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Background

- Clinical practice guidelines are increasingly used to improve the quality of care for patients by providing evidence-based recommendations that can be used in healthcare decision-making.
- Over 14 different breast cancer treatment guideline documents have been created by various groups to provide guidance at the local, national, and global levels. These guidelines may also consider factors such as resource availability and robustness of supporting evidence, which can result in differing recommendations from each guideline body.
- While there is data reporting practitioner adherence to specific guideline recommendations, the literature reports little regarding which guidelines the practitioner is utilizing, and factors that influence their practice.

Objective

The primary objective of this study is to evaluate the utilization of local, regional/national, and global breast cancer treatment guidelines and determine factors impacting their use by oncology practitioners in the United States.

Methods

- In 2015, an anonymous, web-based survey, approved by Rutgers IRB, was distributed internationally to physicians treating breast cancer; US results are summarized here.
  - Survey was distributed by third party vendor.
  - 33 US responses were targeted.
- Respondents followed the meeting the following:
  - A 21-question survey assessed the following:
    - Respondent qualifications and demographics
    - Impact of various factors on breast cancer drug treatment plan decisions
    - Current practices regarding guidelines/evidence used for breast cancer drug treatment decisions
    - Descriptive statistics were used to analyze and report the findings and identify trends
  - “Majority” is defined by highest reported frequency

Results

- Local and national guidelines are most commonly reported as having a large impact on breast cancer drug treatment plans.
  - Global guidelines had the least impact on treatment decisions, with 3533 indicating low impact
- The majority of respondents are willing to use a treatment other than that recommended in the guidelines, most commonly due to the availability of literature that supports an alternative regimen.
- U.S.-based guidelines for breast cancer are the most commonly referenced guidelines by US oncologists compared to their non-US-based guidelines.
- From the top 4 most referenced guidelines/evidence, the NCCN recommendations were the most closely followed (>75% adherence).
- In reviewing the top 4 guidelines/evidence, average use was not dictated based on the patient’s insurance type (public vs private vs no insurance).

Discussion/Limitations

- This study provides insight on which breast cancer guidelines are used by US oncologists and describes cost and insurance coverage as notable factors in breast cancer drug treatment decision-making.
- 42% of respondents described cost as having a large or significant impact on their treatment choice.
- 63% of respondents described the availability of insurance as having a large or significant impact on their treatment choice.
- U.S.-based breast cancer oncologists most commonly reference ASCO, peer reviewed literature, NCCN, and clinical trials to inform breast cancer drug treatment decision-making.
- This difference does not appear to change even if financial and regulatory restrictions are removed.
- A larger study is needed to confirm these results in the broader prescriber population, as well as a focus on specific variables that may influence guideline preferences.