treated with exemestane plus everolimus. After 8 months of treatment, she notes shortness of breath upon exertion but not from her normal daily activities. Imaging reveals a patchy infiltrate in both lungs



Conclusions

- This study identified clinical challenges among US clinicians potentially hindering delivery of optimal care to patients with MBC
 - When making first-line treatment choices for HR+ MBC, clinicians reported reliance on chemotherapy in scenarios where additional endocrine therapy is recommended
 - When making second-line treatment choices for HER2+ MBC, many clinicians did not choose preferred therapy
- Many clinicians were unfamiliar with treatment-related AEs and management approaches of newer agents/regimens
 - Potential consequences to patient access and QoL through reduced integration, inadequate monitoring, and early discontinuation
- Most respondents lacked knowledge of the unique MOA of newly approved and promising investigational agents
 - May lack competence and confidence to effectively apply emerging clinical trial data and agents with new indications into clinical practice

Implications for Education/Practice

- Expedited FDA approvals will increase the challenge for clinicians to remain current with best practices
- Findings should be considered in the design of continuing professional development and educational programs
 - Clinician feedback is important to optimal educational design