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Background

- Globally, clinical practice guidelines are increasingly used to improve the quality of care for patients by providing evidence-based recommendations to be used in health care decision-making.
- Cancer treatment guidelines are created by various groups and may provide guidance at the local, national, and/or 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 guiding body.
- While there is data reporting practitioner adherence to specific guideline recommendations, the literature reports little regarding which guidelines the practitioner is utilizing, and to what extent they are being applied.

Objective

This study aims to identify the level of international utilization of local, regional, and/or global breast cancer treatment guidelines to direct oncology practice and make treatment decisions for patients.

Methods

- In 2015, an anonymous, web-based survey, approved by Rutgers IRB, was distributed to physicians treating cancer in Australia, Brazil, China, Germany, the United Kingdom, and the United States.
 - 33 responses were targeted from each region via 3rd party vendor
 - Respondents met the following criteria:
 - Has a medical specialty in oncology
 - Provides cancer-related drug treatment to breast cancer patients
 - Has practiced in the cancer setting for 3 or more years
- 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
 - Preferences regarding guidelines/evidence when requesting unsolicited drug information from a pharmaceutical company.
- Endpoints included the reporting of trends based on response metrics.
 - “Majority” is defined by highest reported frequency

ABBREVIATIONS: Local=Local/Institution/Payer Guidelines; Peer Reviewed Lit=Peer Reviewed Literature/ Consensus Statements; Clinical Trials/Investigational Therapy; ASCO =American Society of Clinical Oncology; CCO=Cancer Care Ontario; NCI=National Cancer Institute; NCCN=National Comprehensive Cancer Network; DGHO =German Society for Haematology and Medical Oncology; DKG=German Cancer Society; ESMO=European Society for Medical Oncology; NCCC=National Collaborating Centre for Cancer; NICE=National Institute for Health and Care Excellence; Pharma=Pharmaceutical Company; SIGN=Scottish Intercollegiate Guidelines Network; JBCCS=Japan Breast Cancer Society Clinical Practice Guidelines; NBOCC=National Breast and Ovarian Cancer Center; WHO=World Health Organization.

Results

Respondent Demographics (N=213; Australia: n=35, Brazil: n=33, China: n=40, Germany: n=39, UK: n=33, US: n=33)

- The majority of respondents:
 - Completed 3-4 years of oncology training in an academic/research center
 - From China, Germany, and the UK manage 1-2 tumor types in a team-based setting
 - From Australia, Brazil, and the US manage ≥ 7 tumor types in a team-based setting
 - Are members of ≥ 1 cancer societies.

Figure 1: Total Years in Oncology Practice

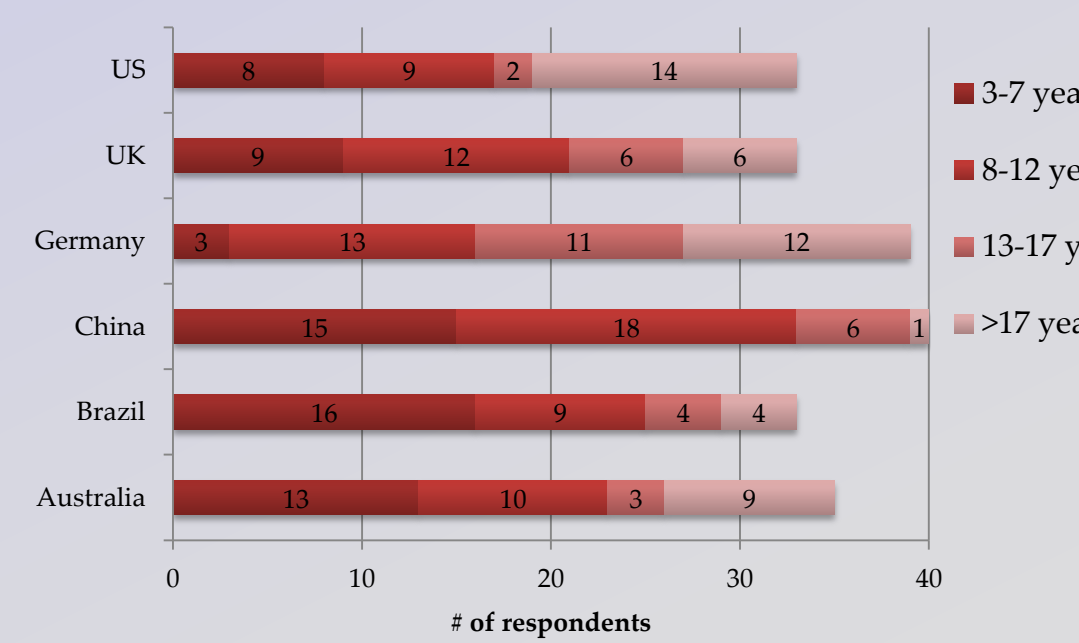
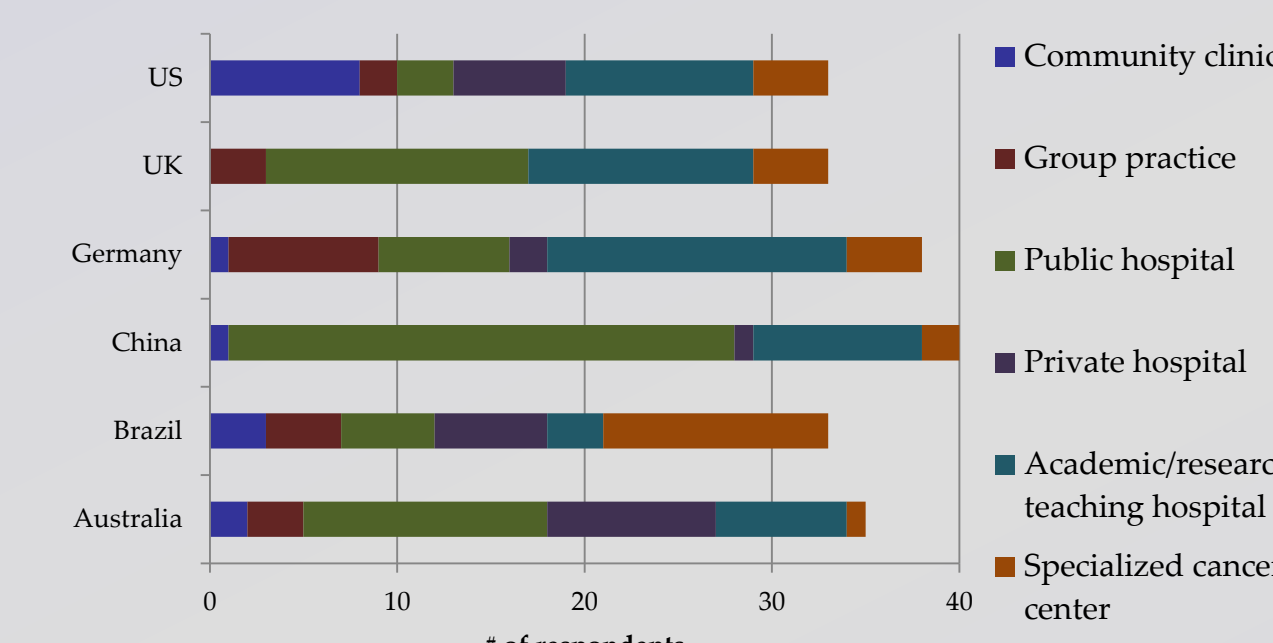


Figure 2: Current Practice Setting



Decision Factors

Figure 3: Reported Impact Level of Various Factors on Breast Cancer Drug Treatment Plan By Majority of Respondents (%) (N=213; Significant>Large>Medium>Low>None)

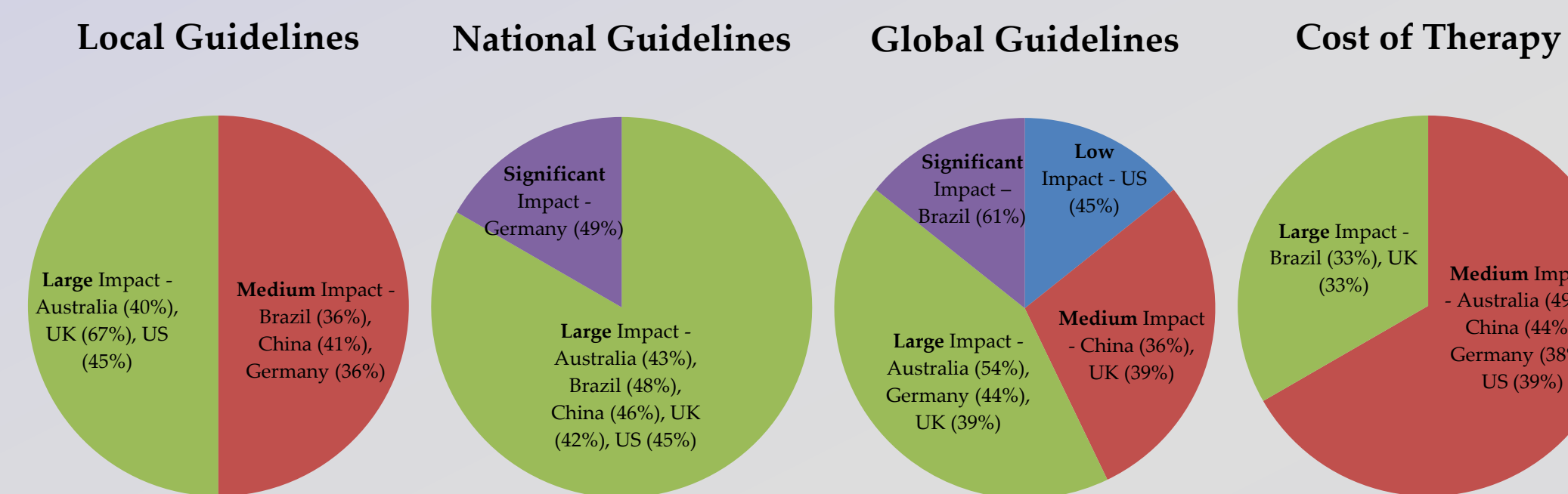
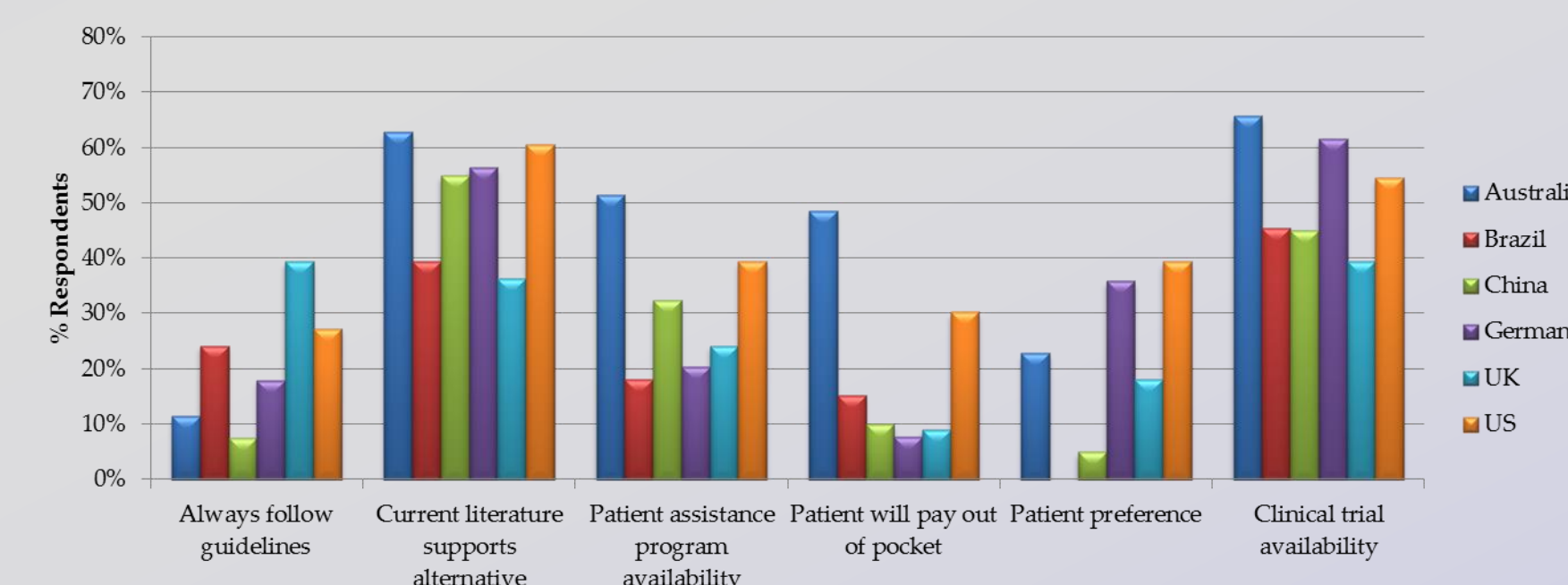


Figure 4: Reasons to Choose an Alternative Treatment Option to Breast Cancer Guideline Recommendations (N=213)



Current Practices

Figure 5: Guidelines/Evidence Referenced in Current Breast Cancer Drug Treatment Decisions (N=213)

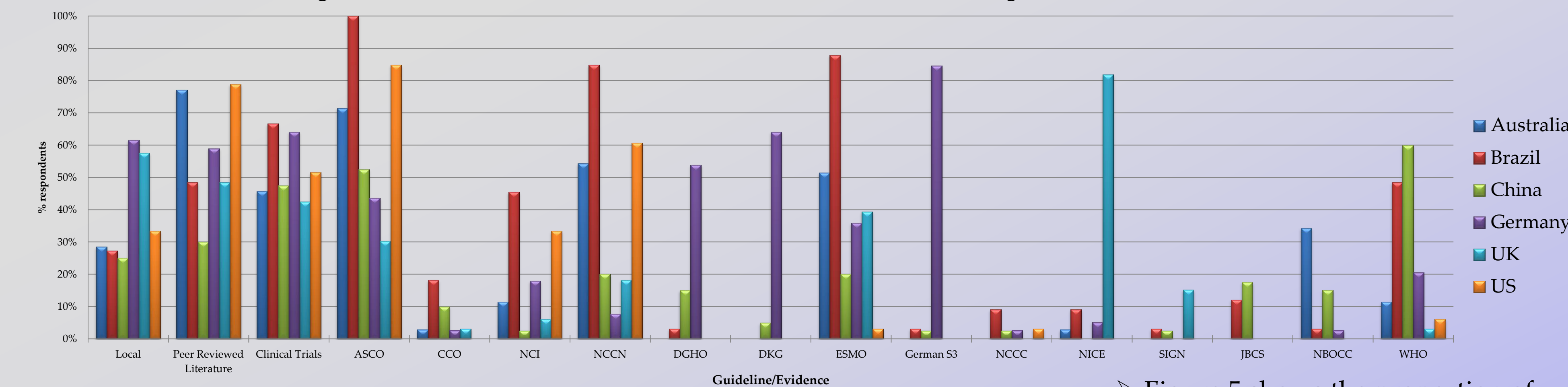
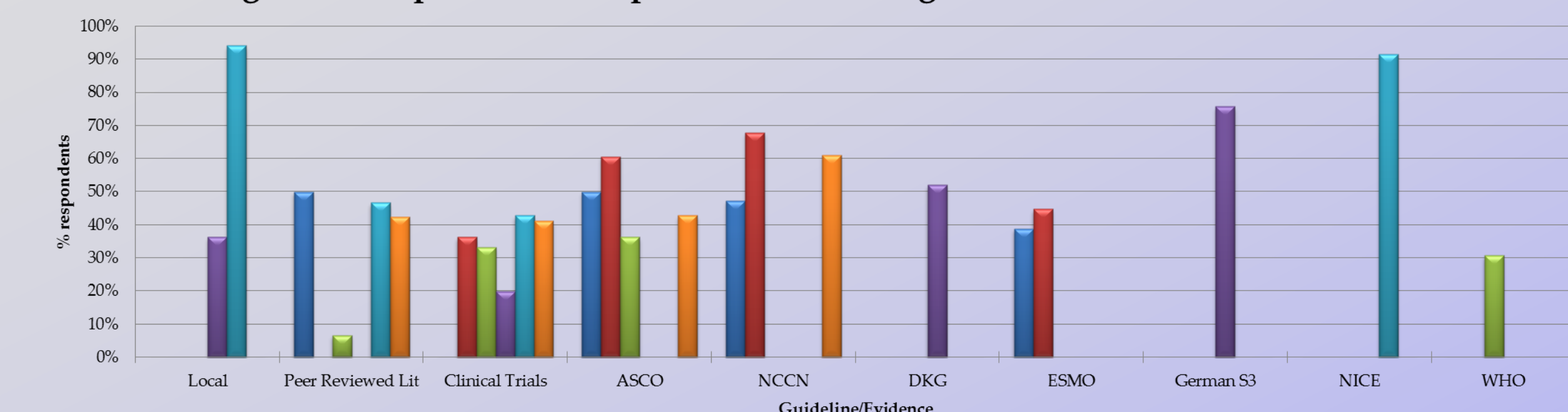


Figure 6: Proportion of Respondents Following >75% of Guideline Recommendation* (N=213)



- Figure 5 shows the proportion of respondents reporting use of each guidelines/evidence by region.
 - 0 reported “no guidelines/evidence used”

- *Figure 6 focuses on the top 4 guidelines/evidence used in each region and describes how many respondents report following >75% of stated recommendations.

Results (continued)

Guideline Preferences When Requesting Medical Information from Pharma

Figure 7: Top 3 Guidelines/Evidence Types Preferred by Oncologists (N=213)

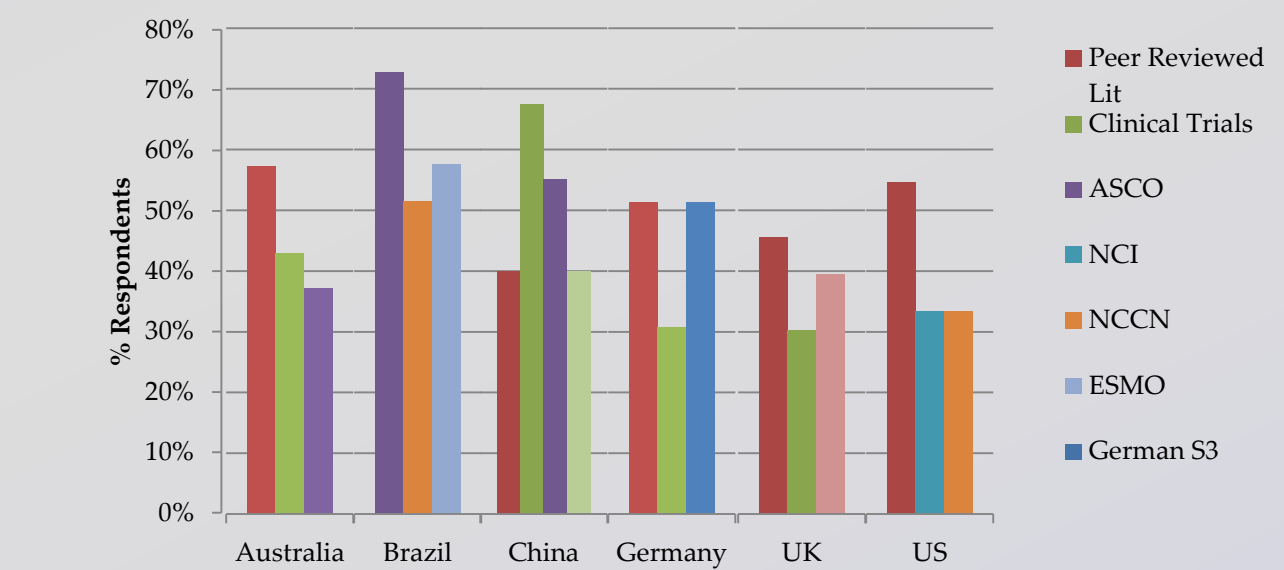
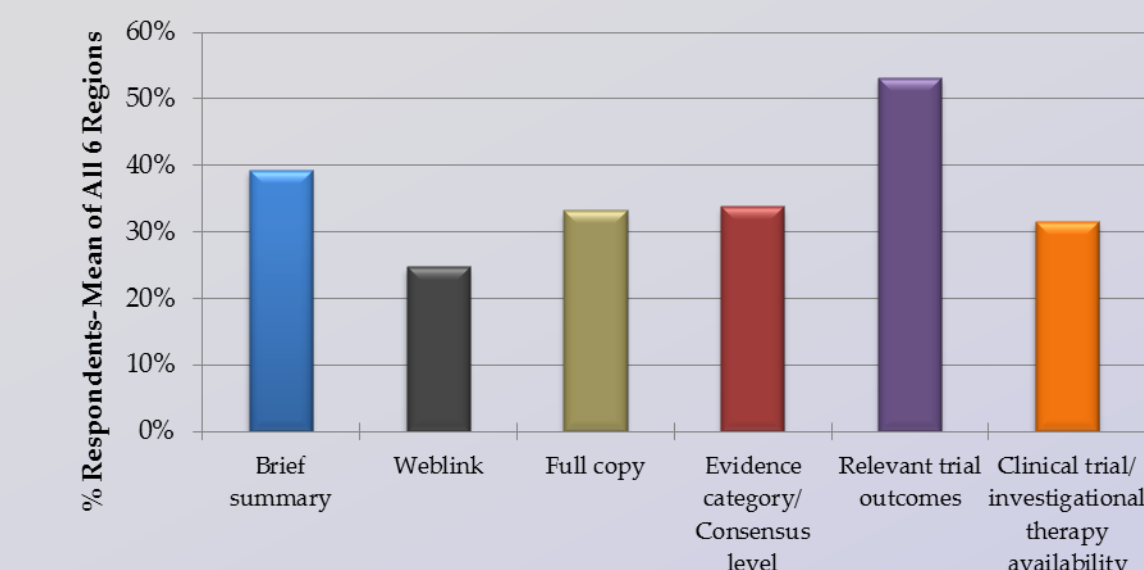


Figure 8: Preferred Content from Guideline/Evidence (N=213)



Discussion/Limitations

- Preferences for guidelines used for drug treatment decision-making in breast cancer vary by region, including which and how many guidelines are referenced, and how strictly the recommendations are followed.
- National guidelines are most commonly reported as having a significant or large impact on breast cancer drug treatment plans across all regions assessed.
 - When available, the region(country)-specific guideline for breast cancer is the most commonly referenced guideline in that region.
- Globally, physicians are willing to provide alternative treatments from those recommended in guidelines, most commonly because of the availability of clinical trials and literature that supports an alternative.
 - This supports that most regions prefer to be provided with peer reviewed literature and clinical trial data when requesting medical information.
- When receiving guidelines/evidence from the medical information department, most respondents prefer to receive relevant trial outcomes.
- Limitations of this study include:
 - Reporting of “majority” data may not be reflective of entire population.
 - “Peer reviewed literature” may be interpreted to include guidelines.

Conclusions

- This study provides insight on region-specific practices regarding cancer treatment guideline use in the breast cancer setting, and suggests the need for medical education/ communications to be tailored to country-specific needs.
- ASCO is the most commonly used guideline for drug treatment decisions by oncologists in the US and Brazil; Peer reviewed literature (followed by ASCO) in Australia; NICE in the UK; German S3 in Germany; and WHO in China.
- Further analysis is needed to evaluate specific variables that may influence guideline preferences, including insurance coverage, disease staging, practice environment, and training.

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Disclosure

The authors have nothing to disclose.