

P3.416: Patient Advocacy Perspectives on Clinical Trials, Treatment Access and Healthcare Costs: A Singapore Lung Cancer Survey

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INTRODUCTION

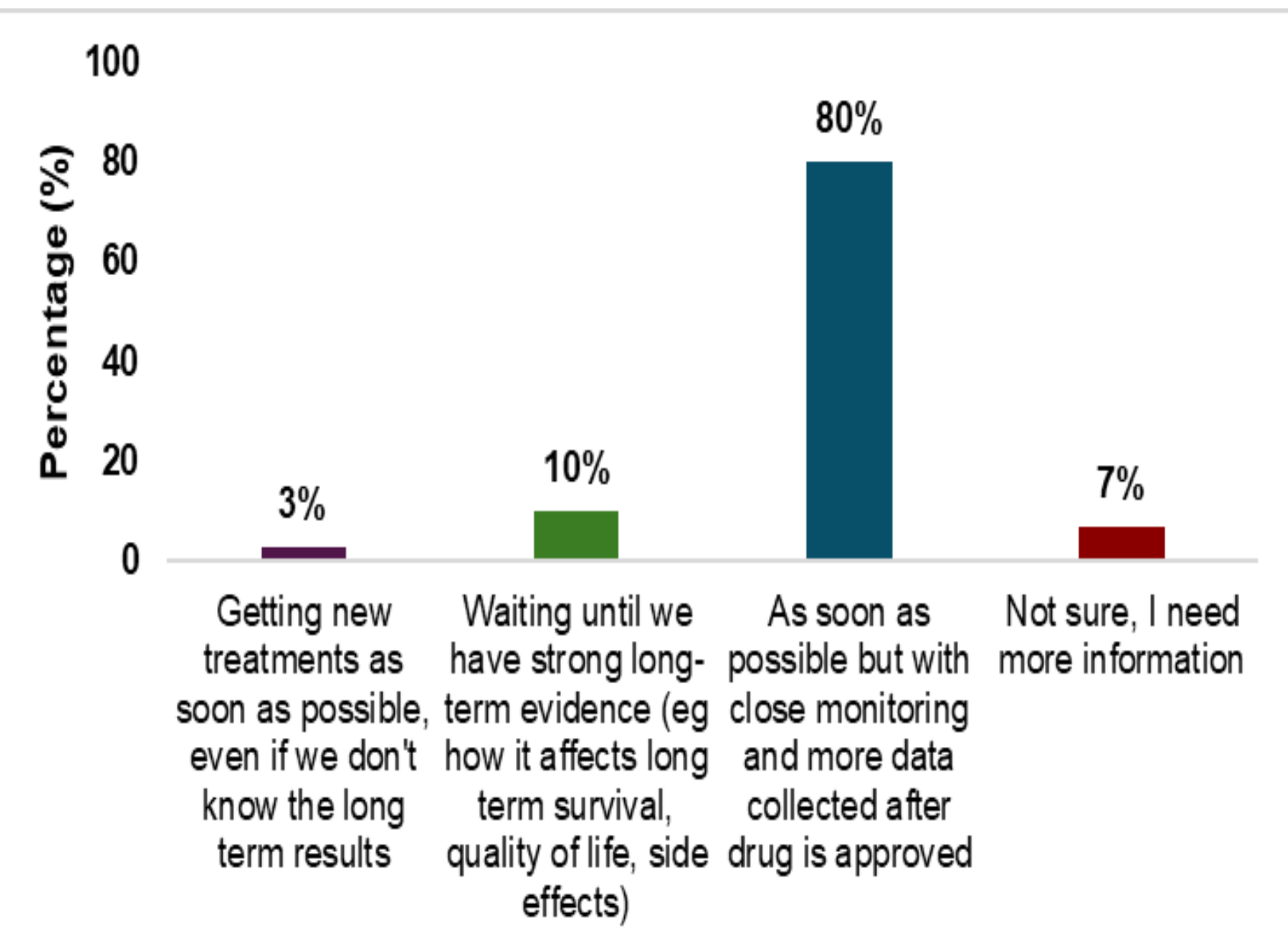
Patient and advocate engagement is increasingly recognised as critical to shaping healthcare in Asia, yet data on advocate perspectives regarding clinical trial design, treatment access and healthcare cost trade-offs remain limited. This study reports findings from a lung cancer advocate engagement session conducted at the National Cancer Centre Singapore (NCCS).

RESULTS

Thirty lung cancer advocates participated. Of those who shared their cancer experience, 19 were cancer survivors, 8 were caregivers and 2 identified as advocates. Ten had experience with Stage I-III cancer while 12 had stage IV cancer.

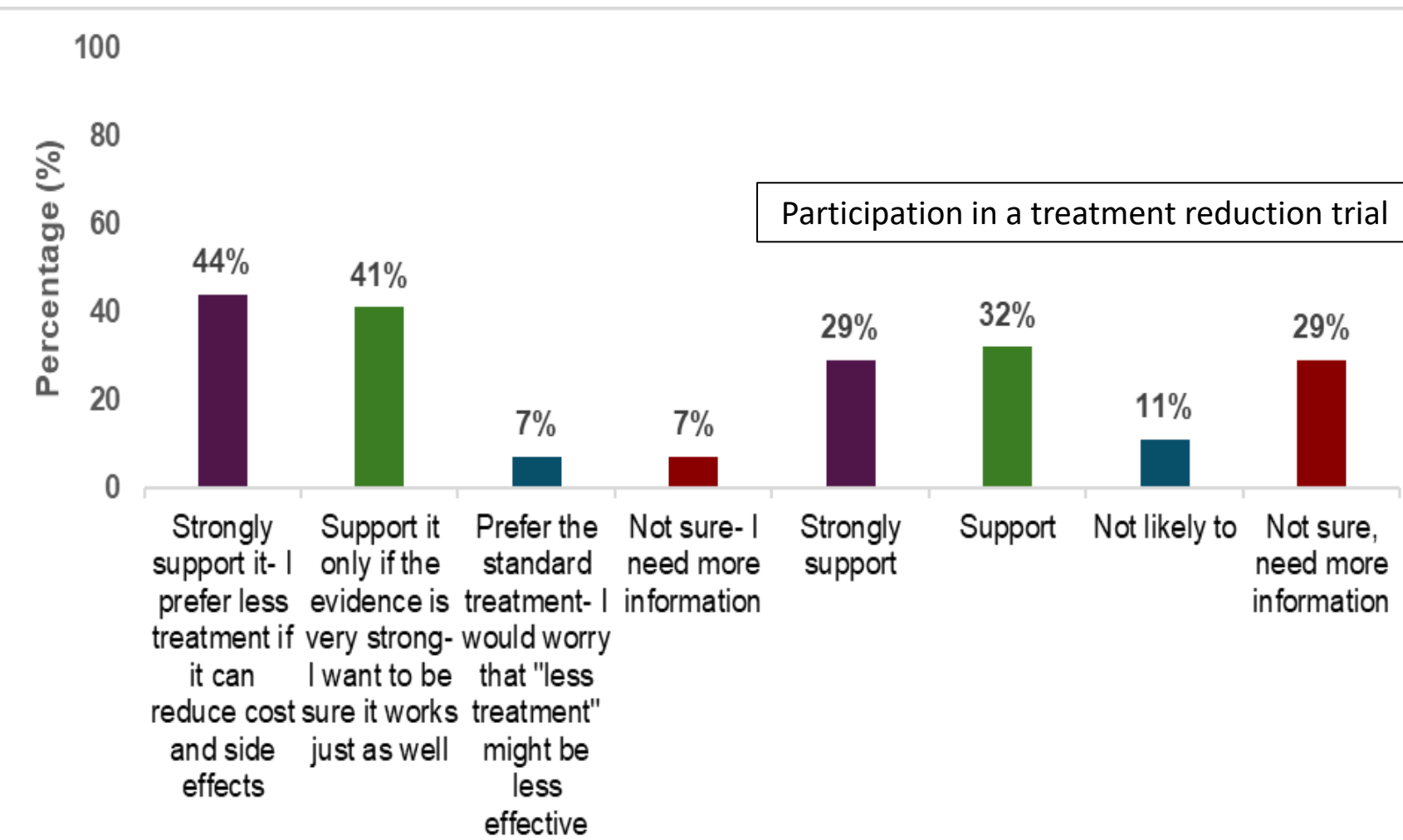
Question 1: In your opinion, what matters most to you?

Majority of participants recognised the urgency for early access to treatment based on response rates and PFS in the absence of OS and toxicity data.



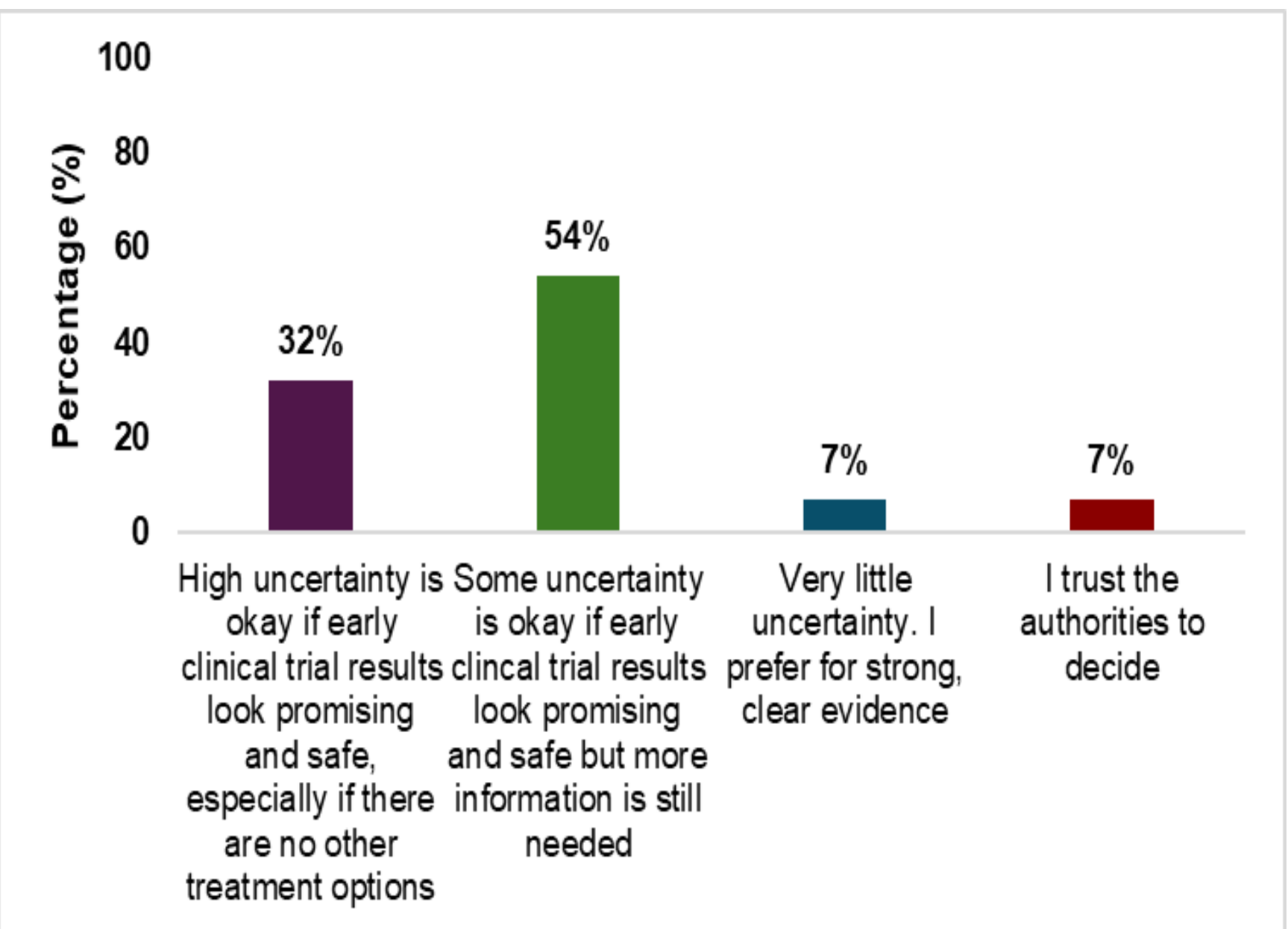
Question 6: Sometimes “less treatment” can work just as well. If research shows that shorter/lower dose treatment works just as well, what would you prefer? Would you enroll in such research?

When exploring reduction in treatment intensity trials, patients were generally receptive especially when evidence is robust. Given the opportunity, more than half would participate in such trials.



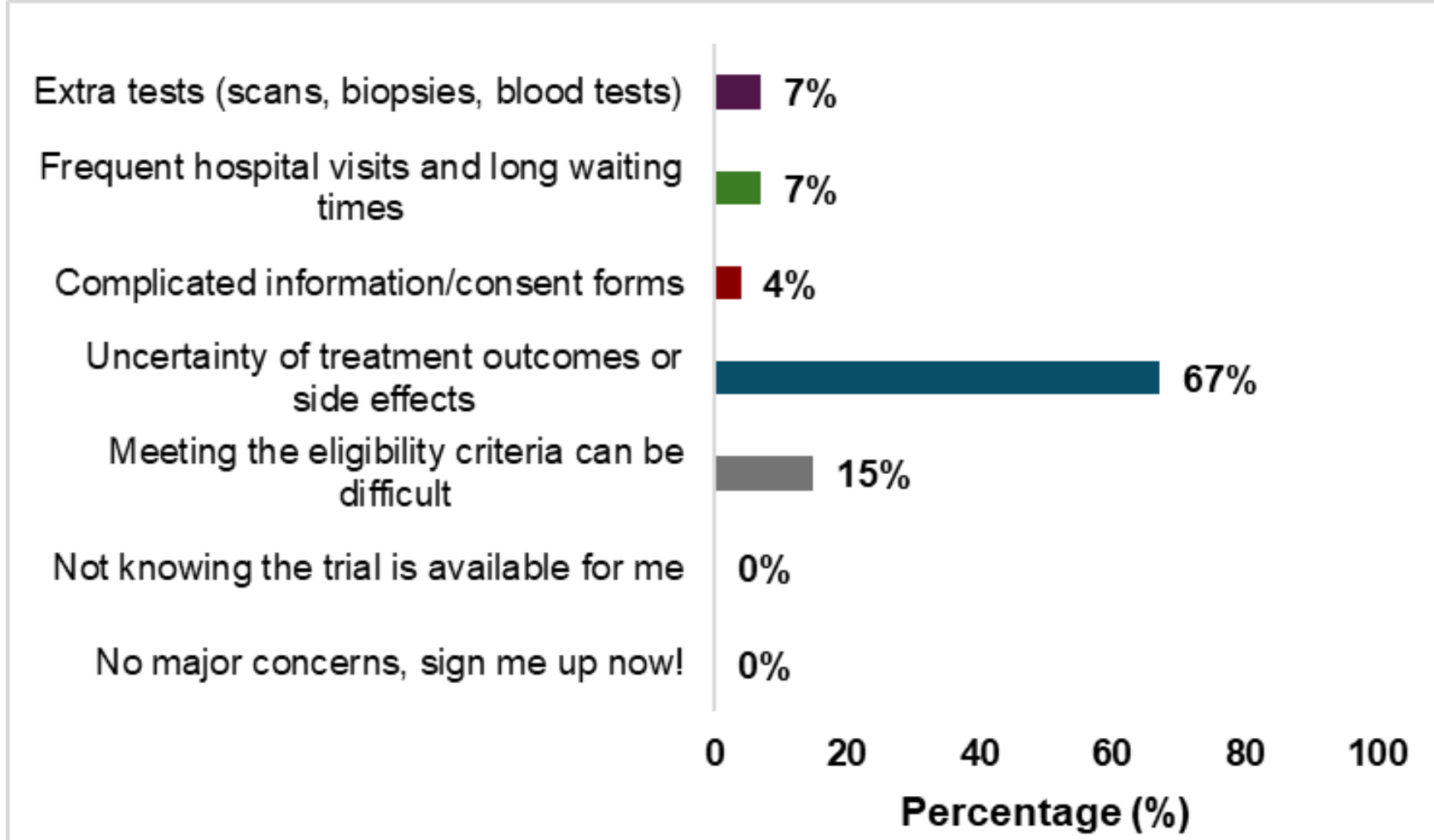
Question 2: When deciding if a cancer drug should be approved and/or subsidized, how much “unknown information” is acceptable to you?

More than half were comfortable with some uncertainty of evidence requiring additional information, while others had a high tolerance of uncertainty, especially if alternative treatment is lacking.



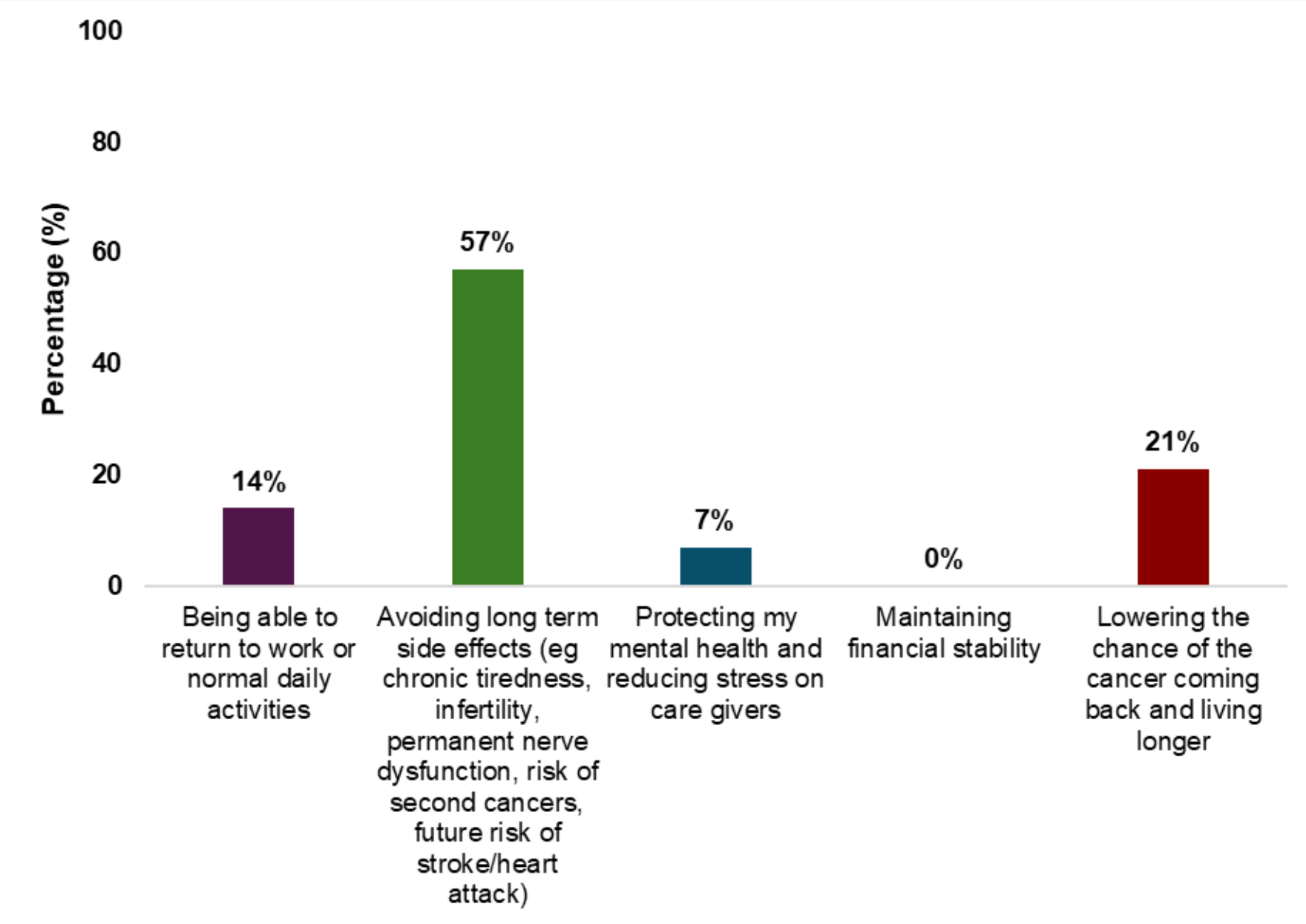
Question 7: What do you find most challenging about joining a clinical trial?

Uncertainty regarding treatment outcomes and side effects was the main barrier for participation in clinical trials, while logistical concerns such as time, travel and investigation burden were also cited as barriers.



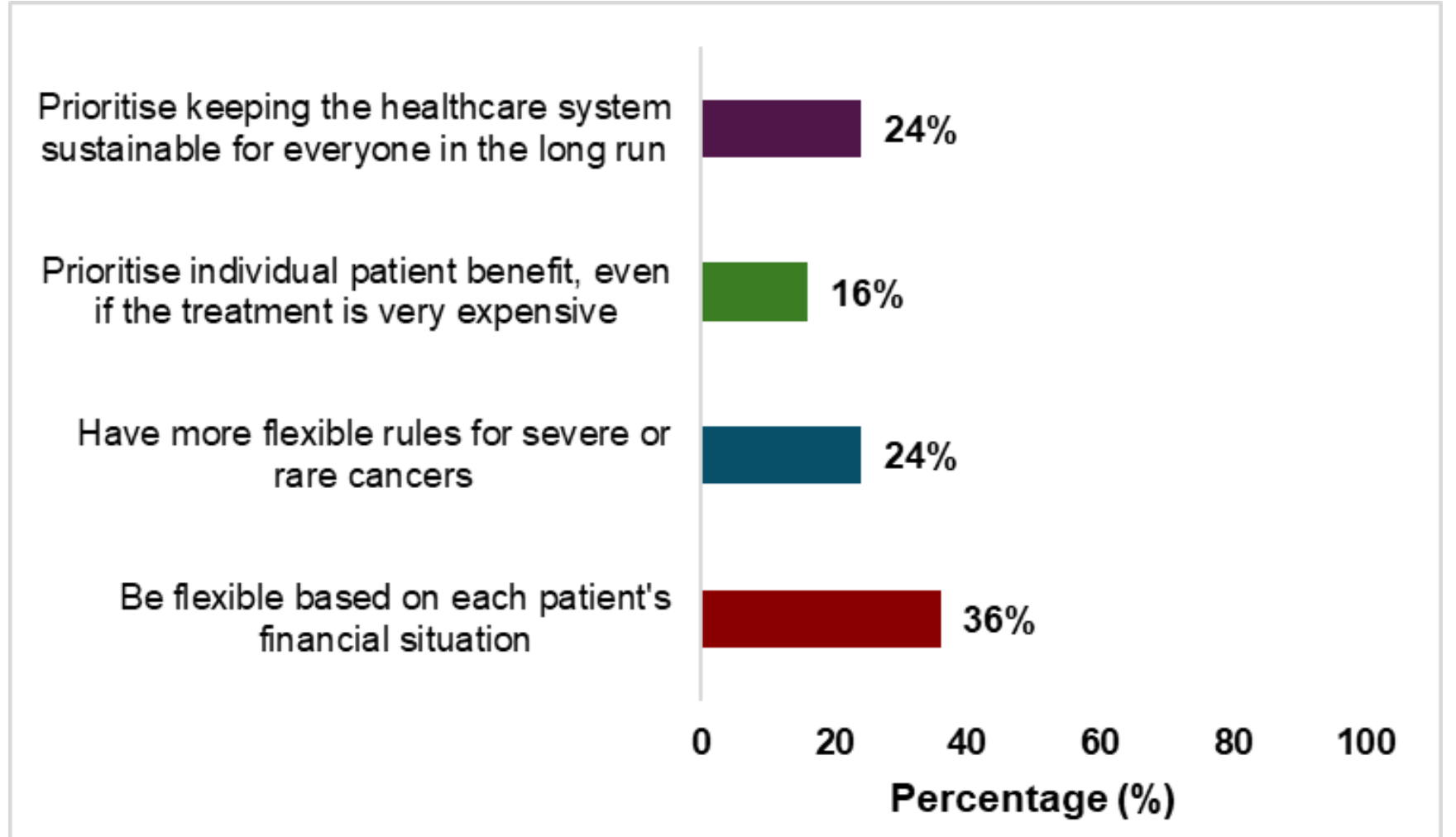
Question 3: When thinking about new cancer treatments, which long term results matter most to you?

When considering treatment priorities, avoiding long term side effects ranked highest. Financial strain was not a primary determinant.



Question 8: When deciding which cancer treatments should be subsidized, what feels most fair to you?

Respondents favoured means-tested financing based on individual circumstances, followed by healthcare system sustainability, with some supporting greater flexibility for rare or severe cancers and individual patient benefit.



Question 4 & 5: When choosing treatment for early-stage and stage 4 advanced cancer, which matter most to you? Rank them in order of priority with 1 (most important) and 5 (least important).

Maintaining QoL was most important for advocates, over tumour control and survival extension, regardless of whether treatment intent was curative or palliative.

EARLY-STAGE CANCER

MOST IMPORTANT

- 1) Having a better quality of life- less pain, fewer symptoms, better daily function
- 2) Seeing early signs that treatment is working- for example, blood tests showing fewer cancer signals (MRD)
- 3) Living longer (i.e. OS)
- 4) Finishing treatment ASAP so I can get on with life
- 5) Having minimal side effects

LEAST IMPORTANT

STAGE 4 ADVANCED CANCER

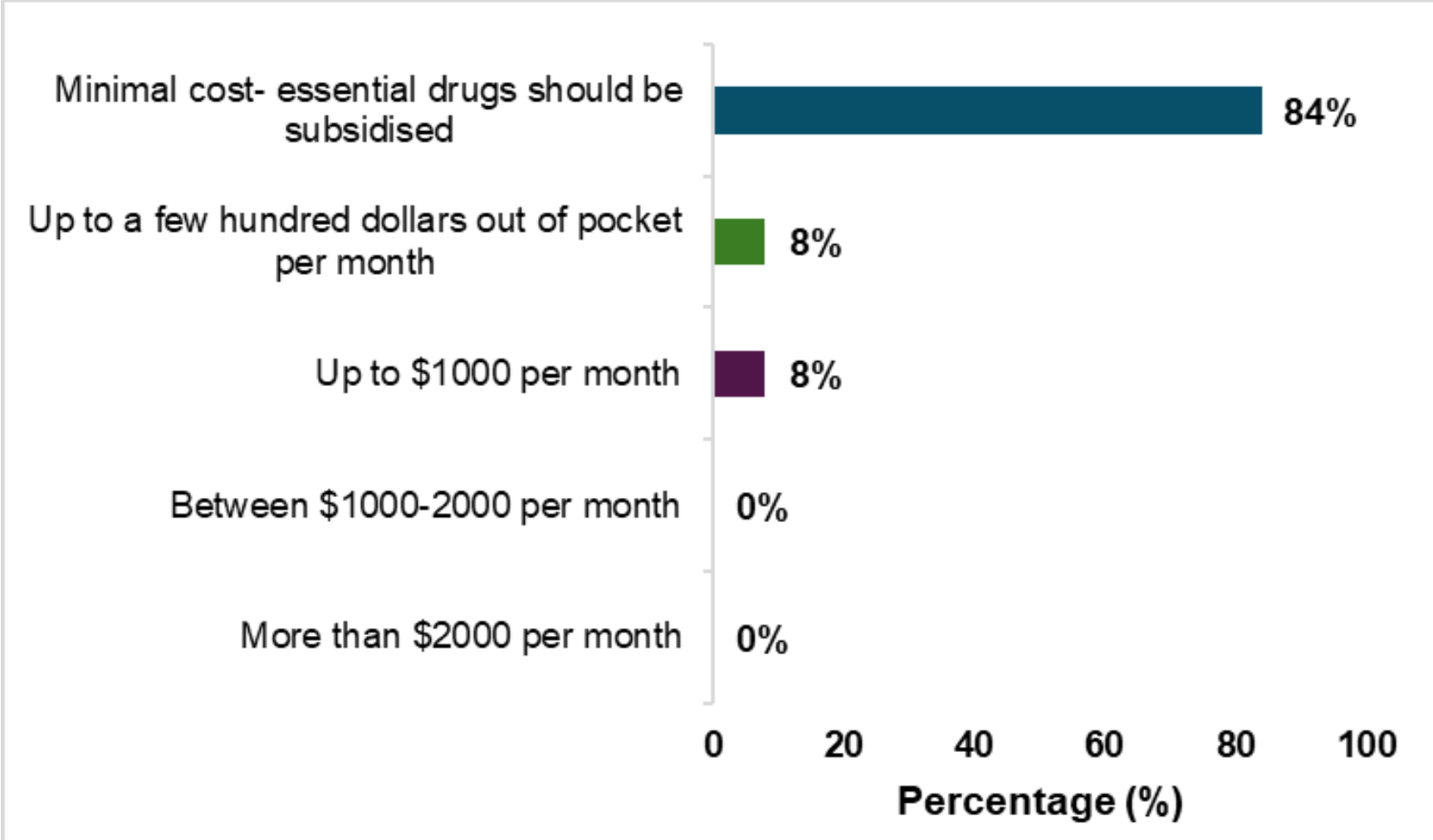
MOST IMPORTANT

- 1) Having a better quality of life- less pain, fewer symptoms, better daily function
- 2) Slowing down the cancer or shrinking the tumor (i.e. PFS)
- 3) Early signs that treatment is working- for example, blood tests showing lower cancer signals (MRD)
- 4) Living longer (i.e. OS)
- 5) Having minimal side effects

LEAST IMPORTANT

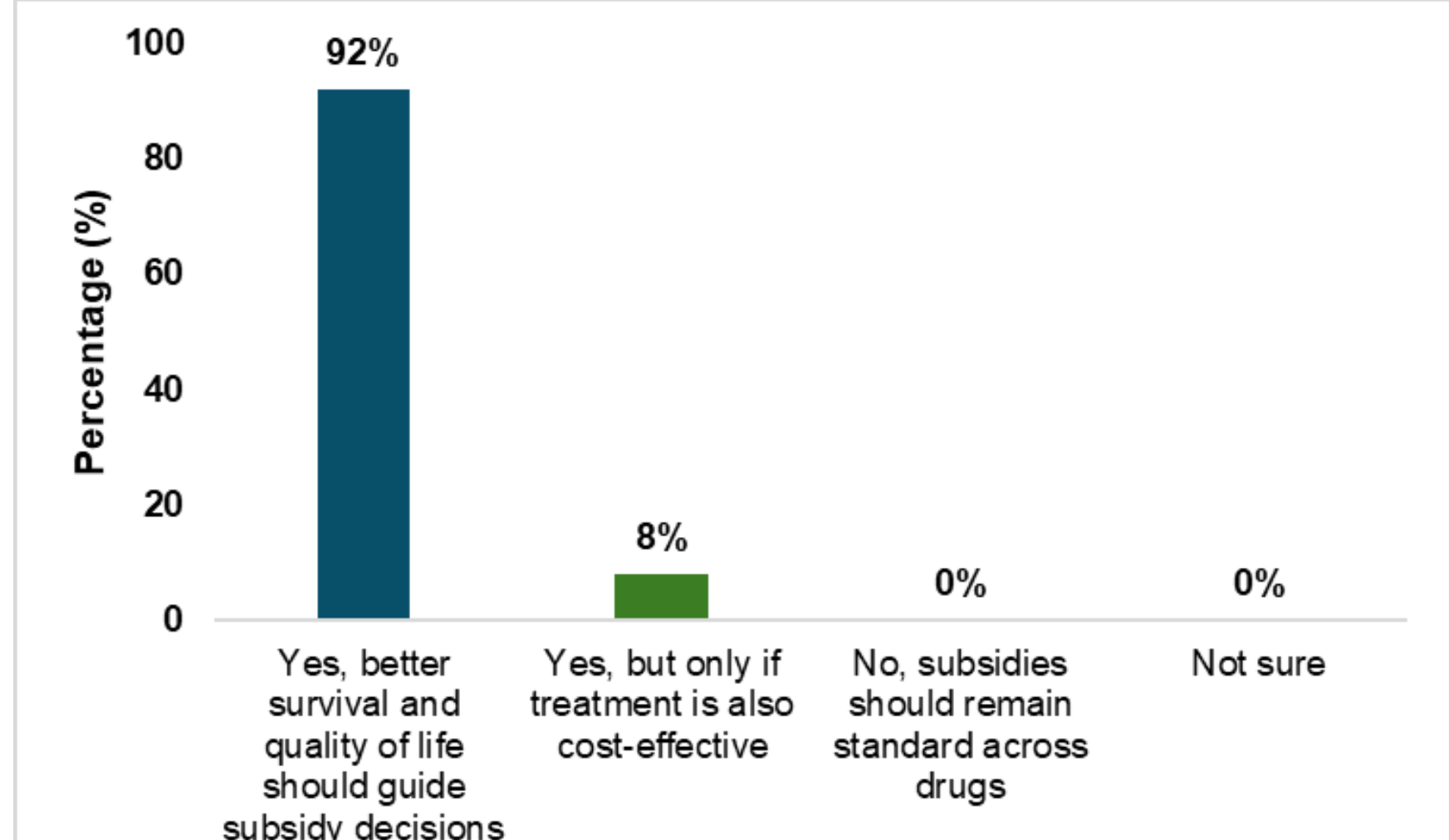
Question 9: If a cancer drug is effective but expensive, what level out-of-pocket payment is acceptable to you?

The majority of participants favoured minimal out-of-pocket costs for essential cancer drugs.



Question 10: Would you support higher subsidies for cancer drugs that clearly help people live longer or improve quality of life?

The majority of participants supported higher subsidies where survival and QoL benefits are well-established while the remaining felt treatments should demonstrate cost-effectiveness.



CONCLUSION

Singapore lung cancer advocates hold informed and pragmatic views on clinical research, treatment uncertainty and healthcare financing. These findings highlight patient support for broader trial endpoints incorporating patient-reported outcomes, survivorship impact and real-world evidence. Aligning cancer research and health policy with patient values to facilitate earlier treatment access while maintaining oversight of long-term costs and healthcare sustainability remains the challenge.

ACKNOWLEDGEMENTS

We gratefully acknowledge Daiichi-Sankyo|Astrazeneca, Johnson & Johnson, MSD and Pfizer as sponsors of this patient engagement session “ Hopeful Voices”. The survey was independently developed, conducted and analyzed, without the direction or influence from the industry partners.



Lung Cancer Education and Advocacy for Patients (LEAP) aims to support lung cancer patients in Singapore through care coordination, education and patient advocacy. To find out more about LEAP, contact us at leap@nccs.com.sg or scan the QR code.