

P1.329 What Matters Most to Patients? Understanding the Patient's Perspective in Choosing Among Treatments for Early-Stage Lung Cancer

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Introduction

With expansion of treatment options for early stage NSCLC comes both positives; treatments that align with patients needs, as well as negatives; burdens like extended treatment or additional side effects.

Aim: To quantify treatment preferences of people considering treatment options for resectable NSCLC

Methods

A discrete-choice experiment survey to elicit preferences was designed with clinical experts and patient advocates followed by cognitive pretesting.

Participants included individuals diagnosed with or recently screened for lung cancer.

133 surveys were completed, n=47 with resectable NSCLC from Duke Cancer Registry, n=86 undergoing screening from Duke Lung Cancer Screening Program

Attribute	Attribute Level
Time to planned surgery	As soon as possible
	4 months
Number of people still cancer-free 5 years later	40%
	50%
	70%
	80%
Infusions and side effects before surgery	no infusions
	Infusions for 3 months and side effects that
	Infusions for 3 months and side effects that
Number of people who had surgery as planned	10 out of 10 people (100%)
	9 out of 10 people (90%)
Medicine and side effects after surgery	Monitoring only
	Pills 1 year and slowing down
	Pills 1 year and getting help from others
	Pills 3 years and slowing down
	Pills 3 years and getting help from others
	Infusions for 1 year and slowing down
	Infusions for 1 year and getting help from others for daily activities

Table 1. Attributes for Discrete Choice Experiment

Results

Overall, improvement in 5-year disease free survival (DFS) was most important; some participants, were willing to accept lower DFS for less burdensome side-effects and shorter treatment duration.

For treatment regimens associated with side effects requiring participants to receive help from others, minimum acceptable benefit (MAB) estimates were consistently higher.

Burden associated with loss of independence was particularly evident for longer-duration treatment regimens.

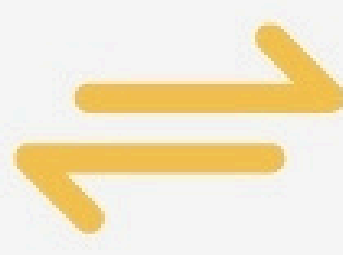
Neoadjuvant		Surgery	Adjuvant Therapy			When side-effects from treatment require slowing down	When side-effects from treatment require help from others
Infusion every 3 weeks	Duration		Daily oral pills	Monthly Infusions	Duration	% [95% CI]	% [95% CI]
✓	3 months	✓				47 [43, 52]	52 [47, 58]
		✓	✓		1 year	38 [34, 43]	46 [40, 52]
		✓		✓	1 year	42 [37, 46]	45 [40, 50]
		✓	✓		3 years	42 [36, 47]	56 [47, 65]
✓	3 months	✓	✓		1 year	45 [39, 52]	59 [50, 67]
✓	3 months	✓		✓	1 year	49 [41, 56]	57 [50, 65]
✓	3 months	✓	✓		3 years	49 [42, 57]	68 [57, 80]

Table 2. Average Minimum Acceptable 5-Year Disease-Free-Survival Required for Different Treatment Regimens

Patient Preferences Matter More Than Ever in Perioperative Treatment Selection

3 key takeaways

01



Patients are willing to trade some efficacy for lower treatment burden, particularly when faced with severe side effects

02



Greater efficacy gains are needed to justify longer, more intensive perioperative treatment strategies

03



With limited evidence guiding optimal treatment selection and decisions often driven by clinicians, integrating patient preferences into decision making is critical

Thank you to the patients who participated in this work!

To learn more
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