Anxiety and Patient Perspectives on Surveillance and Adjuvant Therapy in Renal Cell Carcinoma

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Background and Rational

- Until recently there has been no approved adjuvant therapy (AT) for renal cell carcinoma (RCC)
- Surveillance after nephrectomy is carried out with various modalities without clear recommendations from guidelines
- In the S-TRAC trial, sunitinib improved disease-free survival (DFS) for high risk RCC patients (pts)
- Overall survival (OS) data is immature
- Data on pts perception of AT vs surveillance are missing
- The purpose of this study was to assess pts anxiety and perspectives regarding AT vs surveillance in RCC.

Methods

- The patient survey was designed together by members of the European Association of Urology (EAU) Renal Cell Carcinoma Guidelines Panel and the Kidney Cancer Research Alliance (KCCure), a U.S. based non-profit patient advocacy organization
- The survey was conducted on surveymonkey.com and was promoted via kccure.org, through on-line communities including Facebook and smartpatients.com
- Patients were asked to rate their anxiety levels related to recurrence using the NCCN distress scale.
- Patients were also asked to rate what events create the most anxiety for them since their diagnosis.
- Approximately 800 patients between April 1st and June 15th 2017 addressed online
- n = 450 patients with RCC responded

Statistical Analysis

- Calculations were done with SPSS statistics 25.0 (IBM Corp., Armonk, New York, USA).
- Medians were calculated with a confidence interval (CI) of 95% and an alpha of 0.05
- Significance was calculated using Kruskal-Wallis test with a significance level of 0.05.

Questions on SurveyMonkey

1. What is your gender?
2. What is your age?
3. Are you White, Hispanic or Latino, Black or African-American, Asian/Pacific Islander, American Indian or Native American, or some other race?
4. Give the date you were diagnosed with kidney cancer
5. What stage was your disease at diagnosis?
6. Did you have surgery for the primary tumor in your kidney?
7. If you weren't stage 4 at diagnosis, has your disease recurred?
8. Since your diagnosis, rate your anxiety related to concerns that your cancer will come back (1-10)?
9. Are you on systemic therapy (drug therapy) for metastatic renal cell carcinoma?
10. If taking a drug for one year following surgery could help prevent or delay cancer from recurring, would you:
    - ✓ not use it
    - ✓ use it, if there was moderate toxicity
    - ✓ use it, only if there was no toxicity
    - ✓ use it, no matter what toxicity level
    - ✓ use it, only if it prolongs survival
    - ✓ don't know, more information needed
    - ✓ other
11. If you were able to get treatment to prevent recurrence of your kidney cancer, what would be important for you?
    - ✓ insurance coverage
    - ✓ toxicity of the drug
    - ✓ increased time to recurrence of cancer
    - ✓ better surveillance
    - ✓ physicians recommendation
    - ✓ available data on efficacy
    - ✓ longer survival

Results

Baseline characteristics:

55.6 years (17-82) median age
56.4% female
43.6% male
radical nephrectomy 73.6%
partial nephrectomy 22.0%
76.4% clear cell
13.6% non clear cell
39.1% had RCC recurrence
35.3% are on systemic therapy

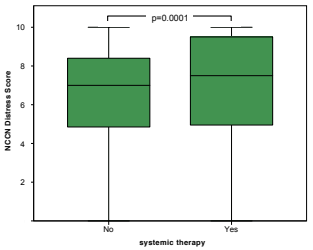

Fig.1: NCCN Distress Score based on Systemic therapy

Median NCCN distress score was 6.4. The largest source of anxiety was fear of cancer recurrence (74.4%), followed by fear of loss of renal function (38.7%), contrast media harming the kidney (27.1%) and exposure to radiation (20.7%). Anxiety levels were high regardless of stage, age, gender, type of surgery and metastatic situation. Pts on systemic therapy had higher NCCN distress scores (6.9 vs 6.3; p<0.0001).

Results (cont.)

	Male n=196		Female n=254	
	n	%	n	%
Cancer Recurrence	132	67.3%	203	79.9%
Kidney function/ need for dialysis	64	32.7%	110	43.3%
Radiation exposure / secondary cancer due to radiation	37	18.9%	55	21.7%
Contrast media harming the kidney	44	22.4%	78	30.7%
Not having adequate FU	22	11.2%	66	26.0%
Other	31	15.8%	40	15.7%

Fig.2: Main Reasons causing Anxiety

In each scenario NCCN anxiety levels were above the threshold of 6, indicating a need for psycho-oncological support. 63.1% of pts would use AT if it prolonged OS; 60.1% if prolonged DFS; 42.7% with demonstrated acceptable toxicity; 36.7% if guaranteed insurance coverage and efficacy. Use of systemic therapy correlated with a wish for prolonged OS (p<0.0001). Pts on systemic therapy had a significant higher acceptance of toxicity (p<0.0001). Stage of disease had little impact on pts responses. Pts were willing to accept toxicity even if their risk of recurrence was low. With 30% wanting to use AT regardless of toxicity. On the other hand, patients who had systemic therapy were more likely to ask for an OS benefit and a physician's recommendation (p<0.0001).

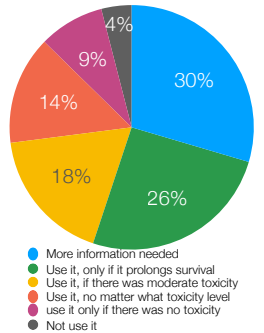

Fig.2: Answers to Question 11

Conclusions

- Anxiety is a key driver for pts decisions
- Anxiety is unrelated to stage
- Most pts are willing to use AT based on DFS benefits and place lower emphasis on toxicity
- These data provide important perspectives on pts anxiety and perceptions and the need for education on risks of AT

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