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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Median Age (years)</th>
<th>Median Time Since Initial Diagnosis (years)</th>
<th>Median Time Since Diagnosis of Metastases (years)</th>
<th>Percentage Participating in Clinical Trials (of those offered)</th>
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<tbody>
<tr>
<td></td>
<td>55</td>
<td>0.75</td>
<td>2.08</td>
<td>41%</td>
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Oncologists’ and Patient Perspectives

In general, for a postmenopausal woman with disease progression on adjuvant tamoxifen, we 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.

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. Patients may also have the perception that intravenous therapy is more effective, and may feel more cared for by coming to the office. Or they may like the interaction with the nursing staff, or treatment room rewarding 70%.

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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 their patients that they 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 … Fulvestrant downregulates and degrades the estrogen receptor, causes a reduction in progestrogen 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 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 progestrogen 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.”

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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.

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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 their patients that they 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

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