

# PACT in PORTEC 3: Preferences for adjuvant chemotherapy in endometrial carcinoma: what makes it worthwhile to patients and their doctors?

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# Decisions about adjuvant chemotherapy are difficult



- Benefit of chemotherapy is a gamble; patients either:
  - Benefit from chemotherapy
  - Relapse despite chemotherapy
  - Do well regardless of chemotherapy
- Patients who have never had chemotherapy have little appreciation of its toxicities & inconveniences
- Improve our understanding with the views of patients who have had similar treatments as to what survival benefits make chemotherapy worthwhile

# Preferences studies

*Aim to quantify the survival benefits that patients judge sufficient to make the harms & inconveniences of chemotherapy worthwhile*

e.g. More than 50% of patients with early breast cancer (& early colon cancer) judge 1% improvement in 5-year survival rates to make adjuvant chemotherapy worthwhile

ie improving their survival from

65% → 66%

85% → 86%

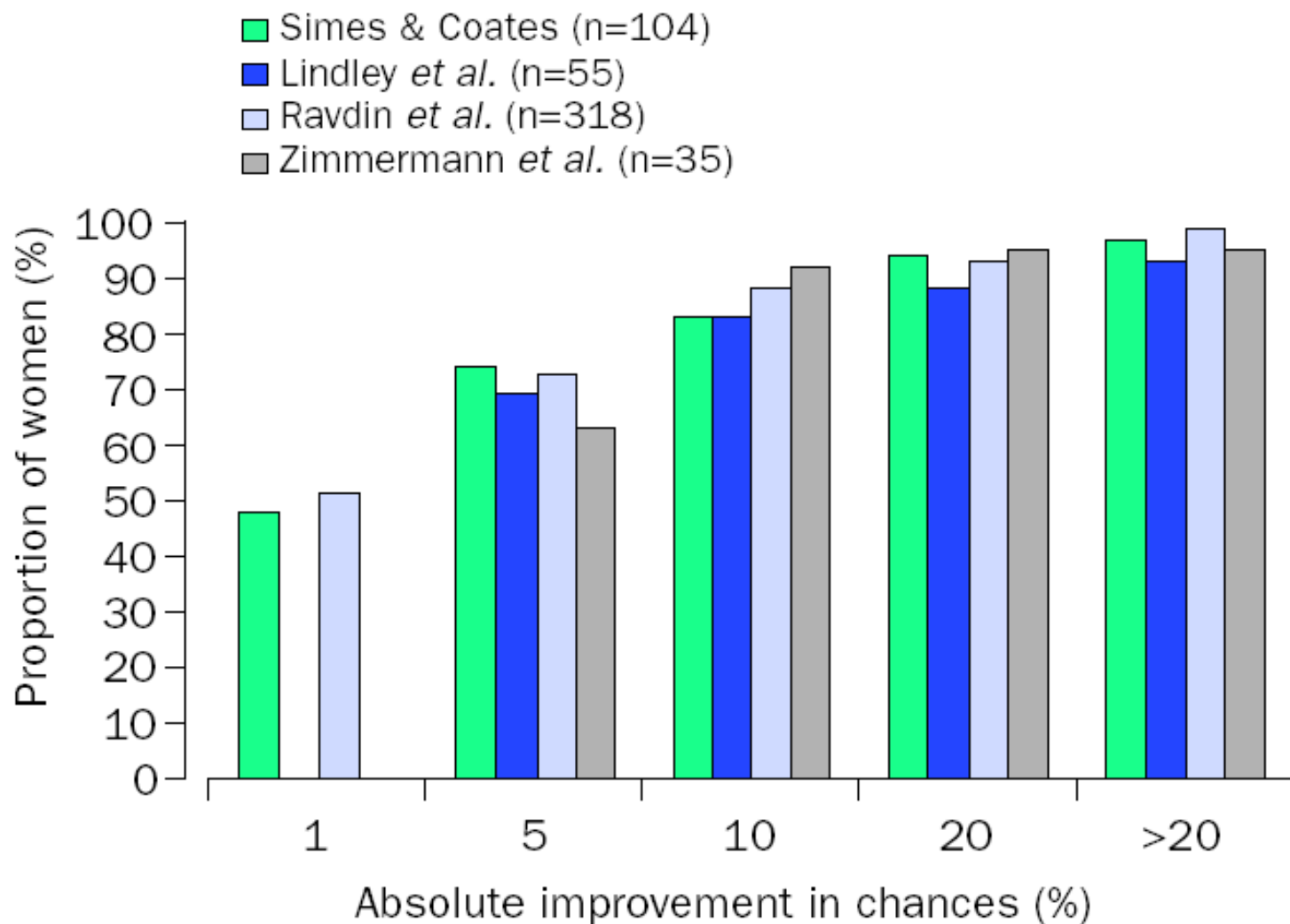


Figure 2. Proportion of women who considered adjuvant chemotherapy worthwhile for various improvements in the chances of survival or cure.

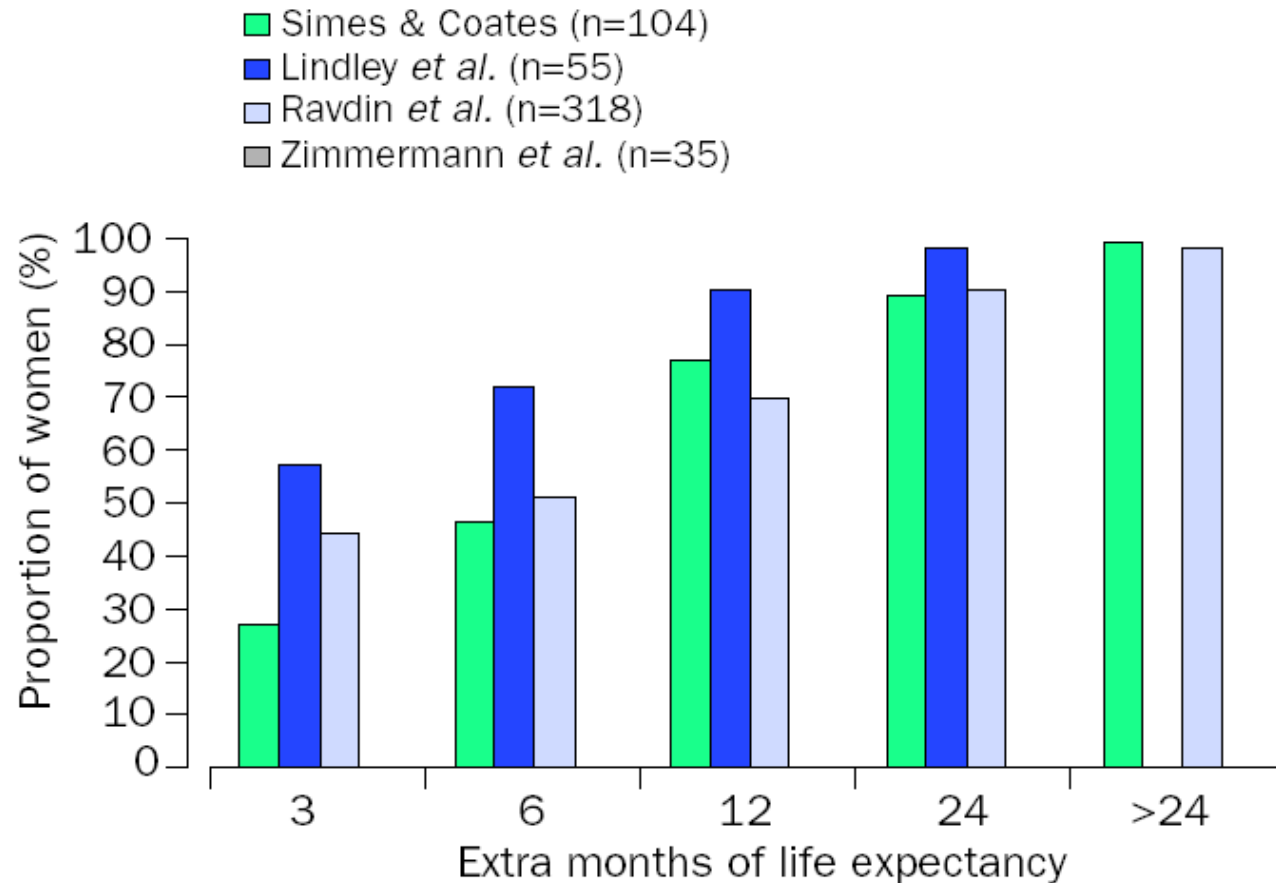


Figure 3. Proportion of women who considered adjuvant chemotherapy worthwhile for various increases in life expectancy.

Generally answers are similar after having chemotherapy

# Feasibility, acceptability and preferences for intraperitoneal chemotherapy with paclitaxel and cisplatin after optimal debulking surgery for ovarian and related cancers: an ANZGOG study

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Phase 2 study in 38 patients: Paclitaxel 135 mg/m<sup>2</sup> IV day 1  
: Cisplatin 75 mg/m<sup>2</sup> IP day 2  
: Paclitaxel 60 mg/m<sup>2</sup> IV day 8

# Results

- 38 women recruited
- 71% completed at least 4 cycles
- 63% completed all 6 cycles
- Catheter-related complications in 21%
- No febrile neutropenia or grade 3-4 neuropathy or nephropathy
- HRQOL improved or stable over time apart from neurotoxicity related HRQOL which worsened

# **Patients' preferences for IP chemotherapy in advanced ovarian cancer: what makes it worthwhile?**

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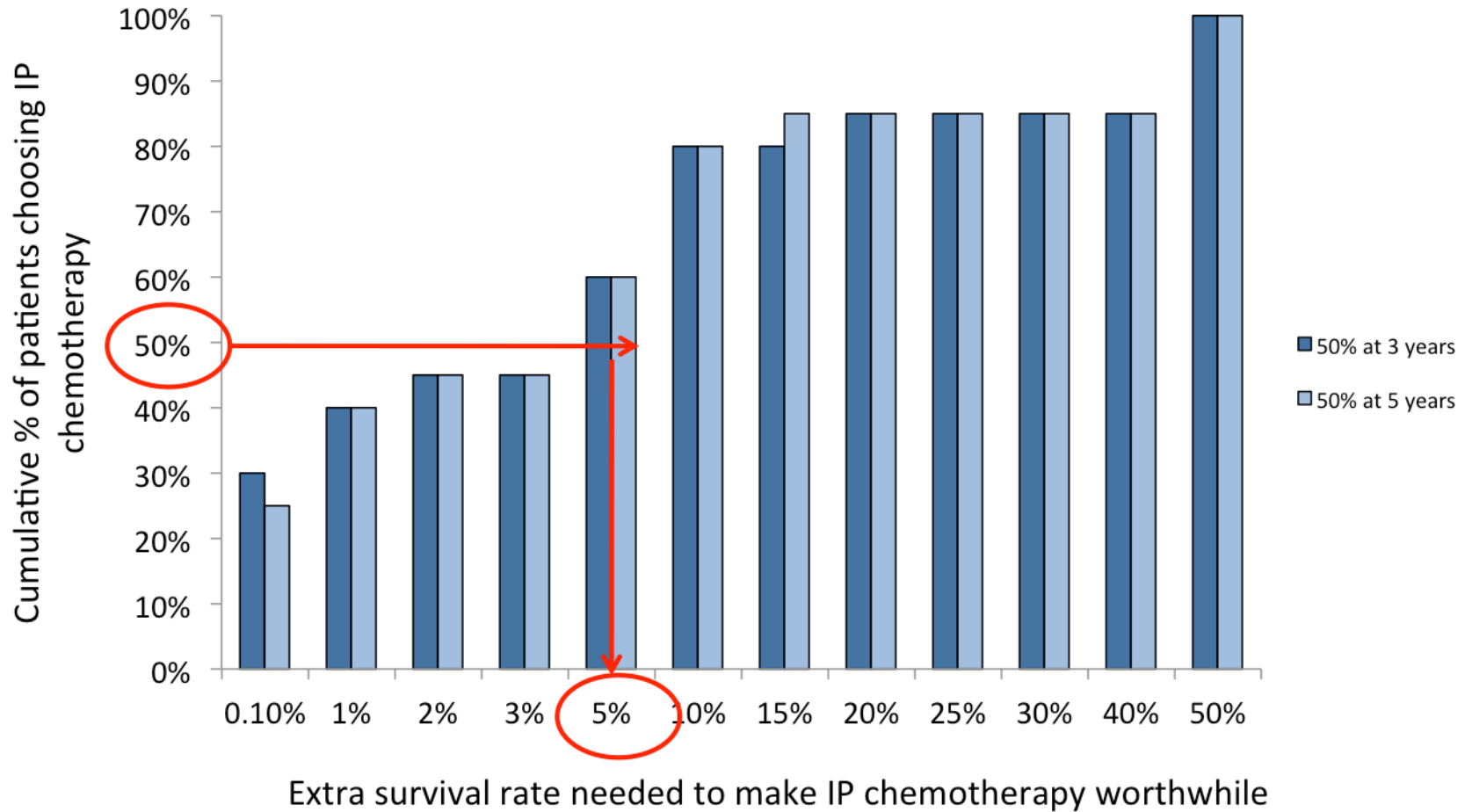
*NHMRC Clinical Trials Centre*

## Sub-study of the phase 2 TRIPOD study

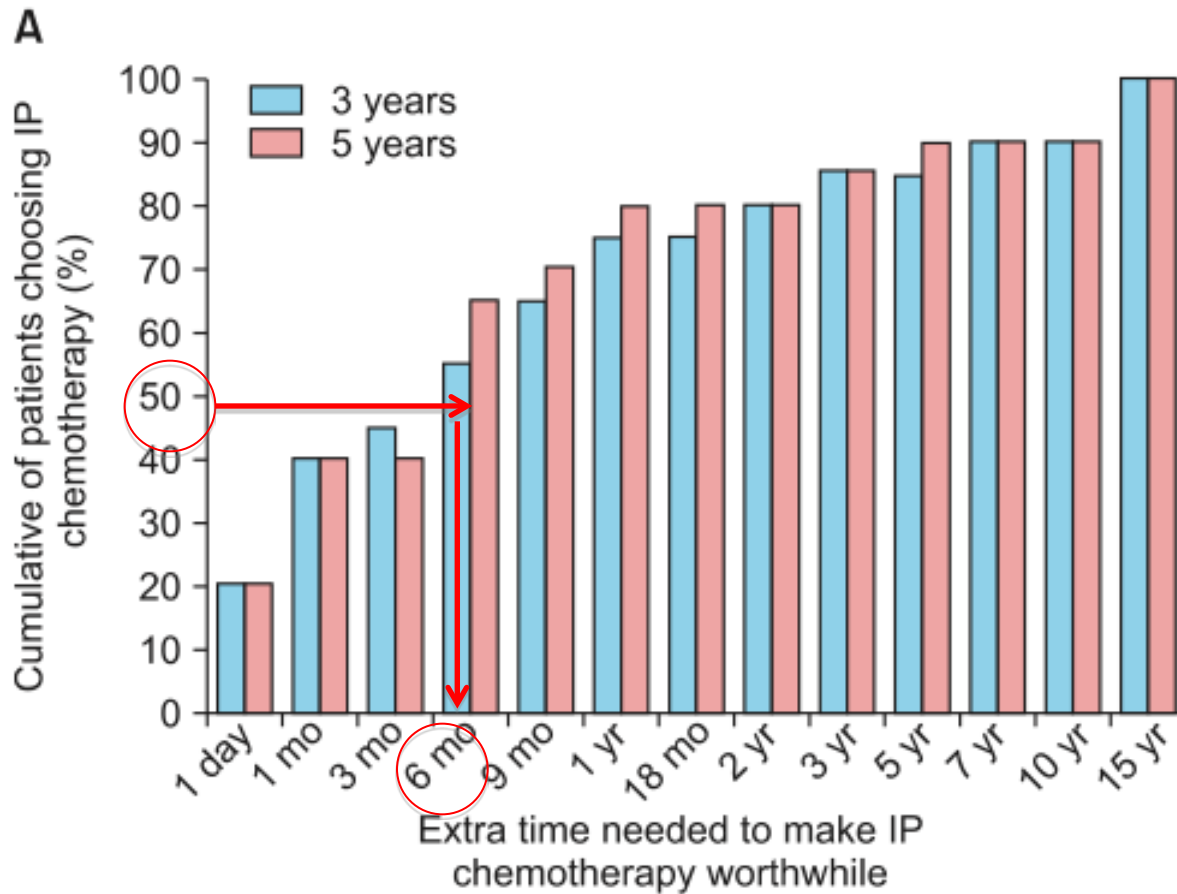




# Cumulative % of patients considering whether IP chemotherapy would be worthwhile for varying improvements in survival rates



Cumulative % of patients considering whether IP chemotherapy would be worthwhile for varying improvements in survival rates



Younger patients tended to judge smaller benefits sufficient  
Similar responses at baseline and 9 months

# Aims of Patient preferences sub-study in PORTEC 3

To determine

- the minimum benefits patients and their doctors judge sufficient to make worthwhile the addition of chemotherapy to pelvic radiotherapy in women with high-risk and advanced endometrial carcinoma, and
- the factors influencing these preferences

# Specific Objectives: To determine

- Benefits patients and doctors judge sufficient to make the addition of chemotherapy worthwhile
- Baseline characteristics influencing the preferences of patients and doctors
- Differences in patients' preferences before and after they have experienced chemotherapy
- Differences in preferences between patients randomized to have chemotherapy or not
- Differences in preferences between patients and their surgeons, radiation oncologists, and medical oncologists

# Inclusion criteria

## **Patients**

all patients participating in PORTEC-3 in ANZ sites  
with sufficient English to complete questionnaires

## **Doctors**

all gynaecological oncologists, radiation oncologists, and  
medical oncologists of patients participating in PORTEC-3  
investigators  
non-investigators

# Schema

## PORTEC-3

Resected endometrial cancer  
High-risk or advanced stage  
(as per FIGO stage and grade)  
No metastatic disease  
WHO performance status 0 or 1

R  
A  
N  
D  
O  
M  
I  
S  
A  
T  
I  
O  
N

Pelvic  
radiotherapy

Concurrent pelvic  
radiotherapy and  
chemotherapy

Adjuvant  
chemotherapy

## PACT in PORTEC-3

Patient questionnaires Months

0

9

Doctor questionnaires Months

0



# Assessments

## Patients

### Patient Questionnaire Baseline

after randomisation but before they start treatment

### Patient Questionnaire 9 months

>12 weeks after chemotherapy, if they had it

## Doctors

### Health Professionals Questionnaire

Once only when PORTEC-3 is activated @ the site

### Dr PACT-Q

Once for each patient participating in PORTEC-3  
ie once by surgeon/ rad onc/ med onc per patient  
ie doctor completes 10 times if has 10 patients on trial

# Example of preferences question

## the benefit needed to make chemotherapy *worthwhile*

<b>WITHOUT</b> chemotherapy Life expectancy is		<b>WITH</b> chemotherapy Life expectancy is
5 years <input checked="" type="checkbox"/>	OR	<input type="checkbox"/> 5 years
5 years <input checked="" type="checkbox"/>	OR	<input type="checkbox"/> 5 years and 1 month
5 years <input checked="" type="checkbox"/>	OR	<input type="checkbox"/> 5 years and 3 months
5 years <input checked="" type="checkbox"/>	OR	<input type="checkbox"/> 5 years and 6 months
5 years <input checked="" type="checkbox"/>	OR	<input type="checkbox"/> 5 years and 9 months
5 years <input checked="" type="checkbox"/>	OR	<input type="checkbox"/> 6 years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 6 ½ years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 7 years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 8 years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 10 years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 12 years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 15 years
5 years <input type="checkbox"/>	OR	<input checked="" type="checkbox"/> 20 years

Women chose either  
- the shorter survival time without the side-effects and inconvenience of chemotherapy  
OR  
- the longer survival time with the side-effects and inconvenience of chemotherapy



# Example of Dr PACT-Q

the benefit needed to make chemotherapy *worthwhile* and the *expected* benefit of chemotherapy in your patient

Your estimate of the absolute increase in this patient's life expectancy *with* ACT is...

Your estimate of this patient's life expectancy *without* ACT is...

	0 months	1 month	3 months	6 months	9 months	1 year	1 1/2 years	2 years	3 years	5 years	7 years	10 years	15 years
<u>10</u> years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Educated 'guesstimates'
- Doctors shouldn't agonise over the answers

# Challenges of preferences studies

- Doctor concern that asking patients about their preferences will cause distress – **rarely a problem**
- Patient Baseline:  $79/87 = 91\%$
- Patient 9 months:  $62/70 = 89\%$
- Dr PACT gyn onc:  $39/87 = 49\%$
- Dr PACT med onc:  $56/87 = 64\%$
- Dr PACT rad onc:  $73/87 = 84\%$
- Doctors may be uncomfortable with giving predictions about patient outcomes!

# Acknowledgements

- Martin Stockler
- Prunella Blinman

Preferences for cancer treatments: an overview of  
methods and applications in oncology

Blinman P Annals of Oncology 2012