

Unmet Treatment Needs and Preferences Among Metastatic Breast Cancer (mBC) Patients in Germany, Italy, and the United Kingdom

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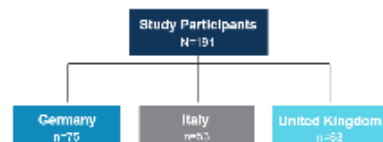
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BACKGROUND

- Worldwide, mBC accounts for 5-10% of breast cancer cases at diagnosis, and 20-30% of patients with primary breast cancer will eventually develop metastatic disease.^{1,2}
- To date, the prevalence of recurrent mBC remains largely unknown, as population-based cancer registries do not routinely collect detailed long-term follow-up and recurrence data.
- Patients with mBC have unique treatment experiences and preferences, which may influence their quality of life (QoL).
- Understanding patient experiences and treatment preferences is essential for optimizing patient-centered care and therapeutic strategies.
- The study objective was to collect insights from patients diagnosed with mBC regarding the impact of disease and treatment on quality of life, treatment experiences, unmet treatment needs, and preferences.

METHODOLOGY

- This was a cross-sectional survey conducted from July to December 2024 in patients aged ≥ 18 years and diagnosed with mBC, from the following countries:



- Study participants were recruited from patient advocacy groups (PAGs) across Europe.



- A 20-minute online survey, developed by PAGs and an expert oncologist, was distributed to study participants that focused on demographics, disease burden, treatment satisfaction, QoL, and treatment preferences.
- Descriptive statistics were used to analyze and report the study findings.

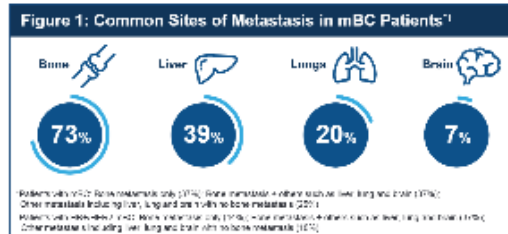
RESULTS

Patient Characteristics

Among 191 participants, the majority were female (98%), and 70% were 41-60 years of age. 83% were diagnosed with mBC within the past five years, and 46% had HR+/HER2- disease.

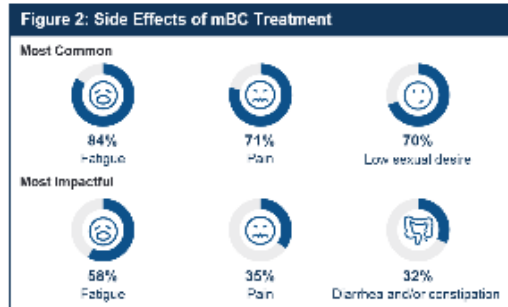
Metastatic Sites

The majority of patients (57%) experienced metastasis to one site, 26% two sites, and 17% three sites or more. Common metastatic sites include bone and/or other sites of metastases, such as liver, lung, and brain (Figure 1).



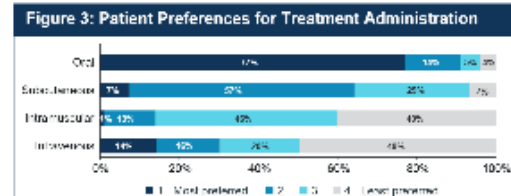
Most Common and Most Impactful mBC Treatment Side Effects

The most common side effects experienced by patients receiving mBC treatment were fatigue (84%), pain (71%), and low sexual desire (70%), while the most impactful were fatigue (58%), pain (35%), and diarrhea and/or constipation (32%) (Figure 2).

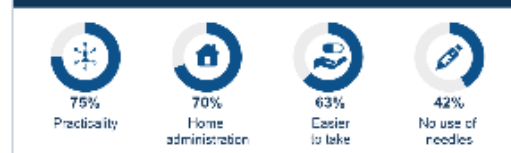


Patient Preferences on New mBC Treatment Formulation

Most (90%) patients prefer oral administration, while subcutaneous administration is the second most (64%) preferred option (Figure 3).



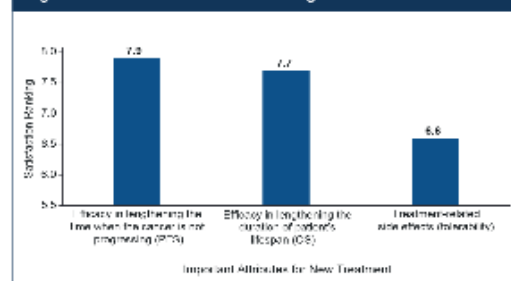
Advantages of Oral vs Intramuscular Administration



Patient Expectations from a New mBC Treatment

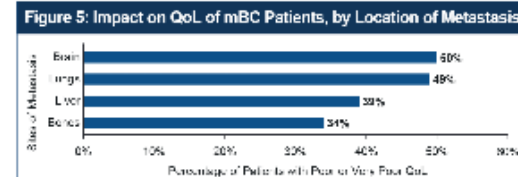
Efficiency outcomes (progression-free survival [PFS] and overall survival [OS]) followed by tolerability, were the most important factors for patients when considering a new treatment for mBC (Figure 4).

Figure 4: Priorities When Considering New mBC Treatment



Impact of Disease and Treatment on QoL

Overall, 34% of patients reported having a poor or very poor QoL. However, 50% of patients with metastasis to the lung and brain, experienced a worse QoL (Figure 5).



Patient Perceptions of Targeted Therapy vs. Chemotherapy for Treatment of mBC

The majority of patients (91%) were aware of targeted therapies. Of these, 60% believed that targeted therapies have fewer side effects than chemotherapy and 64% preferred to avoid chemotherapy (Table 1).

Table 1: Awareness/Perceptions About Therapies in Patients With mBC

Targeted Therapy vs Chemotherapy	Agree	Disagree
Targeted therapy is advancement in cancer therapy	36%	24%
Targeted therapies have fewer side effects than chemotherapy	60%	23%
Avoid chemotherapy as long as possible	64%	14%

CONCLUSIONS

- The study findings highlight the unmet treatment needs and the importance of maintaining or improving QoL in the management of mBC.
- Most patients prefer oral treatments and want to avoid chemotherapy as long as possible.
- Healthcare decision-makers should take patient preferences into account by prioritizing innovative therapies and oral formulations to enhance efficacy and tolerability to improve outcomes and QoL in patients with mBC.

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1. Bray F, et al. CA Cancer J Clin. 2024;74:226-288. 2. Siegel RL, et al. CA Cancer J Clin. 2023;73:17-48. 3. Colston M, et al. J Clin Oncol. 2015;34:927-935.

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