

Factors that may Influence Physicians' Perceptions of "Cure" in Ovarian Cancer: A Discrete Choice Experiment

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Objective

- To evaluate the influence of patient characteristics, including treatment outcomes, on United States based oncologists' perceptions of better prognosis and "cure" in newly diagnosed advanced ovarian cancer

Conclusions

- Oncologists' perceptions of better prognosis and potential for cure in ovarian cancer were most influenced by clinical factors such as longer progression free survival (PFS), earlier stage, and CA125 status; these factors were followed by patient age, BRCA mutation/HRD status, the magnitude of cytoreduction achieved, the presence of ascites, and prior anti-VEGF treatment as part of first line therapy
- Perceived importance of attributes may depend on clinical setting, specialty, and volume of epithelial ovarian cancer cases. Specifically, academic oncologists found age more important than community oncologists; medical/hematological oncologist found stage more important than gynecological oncologists; and CA125 status was perceived as more important among oncologists with lower case volume)
- Use of therapies that improve factors linked to better prognosis may increase oncologists' willingness to discuss "cure" with ovarian cancer patients



Plain language summary



Why did we perform this research?

Recent clinical trials show innovative maintenance therapies can extend progression free survival time among women with newly diagnosed advanced-stage ovarian cancer status,¹⁻³ suggesting that their cancer may never recur, and they may be cured. Oncologists' perceptions of "cure" may inform their willingness to communicate the idea of cure to patients, but little is known about how oncologists evaluate a patient's likelihood of being cured.



How did we perform this research?

A cross-sectional, web-based survey was administered to 150 medical/hematological and gynecological oncologists who practice in the United States.



What were the findings of this research?

Oncologists' determination of better prognosis was most influenced by longer duration of progression free survival, earlier cancer stage, and low/normal CA125 status; these patient characteristics were more than twice as influential on perceptions of better prognosis than BRCA mutation/HRD status, magnitude of cytoreduction achieved, and presence of ascites. Prior anti-VEGF treatment as part of first line therapy was least influential. Age influenced oncologists' assessment of prognosis more when they were from academic settings and had greater volume of ovarian cancer cases, whereas progression free years and CA125 status mattered more to community oncologists. Medical/hematological oncologists found cancer stage more important and presence of ascites less important when evaluating prognosis compared to gynecological oncologists.



What are the implications of this research?

These results convey prominent factors among oncologists in considering the potential of "cure" among patients with advanced ovarian cancer. As more treatments and data become available, increased awareness of novel therapies and transparency regarding disease prognosis are critical for both clinicians and their patients in establishing treatment goals.