Physician Survey Backgrounder

Background

Lung cancer is not just one disease and different types of lung cancer require different and specific treatment approaches to ensure the best outcomes for patients. In the last few years, significant advancements have been made in the treatment of lung cancer – the options available to physicians and patients, in both the first- and second-line setting, have expanded and the expected outcomes have improved.

Understanding the therapy goals of physicians treating lung cancer and the criteria they use to choose a treatment is important as these factors can impact patient outcomes. To better understand the physician perspective when prescribing for non-small cell lung cancer (NSCLC) patients, a survey of 500 treating physicians was carried out. The aim of the research was to identify patterns across Europe to assess similarities and differences in approaching treatment, specifically the second-line treatment of adenocarcinoma.

The conclusions can be used to share best practice and stimulate discussion on the provision of optimal care for all lung cancer patients.

About the European physician survey
Methodology

The survey was designed to understand the opinions and perspectives of a large group of treating physicians and build a strong, credible foundation on which to share best practice and therapy goals. This large online survey was conducted in five European countries (France, Germany, Italy, Spain and UK). A total of 500 physicians participated in the survey (100 in each country), all of which treat patients with advanced adenocarcinoma NSCLC who have previously received chemotherapy as a first-line treatment.

The results of the survey were weighted to represent the country-specific demographic of treating physicians.

About NSCLC

NSCLC is the most common form of lung cancer, comprising over 85% of lung cancer cases.[1,2] NSCLC can be further divided into several different subtypes which are determined by the types of cells and the location of the tumour (adenocarcinoma, 40-50% of NSCLC; squamous-cell carcinoma, 25-40% of NSCLC; large cell carcinoma, 3-5% of NSCLC; not otherwise specified, <5% of NSCLC).[1,2] Different subtypes often need to be treated differently.

A patient's performance status is measured using the ECOG scales and criteria. Doctors and researchers use the ECOG scale to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient, and determine appropriate treatment and prognosis.[3]

About adenocarcinoma

Adenocarcinoma is the most common type of lung cancer and more than two–thirds of adenocarcinoma patients are diagnosed at an advanced stage.[4] Most patients will experience disease progression after first-line chemotherapy and there is still a significant unmet need for new effective second-line treatments for patients with advanced adenocarcinoma.[2,4] Targeted therapy is available for a small number of patients who have actionable mutations but the majority (about 71%) do not have a mutation that can be effectively targeted by currently approved therapies.[5]

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Key results

Therapy goals[1]

The research found that therapy goals are very much dependent on line of treatment and performance status and as a patient's performance status declines, physicians start to prioritise tolerability.

The results showed 40% of physicians surveyed consider extending survival as the most important therapy goal for patients with a good performance status (ECOG 0-1), 19% consider progression-free survival as the most important goal and 41% consider tumour response or quality of life related goals as the most important goals. Responses were similar across all countries surveyed.

Among patients with poor performance status (ECOG 2 and higher) improvement of the patient's quality of life and tumour-related symptoms become significantly more important.

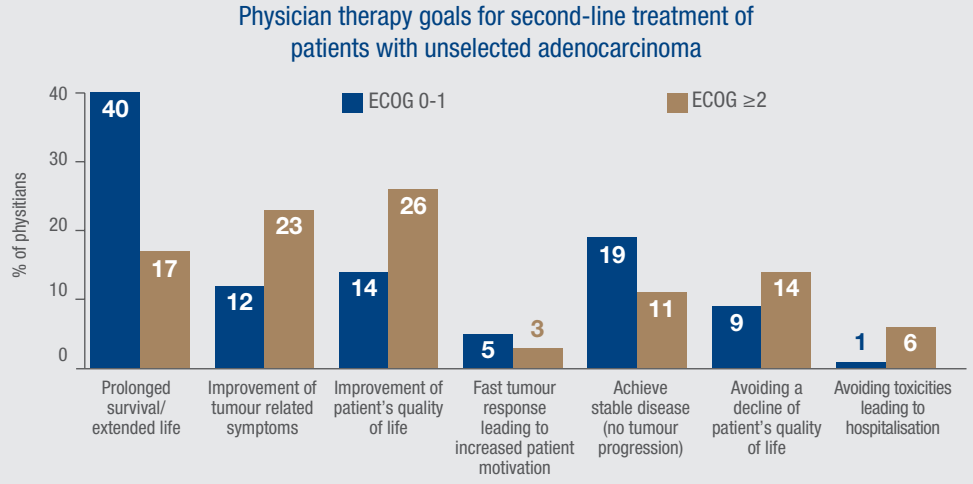

Figure 1: Boehringer Ingelheim.[1]

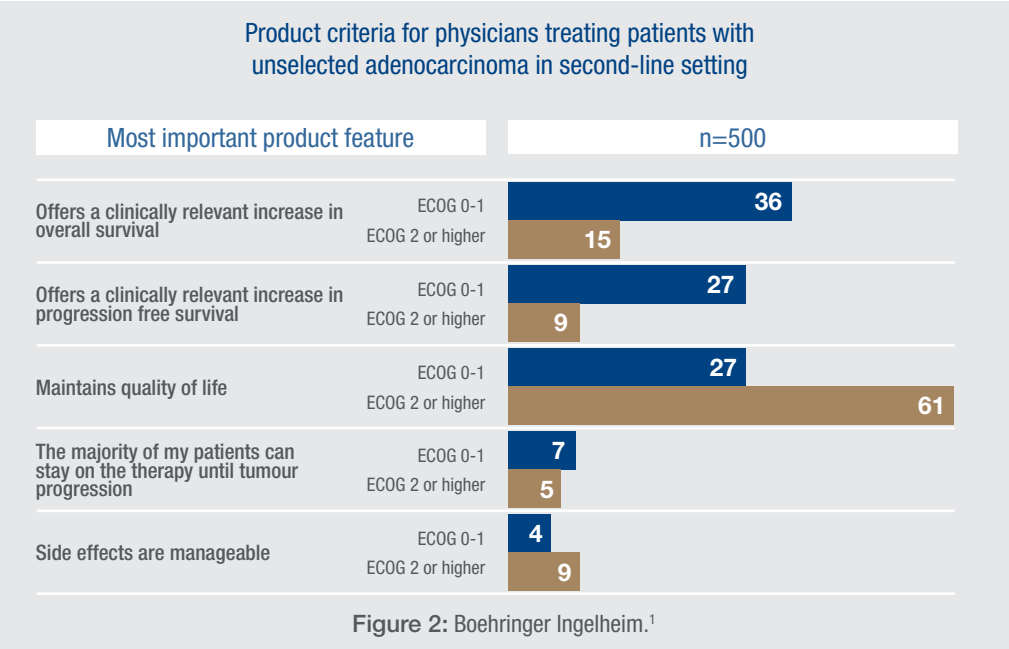

Figure 2: Boehringer Ingelheim.[1]

Most important product features[1]

The results highlighted that 36% of physicians surveyed look for a product which "offers a clinically relevant increase in overall survival" for patients with a good performance status (ECOG 0-1). In line with the overview of physician therapy goals, when treating patients with a poorer performance status (ECOG 2 or higher), over half of physicians (61%) look for a product which "maintains quality of life".

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Key results

Satisfaction with current treatment options

The survey found low overall satisfaction with currently available treatment options, however, since the survey was completed, new treatment options have become available that better meet the needs and therapy goals of physicians.

Physician satisfaction with second-line treatment options for unselected adenocarcinoma patients

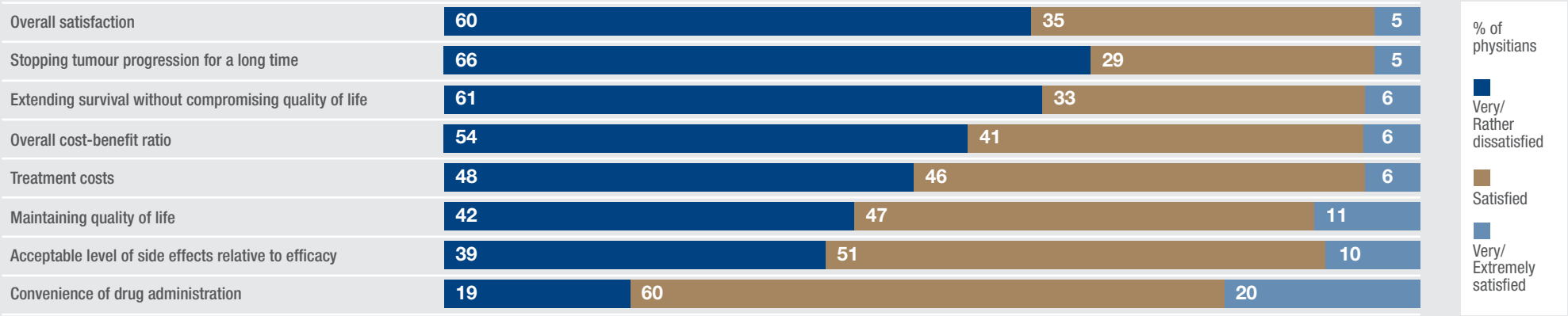

Figure 3: Boehringer Ingelheim.[1]

Conclusions: This survey shows that although more efficacious treatments are becoming available for advanced adenocarcinoma patients who have previously received first-line chemotherapy, physicians are often treating patients with the primary goal of maintaining quality of life, rather than extension of overall survival.[1] In a rapidly evolving treatment landscape, extension of life, whilst maintaining quality of life is now a realistic therapy goal for advanced lung cancer patients, even for those receiving second-line treatment and without an actionable mutation status. Provision of further information about the available treatment options may help to bridge the information gap and bring effective treatments to patients as quickly as possible.

1. Girard, N., *et al.* Second-line treatment selection in patients with non-small cell lung cancer of adenocarcinoma histology: a European survey. Poster presented at ELCC 2016, 14th April 12:30-13 in Hall 1, abstract number 183P 2. Howlader N, *et al.* SEER Cancer Statistics Review, 1975-2011, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2011/, based on November 2013 SEER data submission, posted to the SEER website, April 2014. 3. National Cancer Institute. SEER training module, ECOG performance status. Available at http://training.seer.cancer.gov/followup/procedures/dataset/ecog.html (last accessed August 2015) 4. Reck M, *et al.* Docetaxel plus nintedanib versus docetaxel plus placebo in patients with previously treated non-small cell lung cancer (LUME-Lung 1): a phase 3, double-blind, randomised controlled trial. *Lancet Oncol* 2014;15:143–55. 5. Kris MG, *et al.* Identification of driver mutations in tumor specimens from 1,000 patients with lung adenocarcinoma: The NCI's Lung Cancer Mutation Consortium (LCMC) *J Clin Oncol.* 2011;29(Suppl 18):CRA7506c.

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