Patient Perspectives on 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 would prefer oral therapy. In a recent telephone survey of 256 women with metastatic breast cancer, a majority stated that they preferred oral therapy, assuming equal efficacy and side effects. However, about a third of the patients preferred parenteral therapy, with regard to both chemotherapy and endocrine therapy, and cited a variety of reasons for this preference, including concerns about compliance, a 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 a third of their patients with metastatic disease on bisphosphonates would prefer parenteral administration of antitumor therapy. This suggests that 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
Concerns about compliance	35%
Dislike of oral medications	34%
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 IN PATIENTS WITH METASTATIC BREAST CANCER

Variable	
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 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	First-line	Second-line	Third-line	Fourth-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* Patterns of Care Study, 2004.

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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SEQUENCING OF ENDOCRINE THERAPY AND PATIENT PREFERENCES FOR METHOD OF TREATMENT ADMINISTRATION

"A new generation of aromatase inhibitors, including anastrozole, letrozole, and exemestane, have replaced aminoglutethimide for postmenopausal women with metastases. Not only are all of these considerably less toxic than aminoglutethimide, each has been shown to be more effective than megestrol acetate, and two have been shown to be more effective than tamoxifen. ...

"The most recent entrant into the new pantheon of drugs for the treatment of breast cancer is the pure antiestrogen fulvestrant. …Fulvestrant downregulates and degrades the estrogen receptor, causes a reduction in progesterone receptor, and has only estrogen antagonistic effects. This is in contrast to tamoxifen, which has partial agonist effects, and the aromatase inhibitors, which reduce the estrogen available to the cancer cell. ...

"The endocrine cascade has grown much more complex over the past 10 years. …While these new therapies may be confusing to clinicians and patients at this time, they also offer promise of much more effective, nontoxic treatment that will both palliate symptoms and prolong the lives of patients with breast cancer."

— Henderson IC. J Clin Oncol *2002;20(16):3365-8.*

In general, for a postmenopausal woman with disease progression on adjuvant tamoxifen, I would present the options of an aromatase inhibitor or fulvestrant. These are both reasonable and legitimate options, and I believe they are equivalent.

Although I believe most patients would prefer oral therapy, some prefer a monthly injection. Patients may have concerns about compliance with oral medications or they may like the interaction with the nursing staff and may feel more cared for by coming to the office. Others may value the time with other patients that they've met.

Patients may also have the perception that intravenous or intramuscular drugs are more effective. I see many patients from Asia and Latin America who believe injectable drugs are better. That perception may also be true in this country.

— Debu Tripathy, MD

In general, I believe most people prefer taking a pill to receiving an intramuscular injection, although it's probably close. I would guess that 60% of patients would prefer a pill and 40% an injection.

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

Most physicians probably would 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 Robert, MD

We were involved in one of the initial studies of fulvestrant. Our major concern was that women wouldn't like the injection; however, the toxicity was not an issue. Many physicians tell me their patients have no problems with the injection. In fact, many women prefer it because they don't have to worry about taking a pill. I believe this varies throughout the country and among the patient population being treated. I use fulvestrant commonly now, mainly in patients who have failed primary endocrine therapy.

— Daniel R Budman, MD