

# Patient priorities and expectations of systemic therapy in metastatic renal cell carcinoma



ID 4560

Dena Battle<sup>1</sup>, Ulka Vaishampayan<sup>2</sup>, Pavlos Msaouel<sup>3</sup>, Sumanta K. Pal<sup>4</sup>, Tian Zhang<sup>5</sup>, Michael D. Staehler<sup>6</sup>

1: KCCure, Alexandria, VA (dena@kccure.org); 2: University of Michigan, Ann Arbor, MI; 3: MD Anderson Cancer Center, Houston, TX; 4: City of Hope, Duarte, CA; 5:UTSouthwest, Dallas, TX; 6: University of Munich, Germany

## Background

- As treatment options for metastatic Renal Cell Carcinoma (RCC) have increased in number, selecting therapy has become more complicated.
- When prioritizing agents today, guidelines recommend selection based primarily on risk classification, as well as consideration of efficacy data, patient characteristics, quality of life, cost, and patient preference.
- Understanding how patients prioritize treatment selection and define treatment success is crucial to improving patient/provider communication and to improving future drug development.

## Methods

- An online survey was developed by the Kidney Cancer Research Alliance (KCCure), with multidisciplinary representation from urologic surgeons, medical oncologists and advocates.
- It was broadcast between 07/2022 and 09/2022 to patients via website, mailing lists and social media platforms.
- Multiple responses from the same patient were prohibited via anonymized IP address tracking.

## Results

- 399 out of 1,062 patients responding had metastatic disease. 80% of patients were receiving or had received systemic therapy, 20% of patients had not yet received systemic therapy.
- 52% were female and with a median age of 57 years (range 28-86).
- Patients identified as white (89%) and living in the U.S. (86%).
- 69% of patients reported that they did not know their IMDC or risk status, 10% were favorable risk, 11% were intermediate risk and 10% were poor risk (fig. 1).
- When asked to select the most important outcome for treatment selection on a rank-choice scale from 1 to 8, the chance to eliminate all evidence of disease (complete response) scored highest (6.6), followed by durability of response (5.1), improved quality of life (5.0), rapid reduction of tumors (4.9), ability to go off therapy (4.2), low risk of toxicity (4.0) and reduction of tumor

## Conclusions

- Most patients are not familiar with their risk classification and may not realize the significance of this factor in treatment selection.
- Patients rank complete response as the most important outcome/desire when considering treatment options.
- Cost is the least important factor for patients in selecting treatment.
- Patient perceptions of long-term response to therapy may differ from provider perceptions.
- More research is needed to improve patient/provider communication in the therapy selection process.

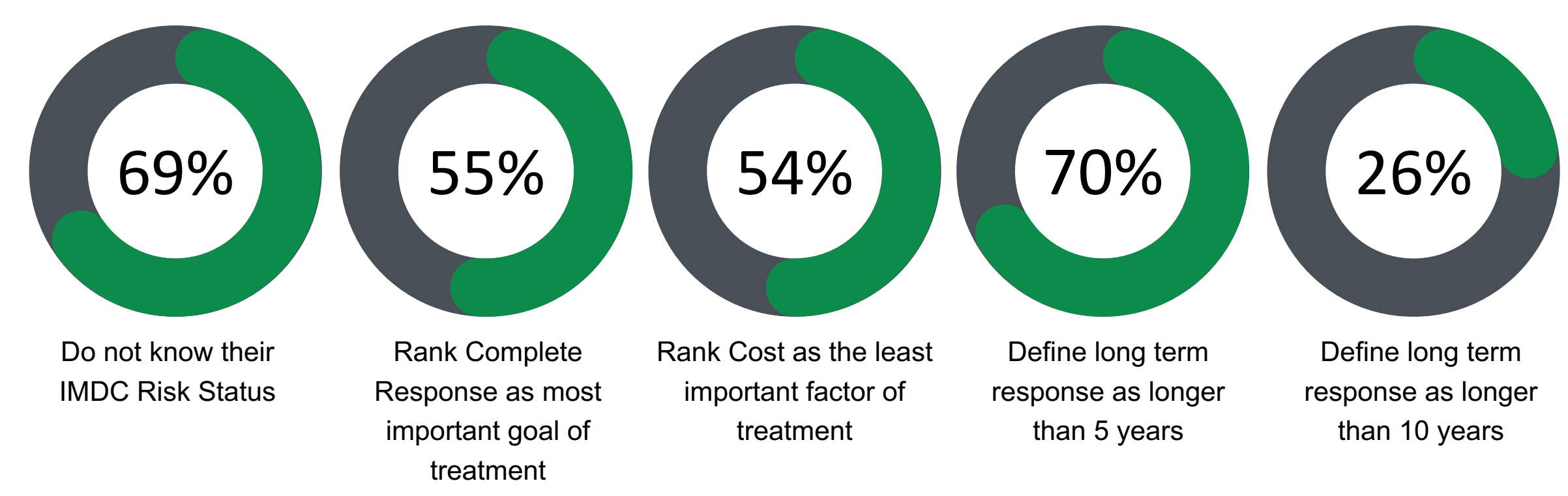


Figure 1: Factors important to patients in regards to systemic therapy

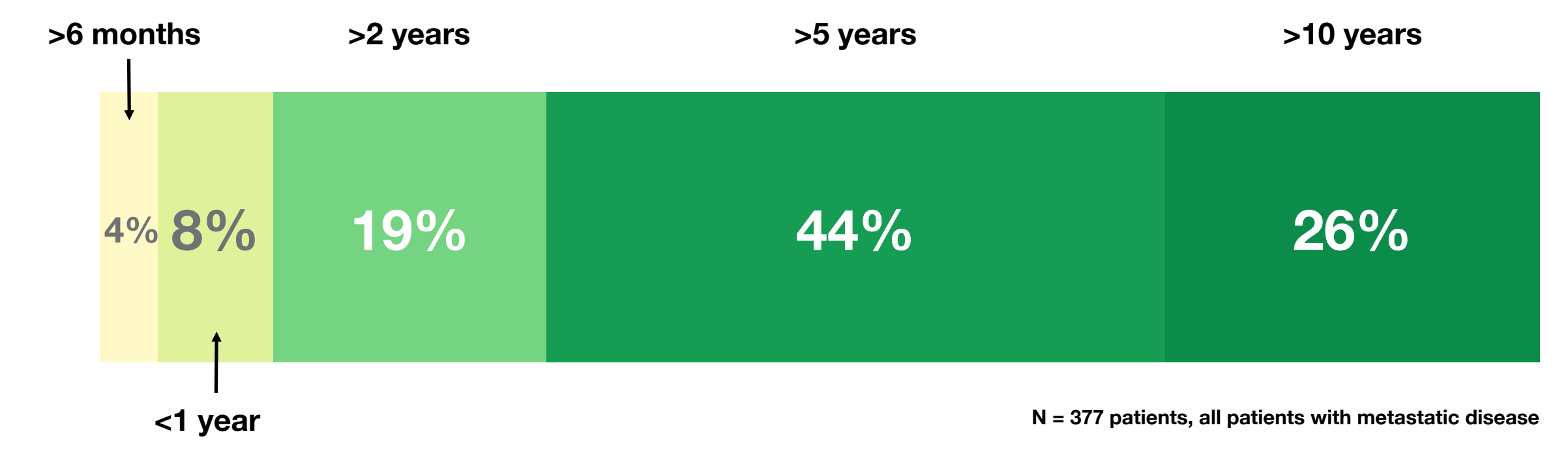


Figure 2: Definition of long term efficacy by patients

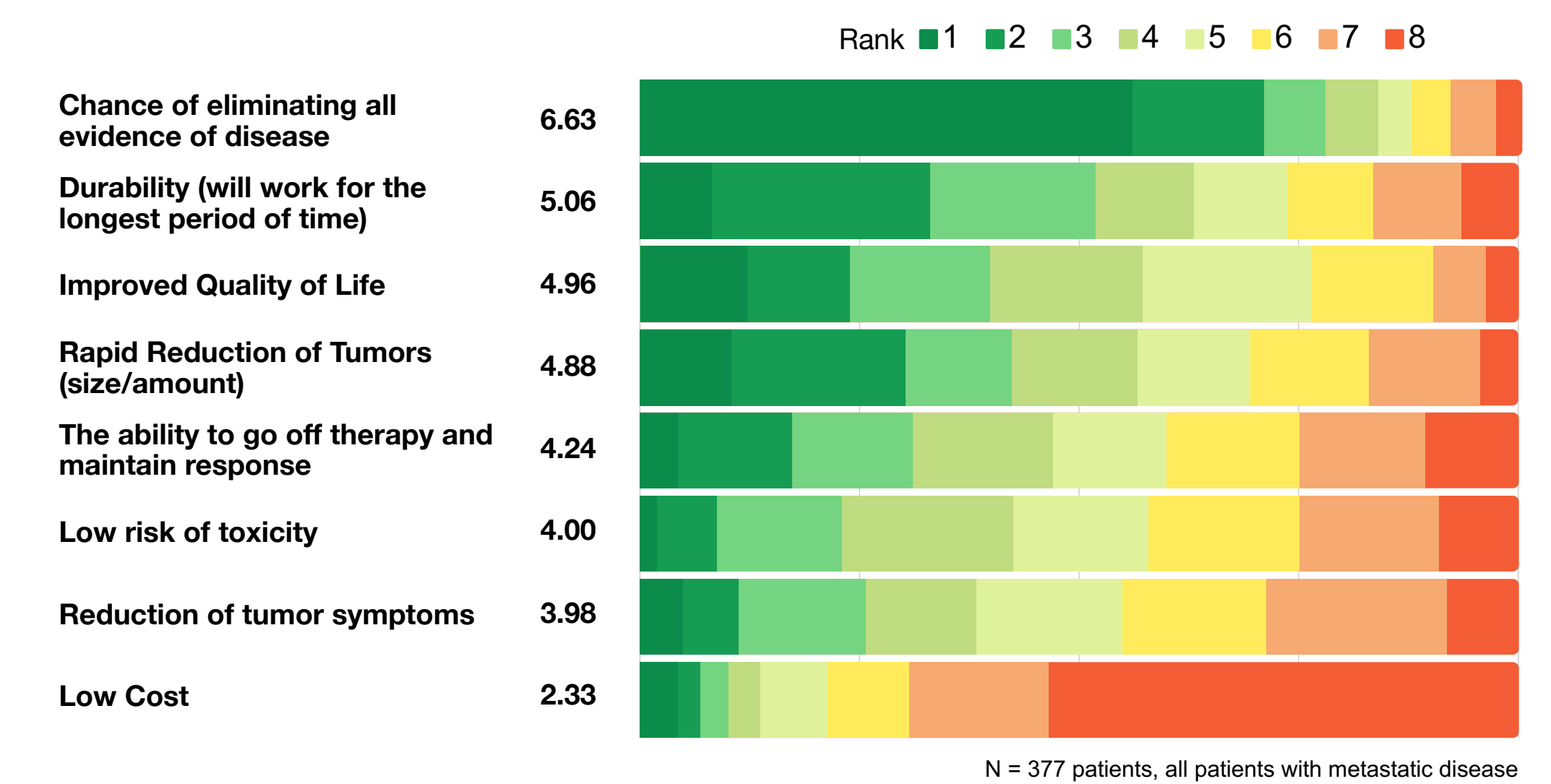


Figure 3: Patient ranking of most important outcomes for treatment selection

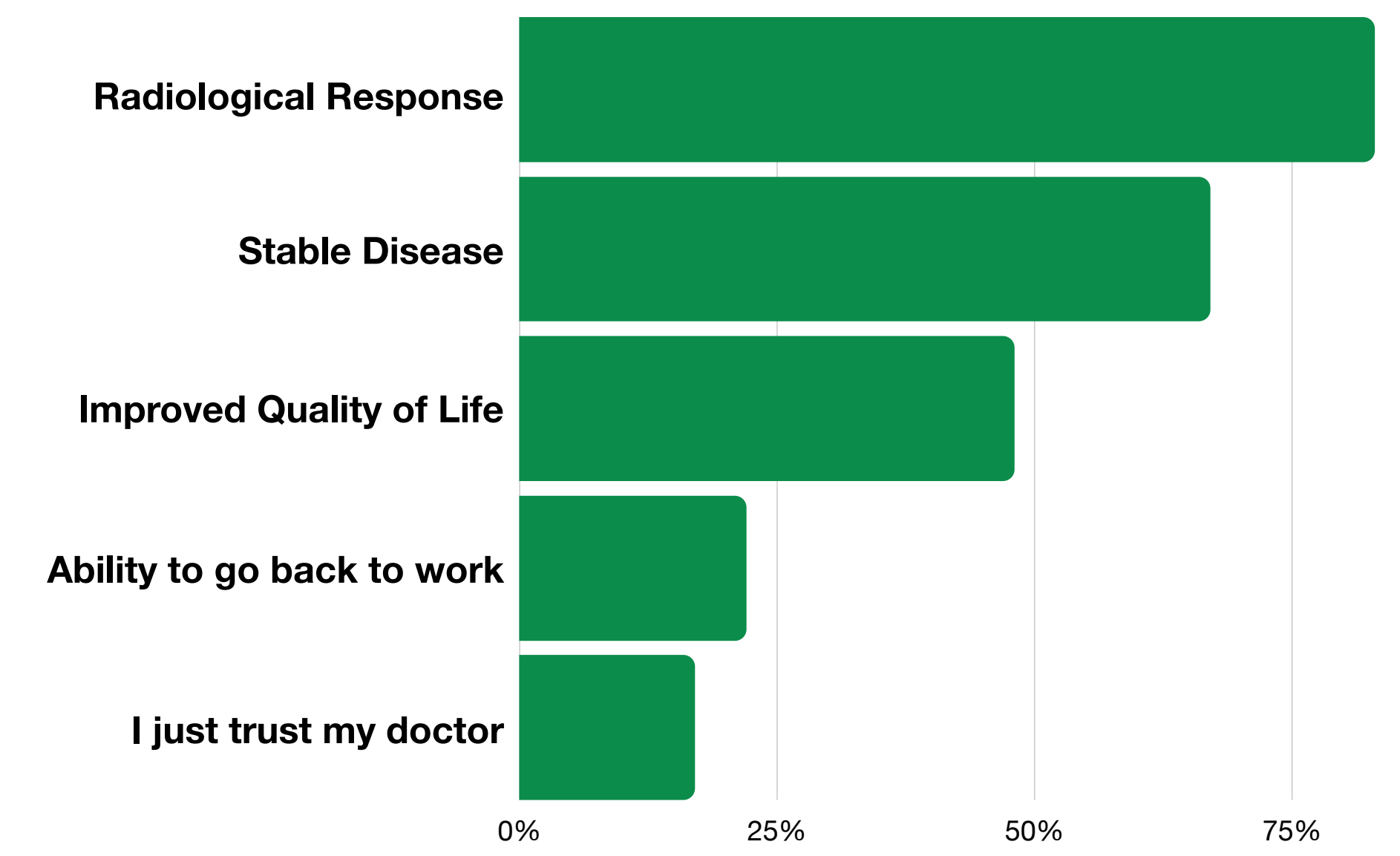


Figure 4: Patient ranking of indicators for measuring treatment success

- symptoms (4.0) (fig. 1, 3).
- Patients ranked low cost as the least important factor in selecting treatment (2.3). (fig. 3)
- 70% of patients defined “long-term” response to therapy as five years or longer, and over a quarter of patients (26%) defined long-term response as 10 years or longer. (fig. 2)
- When asked to define treatment success, patients rank radiological reduction in tumor size (83%) as the most important factor, followed by stable disease (67%), improved quality of life (48%) and the ability to back to work (22%). The lowest ranked choice was “I just trust my doctor” (17%). (fig. 4)



Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from ASCO® or the author of this poster. @RCCAdvocate