

Patient Perspectives on Endocrine Therapy for Metastatic Disease



Two large randomized clinical trials have demonstrated essentially equivalent efficacy and tolerability of anastrozole and fulvestrant in postmenopausal patients with progressive metastatic disease on tamoxifen; however, oncologists in practice generally utilize nonsteroidal aromatase inhibitors prior to fulvestrant because of the perception that patients prefer oral therapy. In a recent telephone survey of 256 women with metastatic breast cancer, a majority stated that they preferred oral endocrine therapy, assuming equal efficacy and side effects; however, about a third of the patients preferred parenteral administration. Patients cited a variety of reasons for this preference, including concerns about compliance, dislike of oral therapy, support received from the oncology office and convenience. In a tandem survey of oncologists and oncology nurses, these professionals estimated that more than one third of their patients with metastatic disease on bisphosphonates would prefer parenteral administration of endocrine therapy. This suggests that these decisions in this palliative setting should be individualized based on patient preference.

DEMOGRAPHICS OF PATIENTS PARTICIPATING IN SURVEY

Median age (years)	55
Median time since initial diagnosis (years)	6.75
Median time since diagnosis of metastases (years)	2.58
Offered clinical trial participation	46%
Participated in clinical trials (of those offered)	61%

SOURCE: Breast Cancer Update Survey of Metastatic Breast Cancer Patients, 2004.

CURRENT AND PRIOR THERAPIES OF PATIENTS PARTICIPATING IN SURVEY

Therapy	Percent of patients who received
Intravenous chemotherapy	88
Oral chemotherapy	32
Oral hormonal therapy	84
Fulvestrant	23
LHRH agonist	13

SOURCE: Breast Cancer Update Survey of Metastatic Breast Cancer Patients, 2004.

PATIENT PREFERENCES FOR ORAL VERSUS INTRAMUSCULAR ENDOCRINE THERAPY

Patient preference	Percent of patients preferring
Oral endocrine therapy	55
Intramuscular endocrine therapy	36
Neutral	9

SOURCE: Breast Cancer Update Survey of Metastatic Breast Cancer Patients, 2004.

PATIENT PREFERENCES FOR ORAL VERSUS INTRAVENOUS CHEMOTHERAPY

Patient preference	Percent of patients preferring
Oral chemotherapy	64
Intravenous chemotherapy	28
Neutral	8

SOURCE: Breast Cancer Update Survey of Metastatic Breast Cancer Patients, 2004.

REASONS CITED BY PATIENTS FOR PREFERRING PARENTERAL THERAPY

Reasons cited	Percent of patients
Dislike of oral medications	34
Concerns about compliance	35
Belief that parenteral therapy is more effective	52
Emotional support received during parenteral therapy	53
Convenience	78

SOURCE: Breast Cancer Update Survey of Metastatic Breast Cancer Patients, 2004.

LIFESTYLE DEMOGRAPHICS OF PATIENTS WITH METASTATIC BREAST CANCER

Variable	Percent of patients
Travel time to oncologist's office (median)*	25 minutes
Average time spent in oncologist's office (median)	2 hours
Activity level	
Active	72%
Inactive	28%
Find conversations with other patients in waiting or treatment room rewarding	70%

* Patients who spent 15 minutes or less traveling to the oncologist's office were more likely to prefer parenteral therapy (45%) than patients traveling more than 15 minutes (24%).

SOURCE: Breast Cancer Update Survey of Metastatic Breast Cancer Patients, 2004.

SEQUENCING OF ENDOCRINE THERAPY BY MEDICAL ONCOLOGISTS

How do you normally sequence endocrine therapy in postmenopausal patients with metastases who completed adjuvant tamoxifen four years previously?

Therapy	1st-line	2nd-line	3rd-line	4th-line
Tamoxifen	8%	12%	10%	12%
Anastrozole	44%	10%	4%	—
Letrozole	48%	6%	2%	4%
Exemestane	—	34%	30%	6%
Fulvestrant	—	38%	36%	14%
Megestrol acetate	—	—	4%	16%

SOURCE: Breast Cancer Update Study, 2004;1(2).

HEALTHCARE PROFESSIONALS' PREDICTIONS ABOUT PATIENT PREFERENCES FOR METHOD OF ENDOCRINE THERAPY ADMINISTRATION

	Oral endocrine therapy	Intramuscular endocrine therapy	Neutral
Medical oncologists (n=50)	51%	33%	16%
Oncology nurses (n=50)	41%	43%	16%

* Note that these professionals were presented with a scenario of a patient with metastatic breast cancer receiving intravenous bisphosphonates.

SOURCE: Breast Cancer Update Survey of Medical Oncologists and Oncology Nurses, 2004.

SELECT PUBLICATIONS

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Mouridsen H et al. Phase III study of letrozole versus tamoxifen as first-line therapy of advanced breast cancer in postmenopausal women: Analysis of survival and update of efficacy from the International Letrozole Breast Cancer Group. *J Clin Oncol* 2003;21(11):2101-9.

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PATIENT PREFERENCES FOR ORAL VERSUS INTRAVENOUS THERAPIES

I generally use an aromatase inhibitor in a postmenopausal patient progressing after completion of tamoxifen, but I also present the option of fulvestrant. I think both are reasonable and legitimate options that are equivalent.

As physicians, I think our viewpoint is different than that of patients. To us, an oral treatment appears to be more convenient because the patient does not have to come in to the office and it is less expensive; however, some patients prefer an intramuscular injection once a month. Some patients may not be compliant with oral medication. For them, fulvestrant is a good option.

Many reasons were cited by women who prefer to receive an injection. One is that they like the interaction with the nurses and feel more cared for coming in and seeing not only the staff but also other patients.

Another reason is the perception that an intravenous or intramuscular drug is more effective. I see many patients from Asia and Latin America who really believe that injectable drugs are better. That may also be true in the United States.

— Debu Tripathy, MD

I use an aromatase inhibitor rather than fulvestrant in patients with ER-positive metastatic disease. I have more experience with the aromatase inhibitors and my perception is that patients prefer pills versus two injections, which is how we administer fulvestrant.

It's possible that as many as 50 percent of patients would prefer injections because, psychologically, they prefer to "be a breast cancer patient" once a month as opposed to every day.

— Gershon Locker, MD

Many doctors, certainly in the United Kingdom, believe that patients don't like needles, but we weren't convinced about this. I've just completed a study on patient preferences for oral versus injectable therapies. We interviewed 200 women with advanced disease about their preferences and found that about 25 percent of our sample said they'd prefer an injection, assuming efficacy was equivalent.

The primary reasons for people preferring injections or pills were all related to convenience, but second on the list were issues related to adherence and the belief that injections actually were more powerful medicine than pills. In places like Germany and parts of France and Italy, a strong correlation exists between perceived efficacy and route of administration — pills aren't seen as accounting to much at all, while an injection is seen as a very powerful thing.

We need to recognize that we live in a world of choice and options, and we need to ask individual patients about their treatment preferences rather than make assumptions based on a mix of data, a few patients we've seen in the past or our own personal preferences.

— Lesley Fallowfield, PhD

In general, I believe most people prefer taking a pill to receiving an intramuscular injection. I would guess that 60 percent of patients would prefer a pill and 40 percent an injection.

With that being said, I have not found any problems in my practice with compliance or acceptability in patients treated with fulvestrant. I also believe that a monthly intramuscular injection is an advantage for a patient who can't afford the oral medication.

Most physicians probably recommend an oral drug mainly because they perceive that it will be better accepted by patients, but the actual numbers are probably worthwhile to know, and this is something we should spend more time on.

— Nicholas J Robert, MD