

Poster 2285: What Matters Most to Patients With ALK-Positive Advanced NSCLC in Singapore?



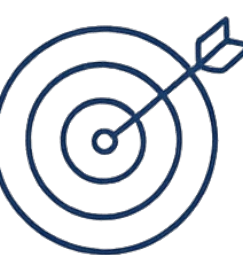
A qualitative patient-caregiver study
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INTRODUCTION & METHODS

1. BACKGROUND

- Patient-centered evidence in anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) remains limited, especially in Asia.
- Patients’ perspectives on treatment benefits, side effects, and daily-life impact are important for treatment decision-making.^{1,2}
- This study explored treatment priorities, meaningful benefits, tolerability, trade-offs, and daily-life impact in Singapore.

2. OBJECTIVE



To explore patient and caregiver views on treatment priorities and meaningful benefits in ALK-positive advanced NSCLC, emphasizing tolerability and daily-life impact.

3. METHODS AT A GLANCE



Step 1: Study design

Online interviewer-administered qualitative study; Singapore, 2 July-3 September 2025.



Step 2: Eligibility

Patients: confirmed ALK-positive advanced NSCLC >6 months; on systemic treatment. Caregivers: involved in treatment decisions and regular care.



Step 3: Data collection

19-question survey (6 open, 13 closed; 7-point Likert); Approximately 30-min audio-recorded interviews.



Step 4: Analysis

Thematic analysis conducted per Singapore Personal Data Protection Act.

4. PARTICIPANT OVERVIEW

144 contacted / screened
86 patients + 58 caregivers



20 recruited
13 patients + 7 caregivers

Mean age

44 years

Age range

25-60 years

Male/female

10 / 10

Mean time since
diagnosis

15 months

Diagnosis range

6-24 months

Interview

~30 min

RESULTS: TREATMENT PRIORITIES

5. CORE FINDINGS

Disease control dominated treatment priorities

75%

ranked delayed recurrence
/disease control highest
for current treatment

80%

ranked longer-term
disease control highest for
future treatment

85%

ranked progression-free
survival (PFS) 1st or 2nd

6. DECISION-MAKING PROFILES

Three profiles emerged based on how participants weighed PFS benefit and tolerability

75%

Survival-first

Accepted increased
toxicity for substantial,
clearly explained PFS
gains.

20%

Conditional trade-off

Valued longer PFS when
side effects were
manageable and adverse
event (AE) management
support was clear.

5%

Functioning-first

Prioritized functioning and
well-being when added
benefit was perceived as
limited.

Decision profile spectrum: PFS-first | conditional balance | daily functioning/tolerability-first

7. EFFICACY VS TOLERABILITY WEIGHTING

When asked to choose between higher PFS and better tolerability

50%

35%

15%

- 50% chose higher PFS despite increased toxicity
- 35% were uncertain / conditional
- 15% chose better tolerability

Most patients were conditional maximisers, willing to accept increased toxicity when benefit was meaningful and AEs were manageable.

8. TREATMENT ATTRIBUTES IN DECISION-MAKING

Current vs future treatment priorities

Attribute	Current Rank 1	Future Rank 1
Disease control	75%	80%
Fewer or less severe side effects	10%	35%
Treatment cost	Not ranked	0% Rank 1 25% at Rank 3

Disease control remained the top priority; fewer side effects were also an important consideration for future treatment, while cost was not a top priority.

CONCERNS, DISCUSSION & CONCLUSION

9. KEY PATIENT CONCERNS

95%



Central nervous
system (CNS)/
brain-metastasis
prevention

80%



Side effects affecting
quality of life

50%



Emotional burden of
advanced NSCLC

25%



Financial challenges

10. DAILY FUNCTIONING & TOLERABILITY THEMES

Physical: fatigue | headache | dizziness | appetite loss | sore throat

Neurological: numbness | finger stiffness | “electric”/“floating” feelings

Daily functioning: routines | motivation | work | family | relationships

11. DISCUSSION

- Willingness to accept side effects in exchange for meaningful, clearly communicated PFS gains is consistent with previous preference studies.³⁻⁵ In a US discrete choice experiment, treatment benefits outweighed AEs, accounting for 73.6% of patients’ total relative attribute importance.⁶
- High concern about brain metastases supports the importance of CNS-penetrant ALK-TKIs⁷; patients’ emphasis on maintaining daily functioning has also been reported in previous studies.^{1,8}

12. ACTIONABLE TAKE-AWAY FOR CLINICIANS

1 Explain benefit clearly

Clarify the magnitude and durability of PFS benefit in plain language.

2 Prepare for potential AEs

Set expectations and discuss AE-management plan before treatment starts.

3 Ask what matters most

Discuss daily functioning, CNS concerns, emotional burden, caregiver impact, and cost.

4 Support shared decisions

Use follow-up, nursing support, psychosocial screening, and financial navigation.

13. CONCLUSION & FUTURE DIRECTION

- Patients and caregivers prioritized **durable disease control, meaningful PFS gains, and CNS protection**, balanced against tolerability, well-being, cost, and daily functioning, supporting structured, patient-centered consultations.
- Future research should integrate patient-reported impact, daily functioning, and symptom control alongside efficacy endpoints; larger multinational longitudinal studies are warranted.

14. REFERENCES

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