

P2.279: Low recommendation rates and perceived suboptimal outcomes for docetaxel in 2L+ aNSCLC: Canadian physician survey results

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Objectives

The aim of this study was to characterize oncologists' real-world decision-making, perspectives, and experiences with docetaxel for patients with non-small cell lung cancer who have progressed on prior platinum-based chemotherapy, immunotherapy, and/or targeted therapy (2L+ aNSCLC) in Canada.

Conclusions

Canadian oncologists reported that most patients with 2L+ aNSCLC are not eligible for or recommended docetaxel in clinical practice.

There remains a critical need for accessible therapies that provide clinically meaningful survival improvement while maintaining or improving health-related quality of life (HRQoL) in 2L+ aNSCLC in Canada.

Plain language summary

Why did we perform this research?

- In Canada, docetaxel is the only approved next treatment option for patients with advanced lung cancer whose disease has worsened after their first chemotherapy treatment. However, little is known about Canadian doctors decision-making process when deciding to prescribe docetaxel.

How did we perform this research?

- Canadian cancer doctors who treat advanced lung cancer completed an online survey about their experience prescribing docetaxel and the types of patients to whom they would recommend docetaxel.

What were the findings of this research?

- Cancer doctors reported that nearly 7 out of 10 patients (69%) do not end up receiving docetaxel.
 - In most cases (58%), patients were not candidates to receive it.
 - In the remaining cases, doctors reported that patients themselves chose not to proceed.
- Cancer doctors reported that full-dose docetaxel had limited effectiveness and poor tolerability for most patients. About one-third of patients were reported to experience worsening quality of life.

What are the implications of this research?

- These results highlight that patients with advanced lung cancer need new treatment options that work better and are easier to tolerate than what is currently available.

Introduction

- In Canada, docetaxel is often the final line of evidence-based systemic treatment for patients with 2L+ aNSCLC.¹⁻²
 - Emerging evidence also suggests it is commonly initiated at a reduced dose (<75 mg/m²) in clinical practice.³
- Real-world evidence on oncologist decision-making and experience with docetaxel in the Canadian setting is limited.

Methods

- Survey design and analysis:** Online cross-sectional survey that included direct survey questions (analyzed descriptively) and a discrete choice experiment (DCE) of hypothetical patient profiles assessing docetaxel treatment decision-making (analyzed using logistic regression models).
- Participants:** Canadian medical oncologists treating 2L+ aNSCLC.

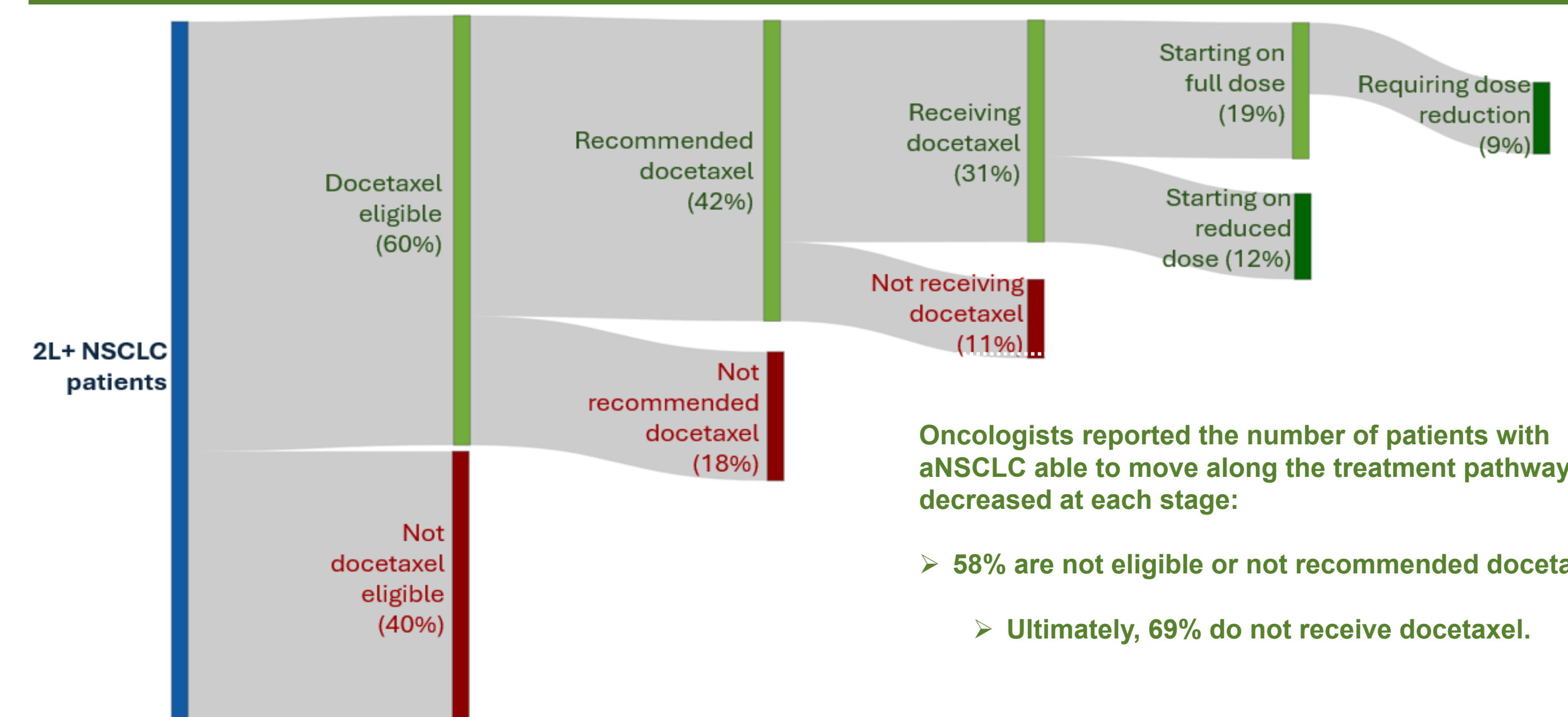
Results

- Overall, 67 oncologists (**Table 1**) reported that 58.0% of patients are not eligible or not recommended docetaxel (**Figure 1**); when used, docetaxel is frequently initiated at reduced doses (43.1%) or dose-reduced during treatment (48.9%; **Figure 2a, 2b**), primarily due to functional status or tolerability concerns.
- Oncologists reported poor/moderate efficacy and tolerability with full-dose docetaxel in most patients; QoL was reported to worsen in 37.0% of patients (**Figure 2c**).

Table 1. Oncologist demographic characteristics (n=67)

Region of practice, n (%)	Atlantic/Quebec*	19 (28.4)
	Ontario	23 (34.3)
	West/Central	25 (37.3)
Practice setting, n (%)	Academic cancer center / teaching hospital	50 (74.6)
	Community cancer center†	17 (25.4)
Male sex, n (%)		46 (68.7)
Number of years treating patients with NSCLC, mean (SD)		14.9 (7.5)
Number of patients with NSCLC treated per month,‡ mean (SD)		43.3 (31.6)

Figure 1. Oncologist-reported 2L+ aNSCLC treatment patterns in Canada§ (median % of patients)

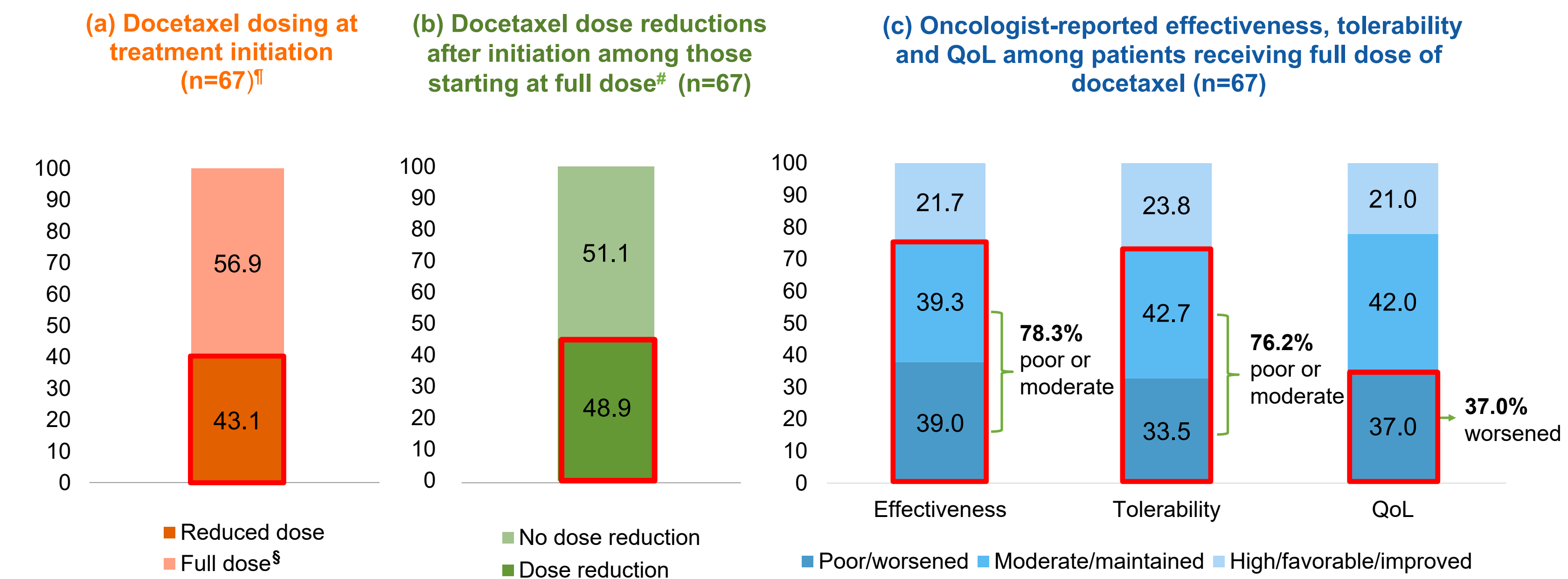


Abbreviations and footnotes

Abbreviations: 2L+, second line and beyond; AE, adverse events; aNSCLC, advanced non-small cell lung cancer; DCE, discrete choice experiment; ECOG, Eastern Cooperative Oncology Group; HRQoL, health-related quality of life; OR, odds ratio; OS, overall survival; PFS, progression free survival; SD, standard deviation.

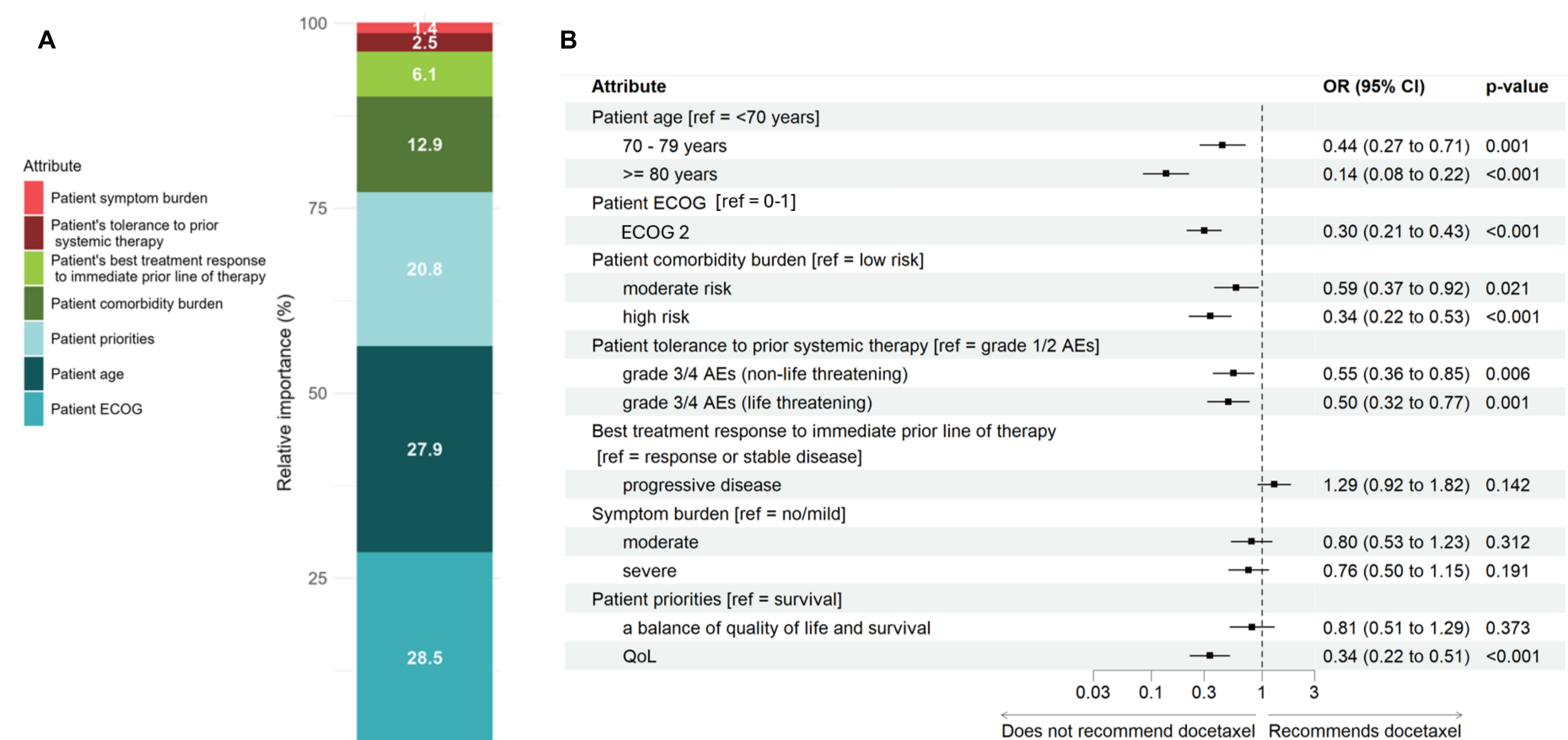
Footnotes: *n=14 participants were from Quebec; †Includes one respondent who selected "Other" (private practice); ‡n=1 participant did not answer this question; §Results were stratified by region, practice setting, physician years of experience and number of patients treated per month. Results were generally comparable with some numerical differences observed in the proportion of patients being recommended docetaxel; †Among docetaxel-eligible patients with 2L+ aNSCLC; ‡Full dose docetaxel = 75 mg/m².

Figure 2. Oncologist-reported docetaxel experience in 2L+ aNSCLC (mean % of patients)



- Functional status (as measured by the Eastern Cooperative Oncology Group [ECOG]), age, and patient priorities were attributes that had the greatest influence on docetaxel treatment recommendation decision-making (**Figure 3**).
- For new therapies, oncologists ranked overall survival (OS) as the most important outcome, followed by HRQoL, progression free survival (PFS), and overall response rate. A clinically meaningful benefit was defined as a 4-month OS gain or a hazard ratio of 0.8 for OS and PFS.

Figure 3. DCE results: (A) Attribute relative importance in decision to recommend docetaxel or not and (B) Primary analysis (decision to recommend docetaxel or not) (n=67)



Discussion

- Strengths:** Study material development was informed by prior qualitative research and consultation with Canadian medical oncologists.³ A robust sample size of oncologists from across Canada was included, to enhance generalizability of findings.
- Limitations:** Findings reflect oncologist perspectives and reported experiences, which are subject to biases and may not fully reflect real-world clinical practice. Further, findings may not fully capture patient preferences/perspectives, which are important considerations in treatment decision-making.

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Disclosures

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Note: The abstract associated with this poster presented preliminary findings (n=53). The results presented in this poster represent the final analyses of the study, with additional study participants (overall, n=67). Please scan this quick response (QR) code with your smartphone camera or app to obtain a copy of these materials. Alternatively, please visit: https://files.broadstreetheor.com/WCLC+2026_Docetaxel+in+2L+%2B+aNSCLC_a+Canadian+physician+survey.pdf Copies of this poster obtained through this QR code are for personal use only and may not be reproduced without permission from WCLC 2026 and the authors of this poster.