

# Interim Results from a Real-world European Survey on the Unmet Needs of Patients Living with Metastatic Colorectal Cancer (mCRC)

Z. Maravic<sup>1</sup>; J.M. Borras<sup>2</sup>; E. Espin Basany<sup>3</sup>; A. Petrányi<sup>4</sup>; Z. Kapitány<sup>5</sup>; P. Rakonczai<sup>6</sup>; A. Benedict<sup>6</sup>; N. Muszbek<sup>7</sup>

<sup>1</sup> Group and Project Development, EuropaColon UK, Salisbury, GB; <sup>2</sup> Hospitalet de Llobregat, Hospital Duran i Reynals, Barcelona, ES; <sup>3</sup> Unidad de Cirugia de Colon y Recto, Hospital Valle de Hebron, Universitat Autònoma de Barcelona, ES; <sup>4</sup> Onkoradiológia, Egyesített Szent István és Szent László Kórház, Budapest, HU; <sup>5</sup> Dept. of Physiotherapy, Faculty of Health Sciences, Semmelweis University, Budapest, HU; <sup>6</sup> Modeling and Simulation, Evidera Inc., Budapest, HU; <sup>7</sup> Modeling and Simulation, Evidera Inc., London, GB

## BACKGROUND

With increasing emphasis on patients' voice, EuropaColon, European CRC patient organization, conducted a cross-sectional European survey on unmet needs in mCRC in 12 countries.

The aim of the survey was to better understand the challenges and needs of those living with mCRC, as well as their health-related quality of life (HRQoL).

The objective of this work is to report the preliminary results for Hungary (HU), Serbia (RS), Spain (ES) and Poland (PL).

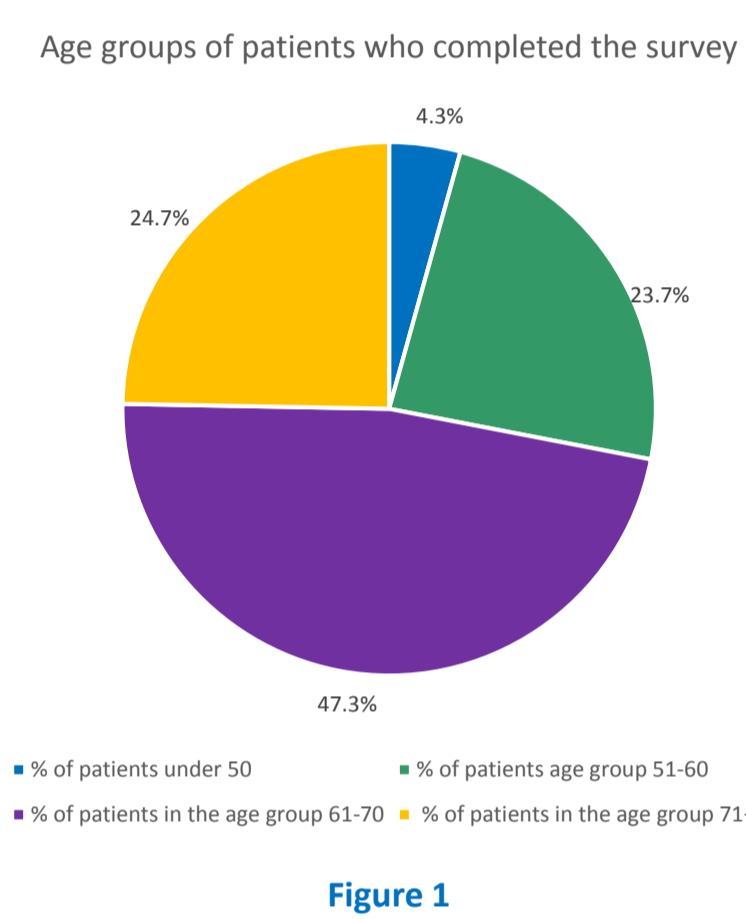


Figure 1

## METHODS

The English survey was translated into four languages: Hungarian, Serbian, Spanish and Polish. It covered demographics, the illness (discovery, diagnosis, treatment and support), and HRQoL instruments—EORTC QLQ-C30 and EORTC QLQ-CR29. IRB approval was obtained. Clinicians and nurses with partner organizations of EuropaColon recruited the patients.

The survey had two sections: treatment-related information and HRQoL. The former comprised of questions on timing of diagnosis/treatment, multidisciplinary team discussion (MDT), type of treatments received, and information on treatments and side-effects. Both paper-based and online completion were available. Single data entry was done by EuropaColon. Descriptive analysis was carried out in Excel. No imputation of missing data was done.

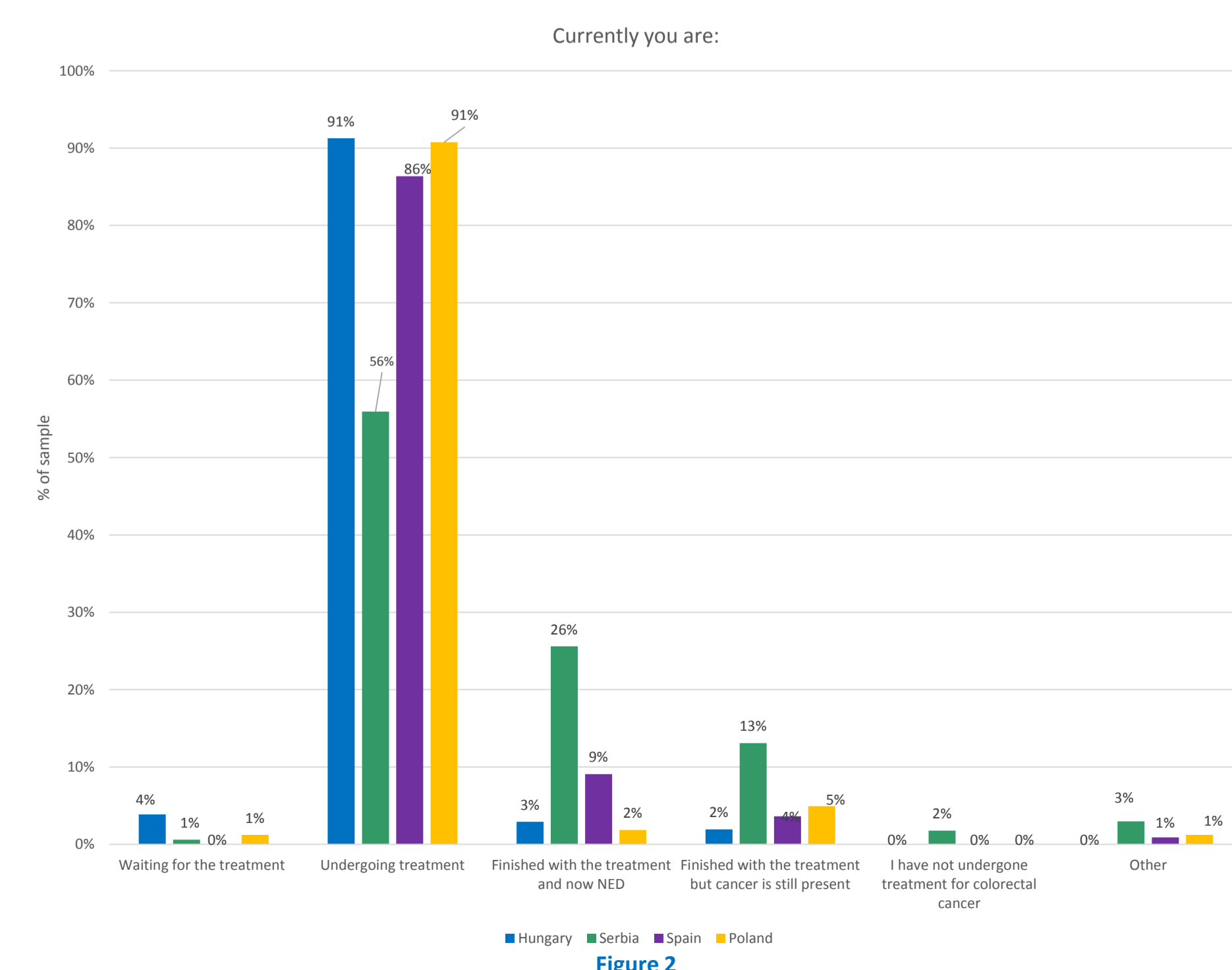


Figure 2

## RESULTS

548 surveys were analysed: 103 from Hungary, 170 from Serbia, 112 from Spain and 163 from Poland. Completion rates were high. Almost all the responders were treated in public hospitals; and 86-91% in Hungary, Spain and Poland; 56% in Serbia were undergoing treatment at the time of the survey.

The average age was similar in all four countries, with the youngest patient population coming from Spain and Hungary (61 and 62); while in Poland and Serbia, the average patient age of surveyed patients was 64 and 65 respectively. Overall, more than 70% of surveyed patients were older than 60 years (Figure 1).

Majority of surveyed patients were currently undergoing treatment (91% in HU and PL, and 86% in ES), except for Serbia where 56% of surveyed patients were undergoing treatment. Majority of patients from Hungary, Poland and Spain were given the survey either by a clinician or a nurse; while in Serbia, Serbian CRC patient association helped with patient recruitment both inside and outside clinical setting (Figure 2).

More than 50% of patients said they started with the treatment within a month of being diagnosed, with the highest % being in Spain (57%) and lowest in Serbia (35%), and Poland and Hungary being in the middle (48% and 40% respectively). In Serbia, 25% of patients said that more than three months after diagnosis, they started with the treatment. These numbers were lower for other countries (14% in HU, 12% in PL and 8% in ES) (Figure 3). The majority of surveyed patients were treated in public hospitals, since majority of cancer patients are treated within the national healthcare system in all of these countries (Figure 4).

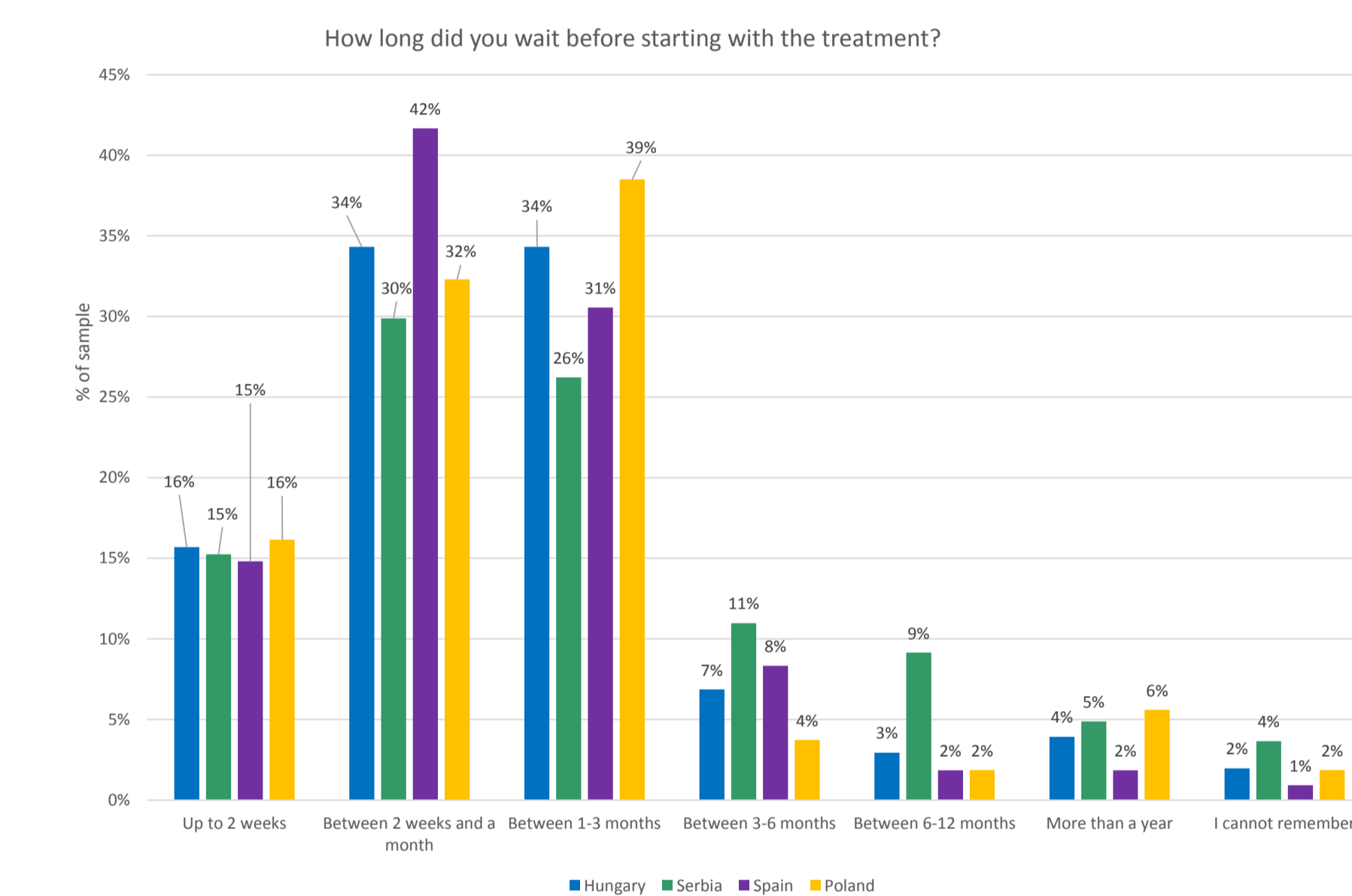


Figure 3

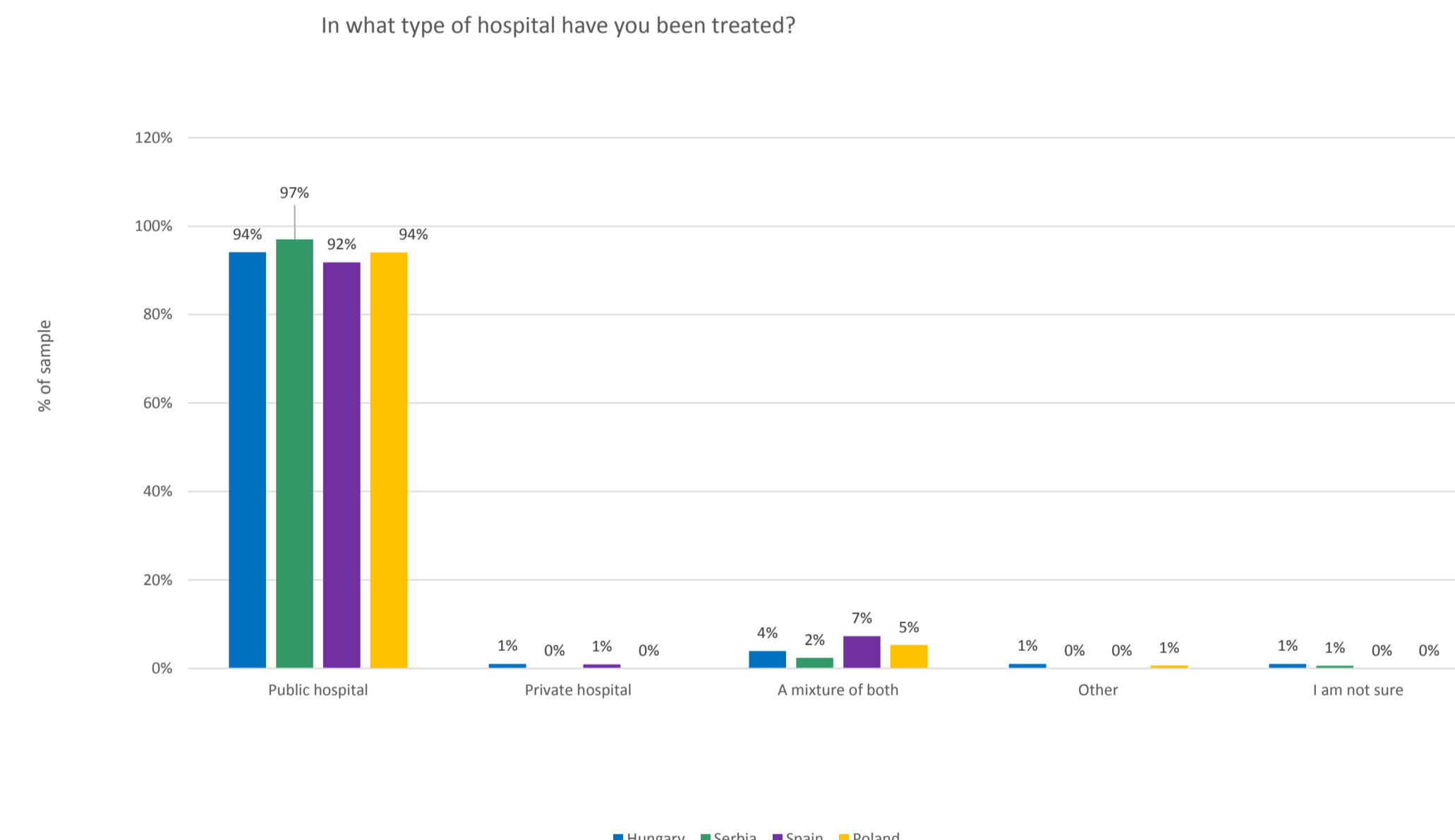


Figure 4

On average, about 60% of the patients knew they were evaluated by a multidisciplinary team (MDT) and they were informed about the discussion and its outcome. The % were lowest in Poland (46%) and the highest for Serbia (74%) (Figure 5).

Proportion of patients feeling their views were considered prior starting treatment varied to a very large extent across countries (Figure 6). A little more than half of patients in Serbia were uncertain if their opinion was considered, while the highest proportion of patients who believed their views were considered was in Hungary (83%). This could be due to the fact that the survey in Hungary was done in two centres only and may not reflect the situation across the whole country. In Serbia, 19% of patients felt their views were not considered when treatment decision was being made. This % is somewhat lower in Poland (15%) and Spain (11%), and it is the lowest in Hungary (only 3%).

When it comes to information about the side effects of the treatment, more than 90% of patients in Hungary and Spain feel that they were given clear information (91% and 92% respectively) and only about half of the patients from Serbia have the same feeling (53%). The highest % of patients who believed that they were not given clear information on treatment side effects were from Serbia (16%) and Poland (13%) (Figure 7). This could be due to the high number of patients treated by oncologists in those two countries and having shorter available time for consultation. Most patients were receiving surgery and chemotherapy (83% and 93%) when they were completing the survey. 10% of patients participating in the survey reported that they received targeted therapies; however, overall, 22% of patients named some kind of targeted therapy (mostly bevacizumab [11%] and some cetuximab, panitumumab and aflibercept) use.

Although molecular testing is prerequisite for any use of an anti-EGFR antibody (cetuximab and panitumumab) according to mCRC treatment guidelines<sup>1</sup>, only one fifth of patients were aware of receiving molecular testing, and the percentage varies among the surveyed countries—from low 6% in Serbia up to in 34% in Spain.

## ABOUT EUROPACOLON

EuropaColon is a not-for-profit European organisation established in 2004 with the aim to unite patients, caregivers, healthcare professionals, politicians, the media and the public in the fight against digestive cancers. The organisation works with 43 groups in 32 European countries and has been recognised as the voice of colorectal cancer patients in Europe.

Most patients did not know if their tumour sample was evaluated (30%) or they had no knowledge about the existence of molecular testing (29%) (Figure 8). Participation in a clinical trial was offered to 54% and 43% of patients in SP and HU respectively; and to only 24% and 18% in PL and RS respectively.

Across these countries, satisfaction with care received was high—30% of patients rating their level of care as excellent, while 34% described it as very good. Patient were most satisfied with their care in PL (42%: excellent; 46%: very good), followed by ES (36%: excellent, 43%: very good), HU (15%: excellent; 31%: very good), and then RS (17%: excellent; 17%: very good).

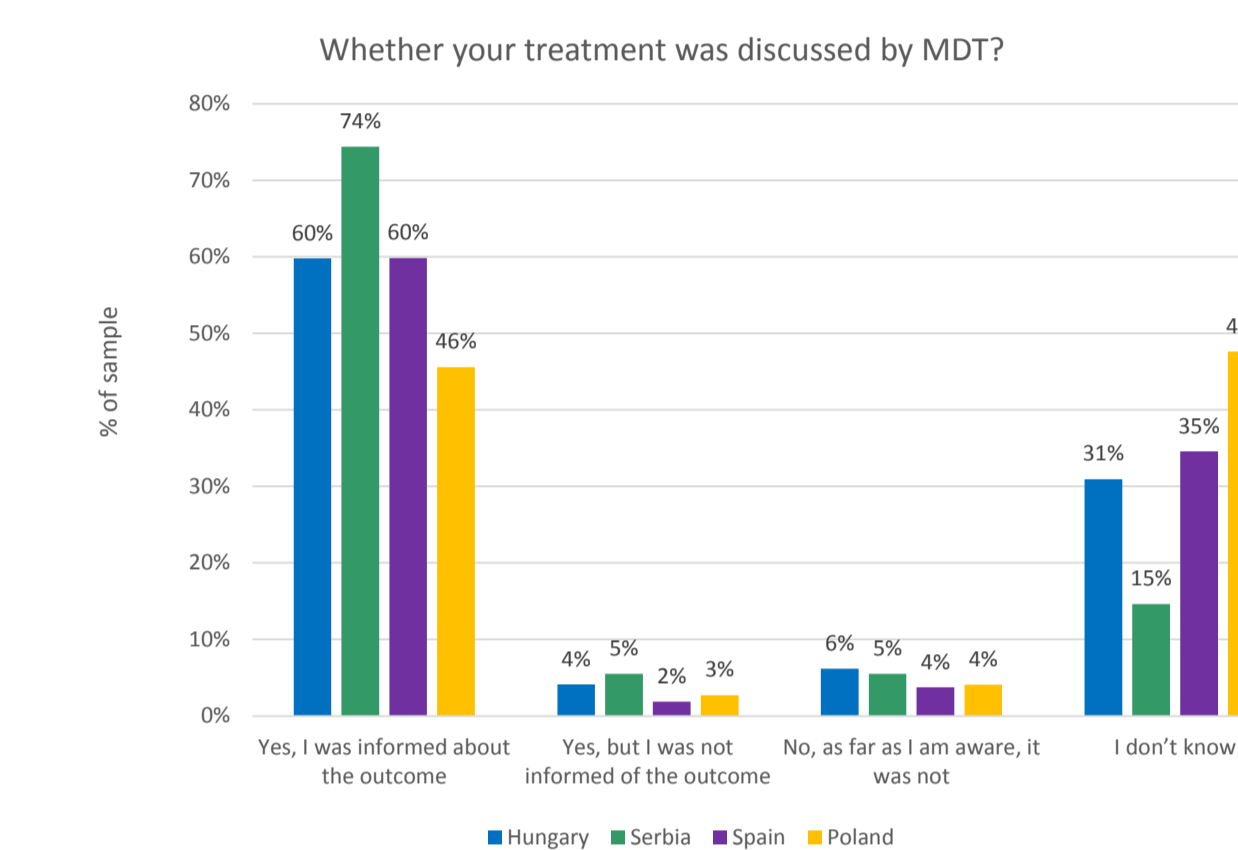


Figure 5

Note: One patient in Hungary on the paper-based survey circled the first 2 options, that contradict each other.

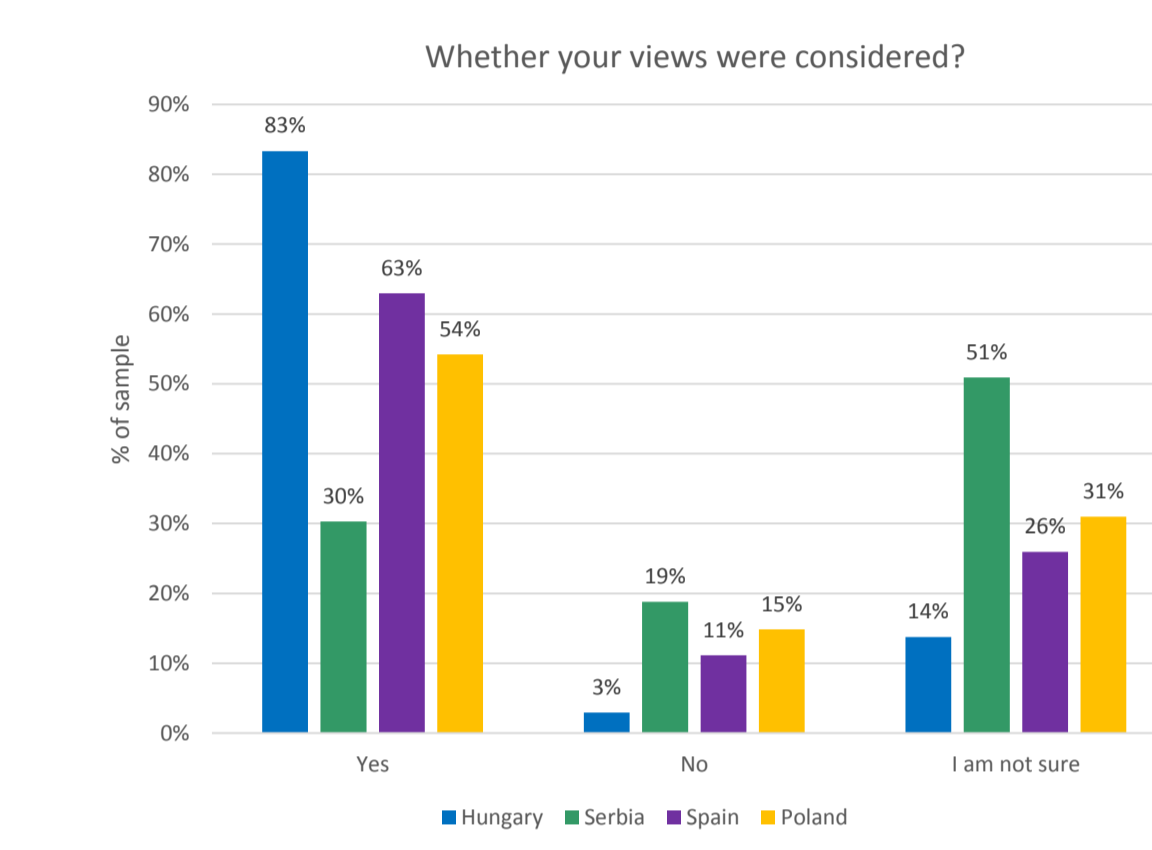


Figure 6

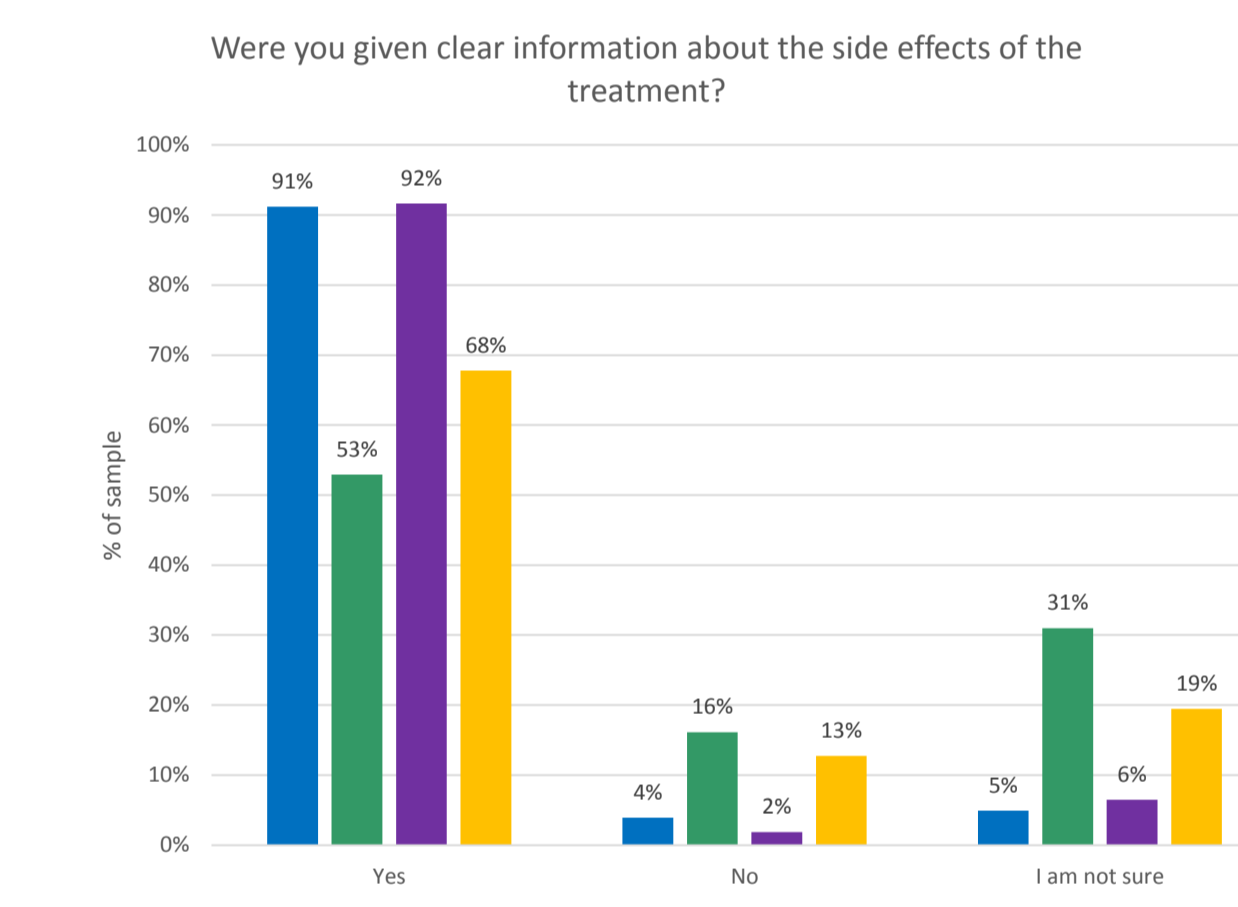


Figure 7

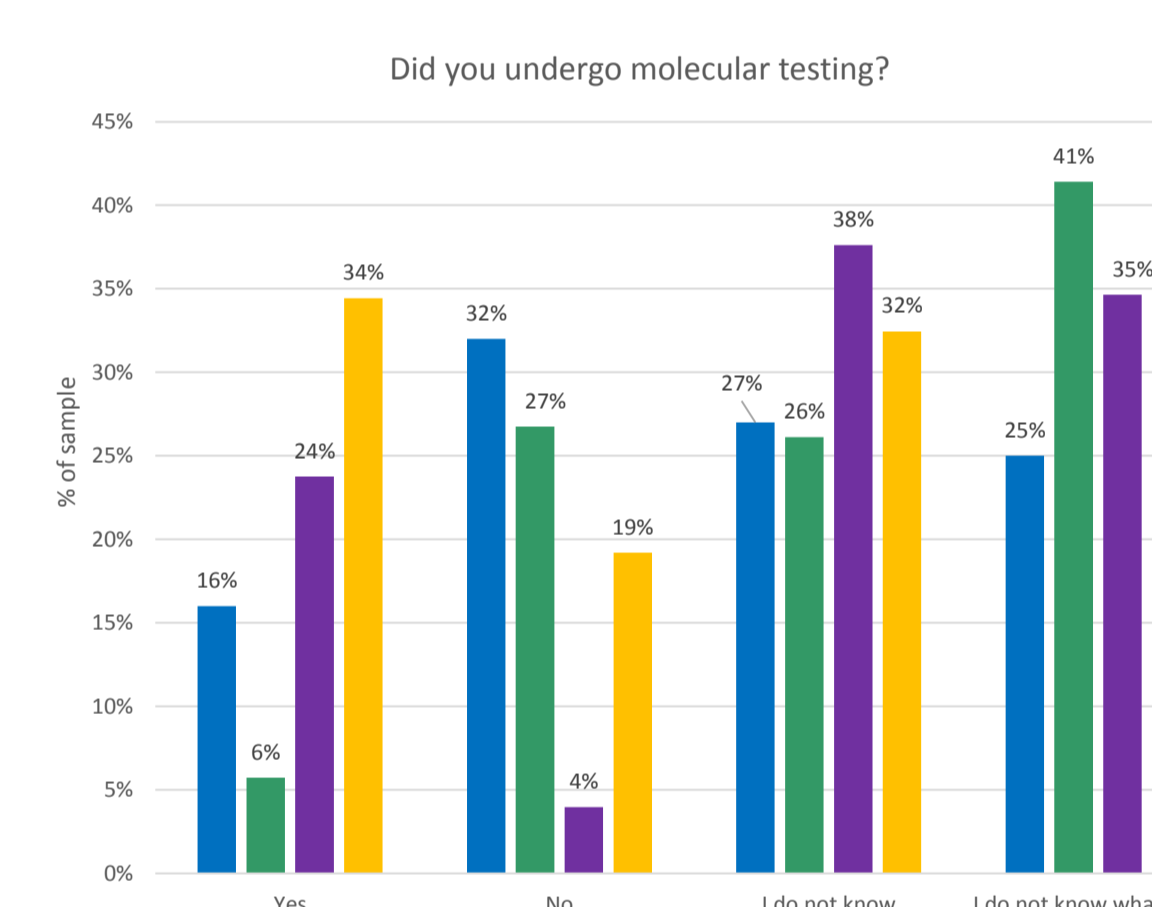


Figure 8

## DISCUSSION

The extent the surveyed patients felt informed about their treatment varied across countries. There was a large gap in the knowledge about molecular testing. Testing may have been performed but not explained to the patients; or given that the targeted therapies were not yet on the market in PL and RS at the time of survey execution, they were not utilised.

In terms of shared-decision making and consideration of patients' views, results in HU may be biased as only two centres in Budapest participated. Lack of consultation in RS may be due to short appointments with oncologists.

Better and more effective communication is needed when making decisions on further treatments in this patient population. There is scope for improved patient support either through patient support groups or via other mechanisms, potentially even across countries. Variations across countries need to be investigated further. Study limitations include cross-sections design and single data entry.

