

Self-reported prescribing practices in the setting of adjuvant treatment for colorectal cancer

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Background

Over the past decade, standard of care adjuvant treatment for colorectal cancer (CRC) has been six months of chemotherapy. Several trials have recently investigated using 3 versus 6 months of doublet chemotherapy.

Aims and objectives

Aim: Investigate real life impact of recently reported trials by exploring clinicians' self-reported prescribing practice.

Objectives:

1. Understand clinician awareness of recently reported trial results
2. Document clinician self-reported prescribing practices
3. Explore clinician attitudes to using shorter duration of adjuvant treatment

Methods

- Online survey was developed and piloted using OnlineSurveys®
- Survey disseminated using email, institutional emailing lists (ESMO GI and COSA) and Twitter® in April 2019. Open for six weeks.
- Descriptive statistics were used. Chi2 tests for comparison of proportions. Microsoft Excel® 2016 and STATA v14 used.

Respondents

- In total, 265 clinicians responded (n=141 UK, n=124 international)
- Response rate: 51% UK, not calculated for international clinicians.
- Location of respondents (Figure 1)
- 36% clinical academics versus 63% health service (private and/or public)
- 74% had ≥ 10 years experience working in oncology
- 81% treat only or predominantly patients with CRC



Figure 1: Location of survey respondents

Awareness of trials and practice change

- Clinicians named the trials they were aware had reported results regarding the duration of adjuvant treatment in the previous 2 years.
- In total, 92% of clinicians indicated they had changed their practice in response to the findings of the trials they had named.

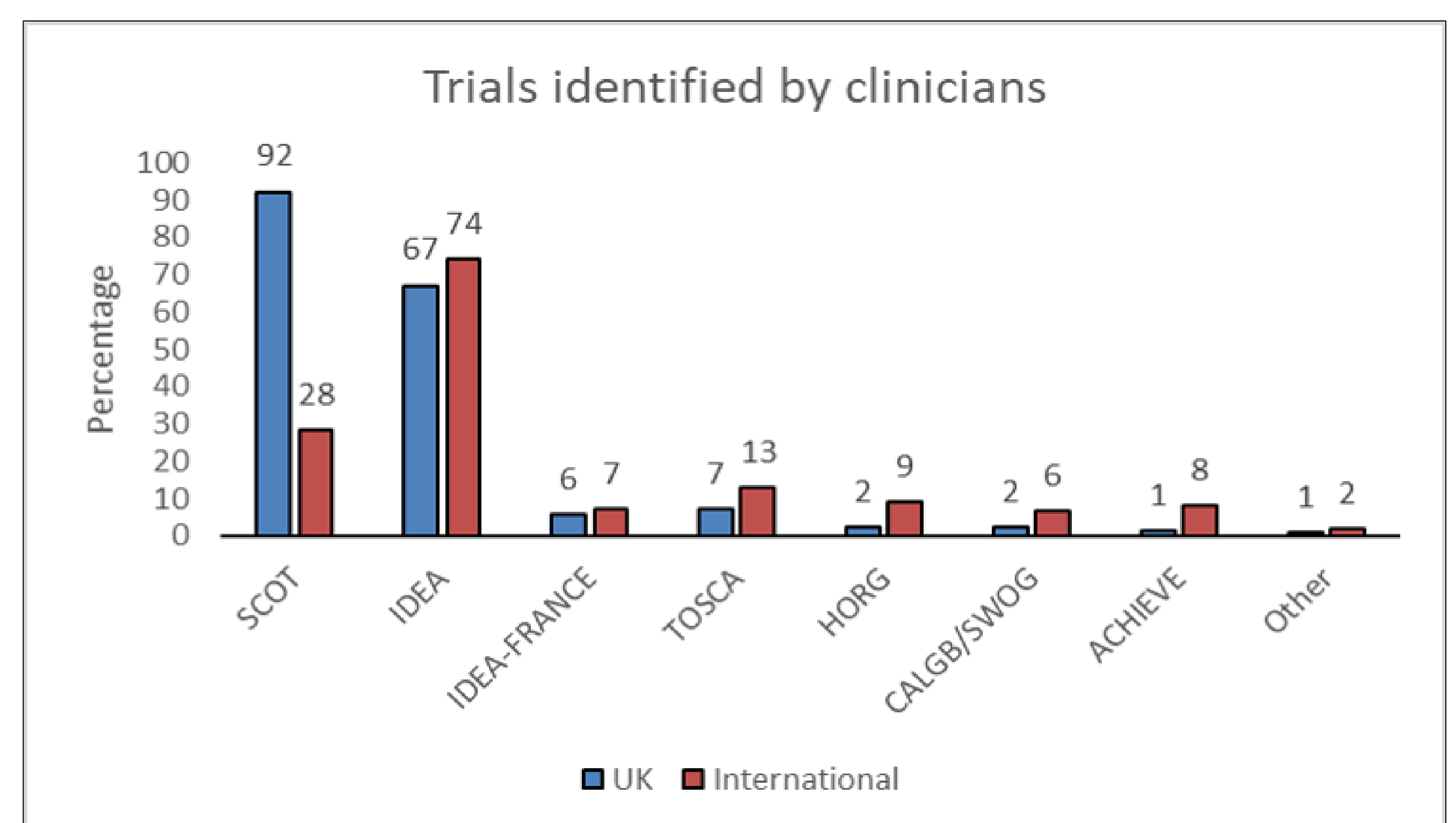


Figure 2: Clinician awareness of recent clinical trials showing location of respondents

Treatment: Patients aged <70 years

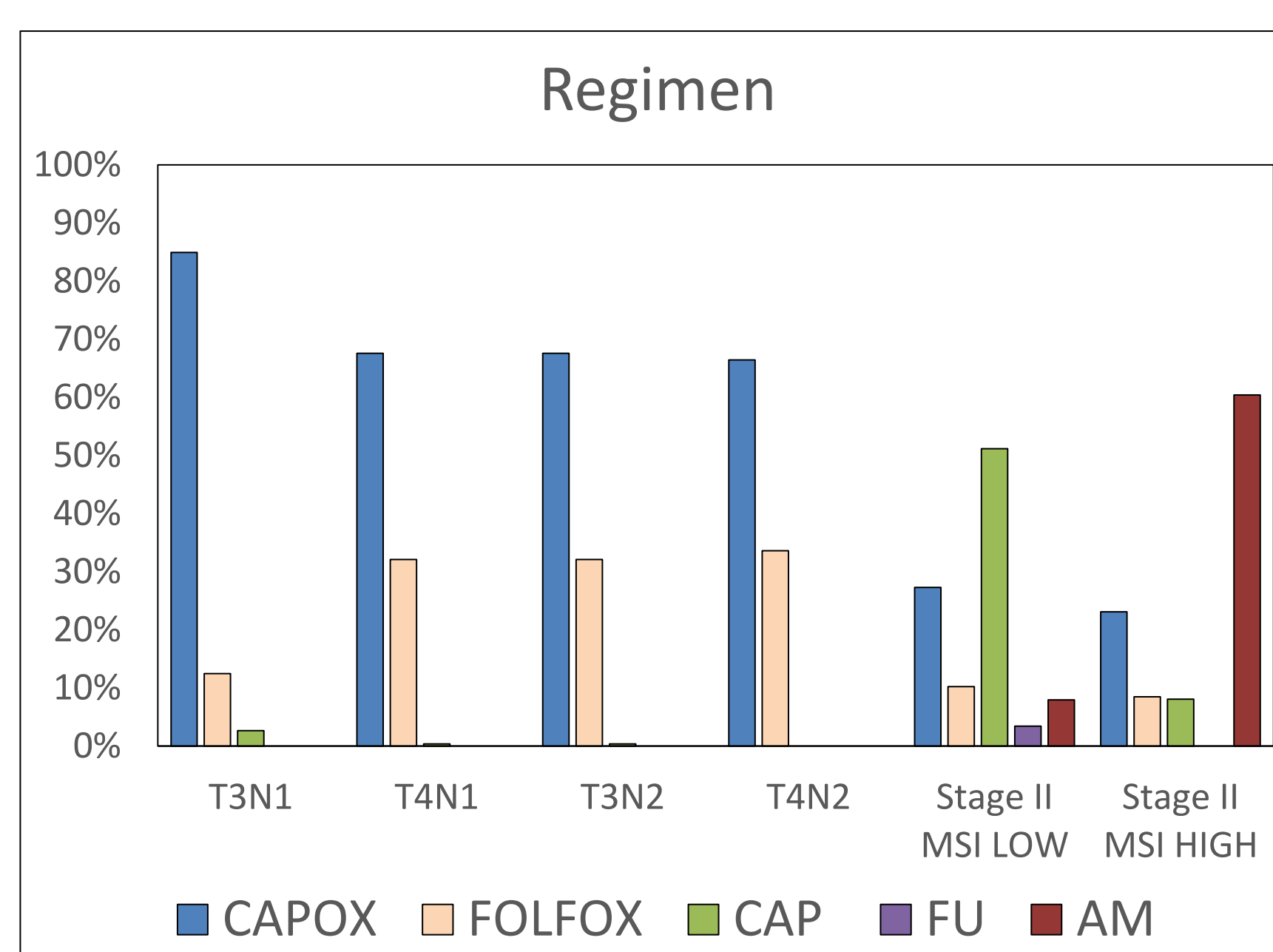
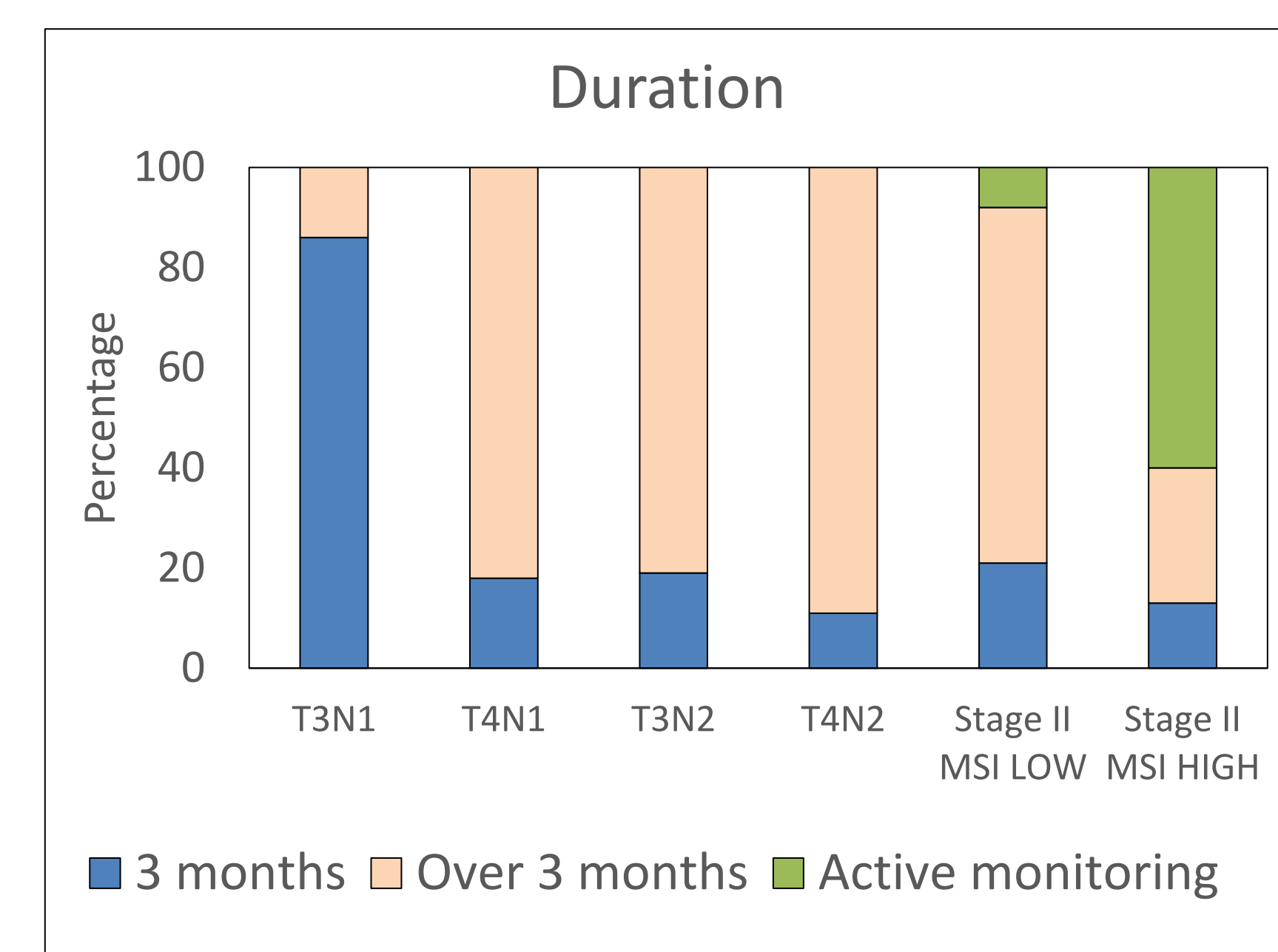


Figure 3: Duration of treatment selected for patients <70 years.

Figure 4: Regimen selected for patients <70 years. (AM=active monitoring)

Treatment: Patients aged 70+ years

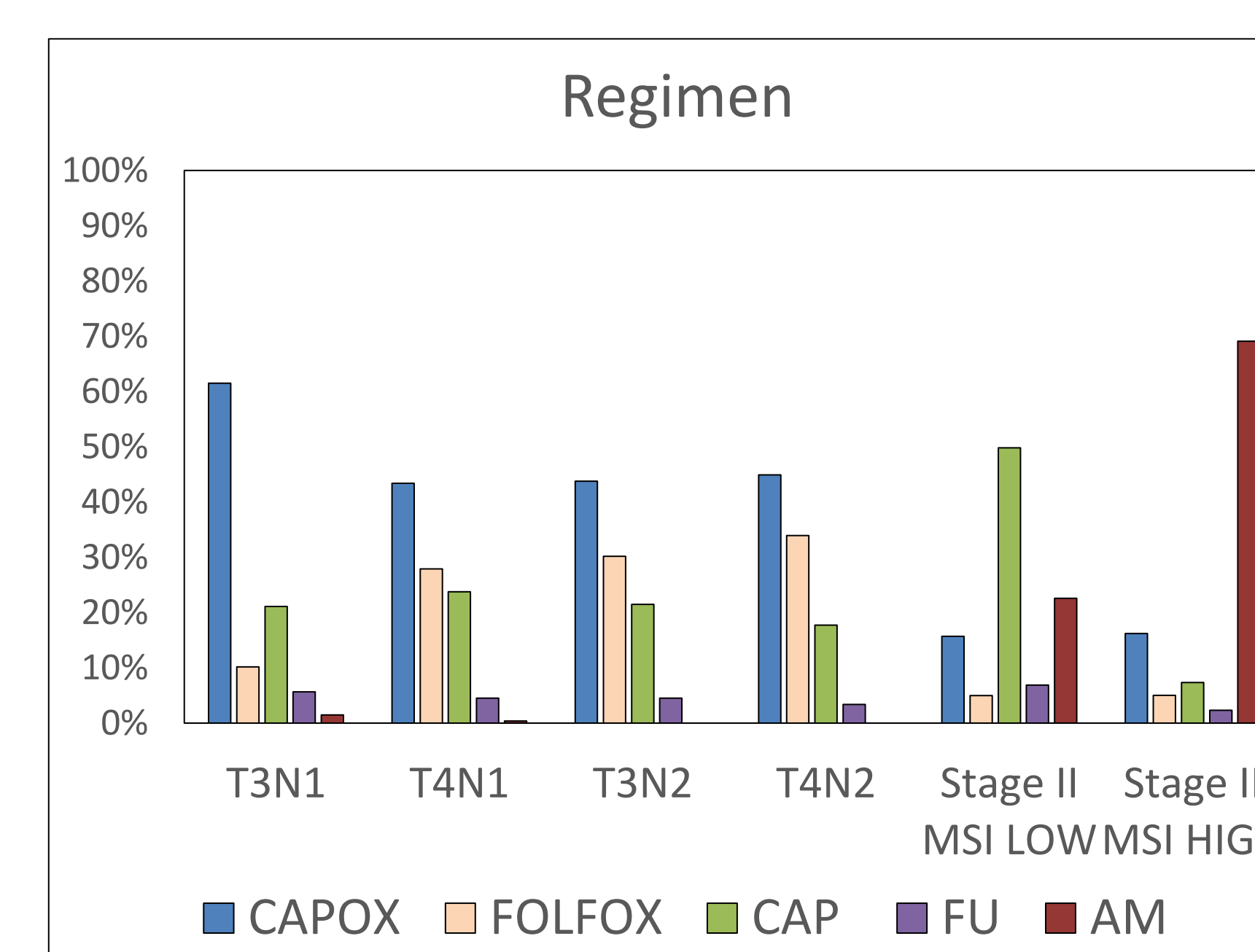
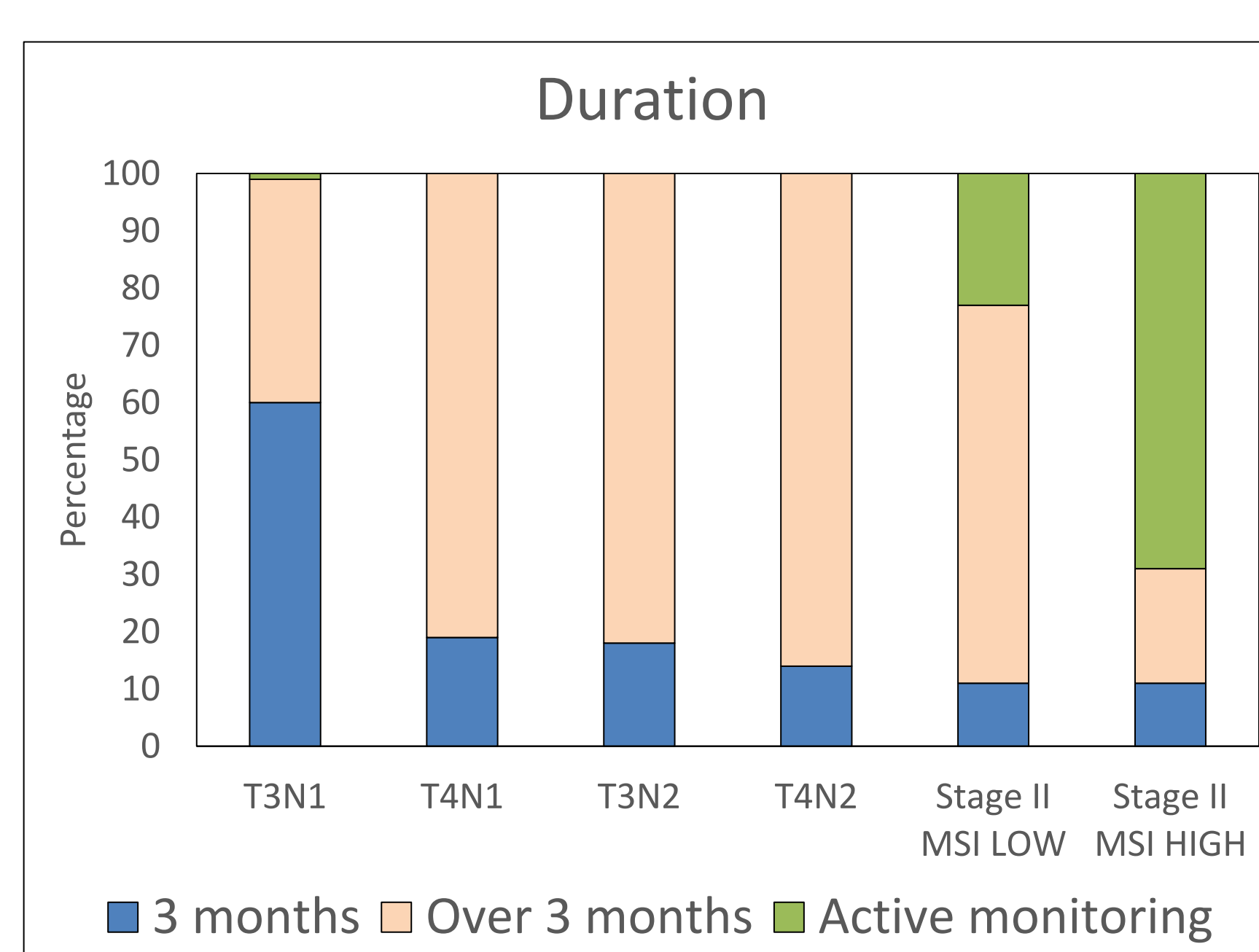


Figure 5: Duration of treatment selected for patients 70+ years.

Figure 6: Regimen selected for patients 70+ years.

Attitudes to shorter treatment duration

- Attitudes reflect clinical practice: most respondents agreed with using 3 months of doublet chemotherapy for low risk stage III CRC but not for high risk stage III disease. (Figure 7)
- Highest uncertainty around using 3 months of doublet chemotherapy for patients with stage II disease in April 2019.

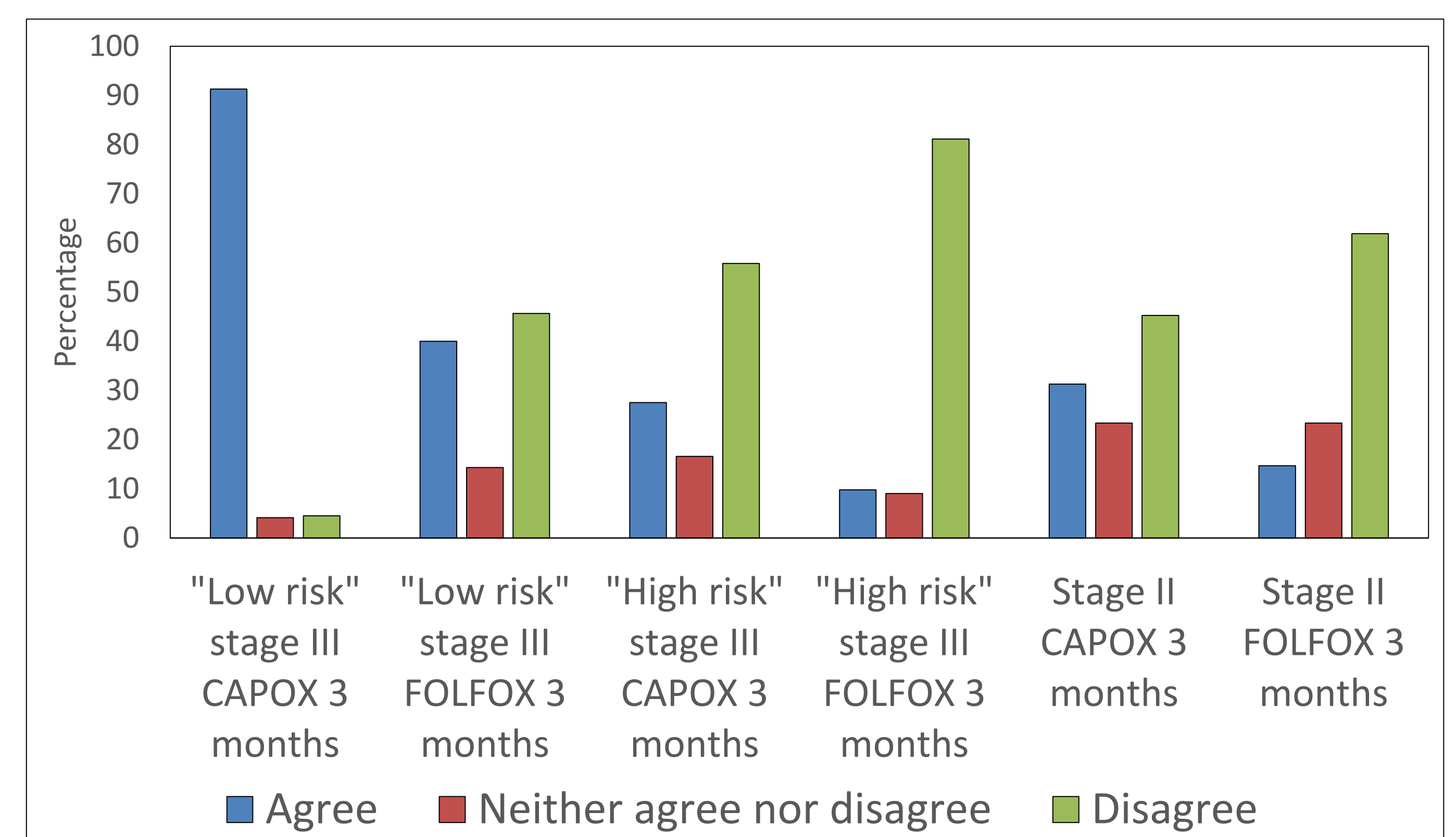


Figure 7: Attitudes to using 3 months of doublet chemotherapy as standard of care

Main conclusions

- 3 months doublet chemotherapy strongly integrated as a new standard of care for low risk stage III disease by April 2019.
- 6 months doublet chemotherapy still used for patients with high risk stage III disease in April 2019.
- Many clinicians used monotherapy to manage patients with stage II disease and high risk features, especially MSI-low.
- Overall, more heterogeneity in treatment approaches for older patients.

This survey was performed before results from the IDEA collaboration stage II and updated IDEA stage III results were disseminated. Prescribing practices may have further evolved. A repeat survey to understand practice change over time would be useful.