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Abstract #5528

Advanced cervical cancer therapy: Comparison of contemporary expert and healthcare professional recommendations from an online treatment decision tool

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Background/Methods

Background

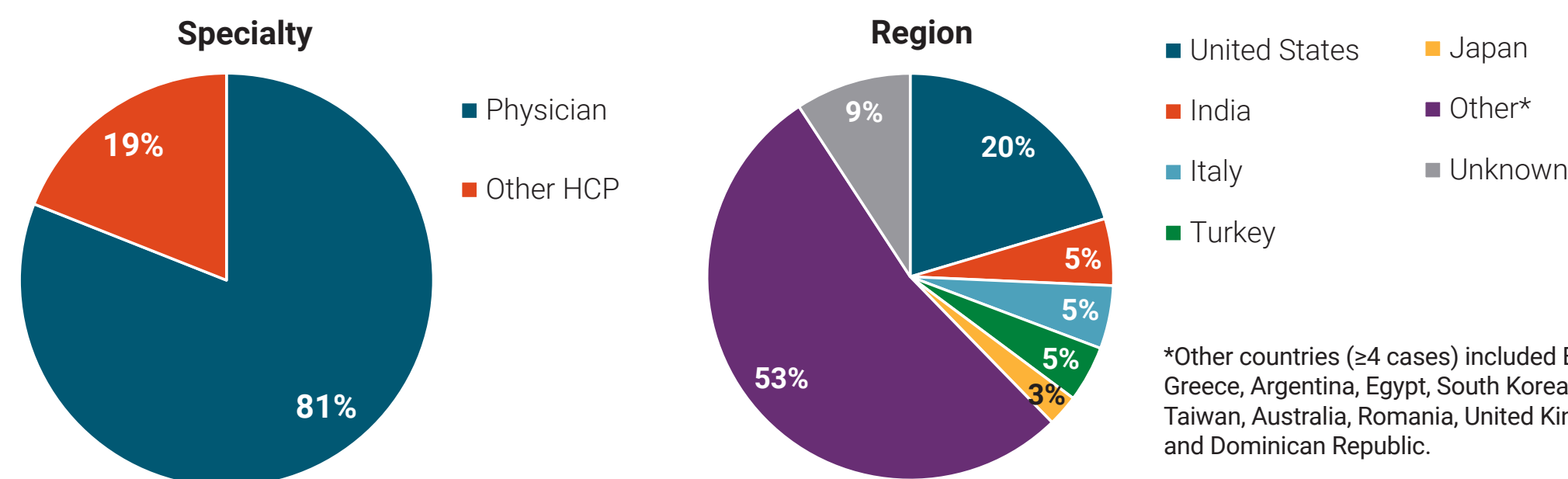
- Cervical cancer is the third most common gynecologic cancer in the United States, and it is responsible for approximately **740 deaths per day/worldwide**, making it the second most common cause of cancer death in women^{1,2}
- Practice patterns and novel emerging therapies for advanced cervical cancer are rapidly changing the treatment landscape³⁻⁵
- Therefore, it is critical that healthcare professionals (HCPs) **worldwide** select the most appropriate therapy for patients with locally advanced or recurrent cervical cancer to optimize clinical outcomes

Tool Design and Development

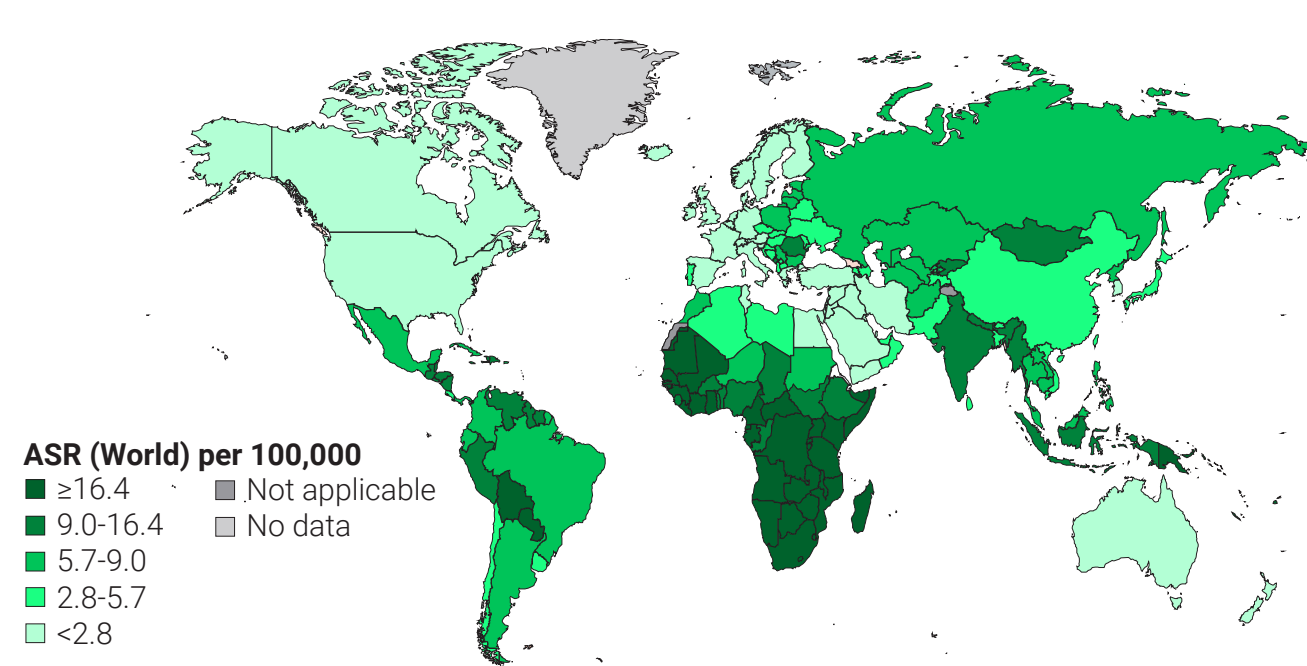
- An online interactive decision support tool (IDST) was developed for case scenarios of patients with advanced, newly diagnosed, and recurrent/second-line cervical cancer
- 5 experts (Linda R. Duska, MD, MPH; Lauren Prescott, MD; Ritu Salani, MD, MBA; Renata R. Urban, MD; and Shannon N. Westin, MD, MPH) identified a simplified set of key patient/disease characteristics on which they base treatment recommendations for patients with advanced cervical cancer, including adenopathy, disseminated disease status, previous therapy, and actionable biomarkers (PD-L1, MMR/MSI, TMB)
 - Users were asked to enter specific patient criteria and their intended management approach for each case simulation
 - The IDST then showed the 5 expert recommendations for that specific scenario, and HCPs were asked to indicate whether the recommendations changed their intended treatment plan.
 - Expert recommendations vs user-selected therapy for different scenarios were analyzed
- Primary objectives of this study were to determine:
 - Variance between self-reported practice trends from HCPs who used the tool and corresponding treatment recommendations from 5 gynecologic oncology experts
 - Self-reported impact of the tool on subsequent intended treatment decisions of participating HCPs

Tool Participant Demographics

- 303 patient cases were entered by 194 unique HCPs from September 2022 to May 2023



Global Mortality Rates of Cervical Cancer



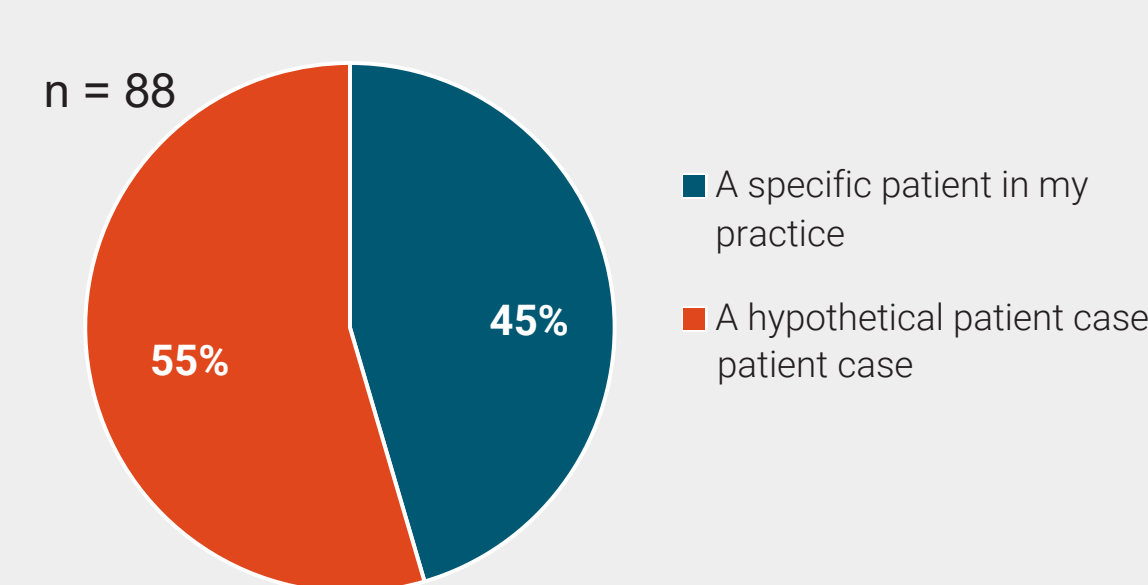
Main Takeaways

The IDST Identified Examples of:

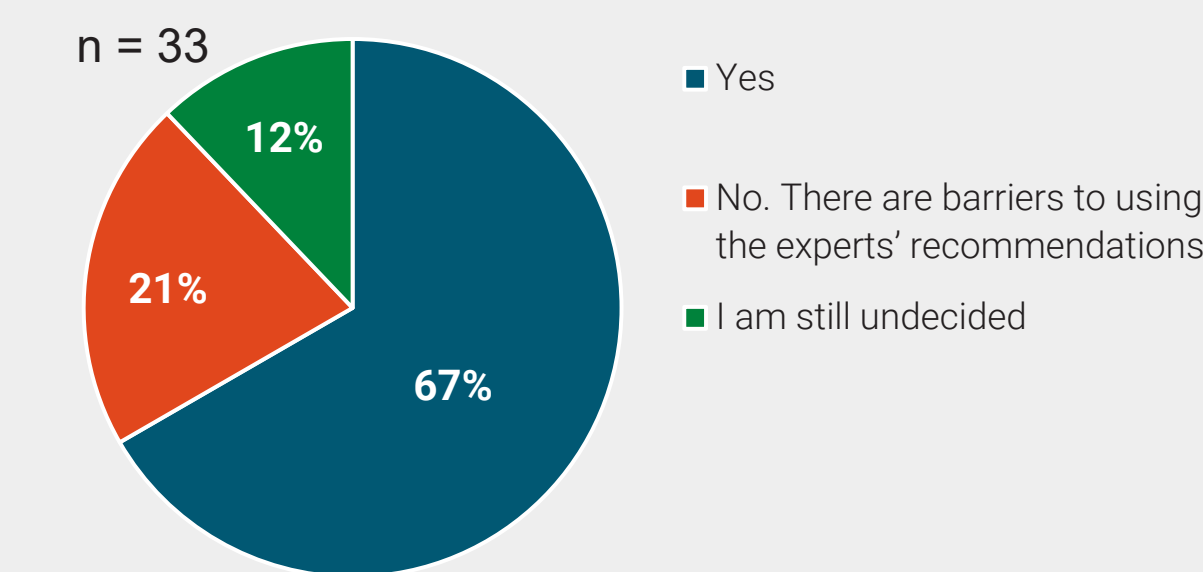
- Potential overtreatment by HCPs vs experts in patients with locally advanced, newly diagnosed cervical cancer
- Evidence of differences in adopting newly approved immunotherapies as single-agent or combination therapy in recurrent cervical cancer
- Evidence of differences in adopting newly approved antibody-drug conjugates were indicated based on lack of biomarker and previous treatment with immunotherapy

Impact of Education on Practice for Discordant Results

I used this tool to get expert recommendations on:



Did the expert recommendations change your initial treatment choice?



- Key Observations:** Of those who responded to the clinical impact survey, approximately one half (45%) indicated that they intended to get experts' recommendations on a specific patient in their practice

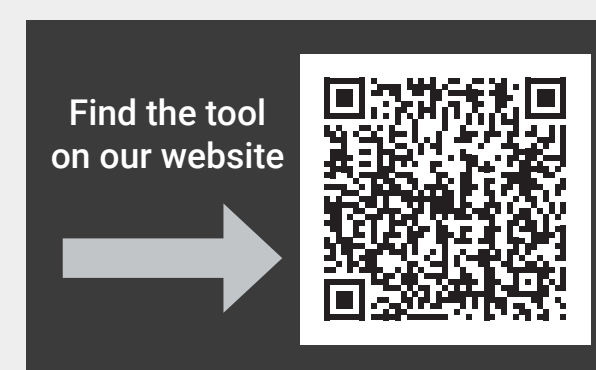
- Key Observations:** Of those whose initial intended treatment differed from expert's recommendations, 67% indicated that the tool changed their initial therapy based on experts' recommendations; of importance, there remain 8% of HCPs who indicate that there are barriers to implementing optimal therapy as indicated by experts, and 4% remain uncertain about how to proceed



Acknowledgements

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- The supporter had no role in design or development of the IDST; in the collection, analysis, and interpretation of data; or in the development of this presentation
- We would like to thank the HCPs who used this educational resource!
- COI: Jerfiz Constanzo, PhD, MBA, has no relevant conflict of interest to report.

For correspondence regarding this poster, please contact Jerfiz Constanzo, PhD, MBA (jconstanzo@clinicaloptions.com). Copies of this poster obtained through QR code are for personal use only and may not be reproduced without permission from the authors.

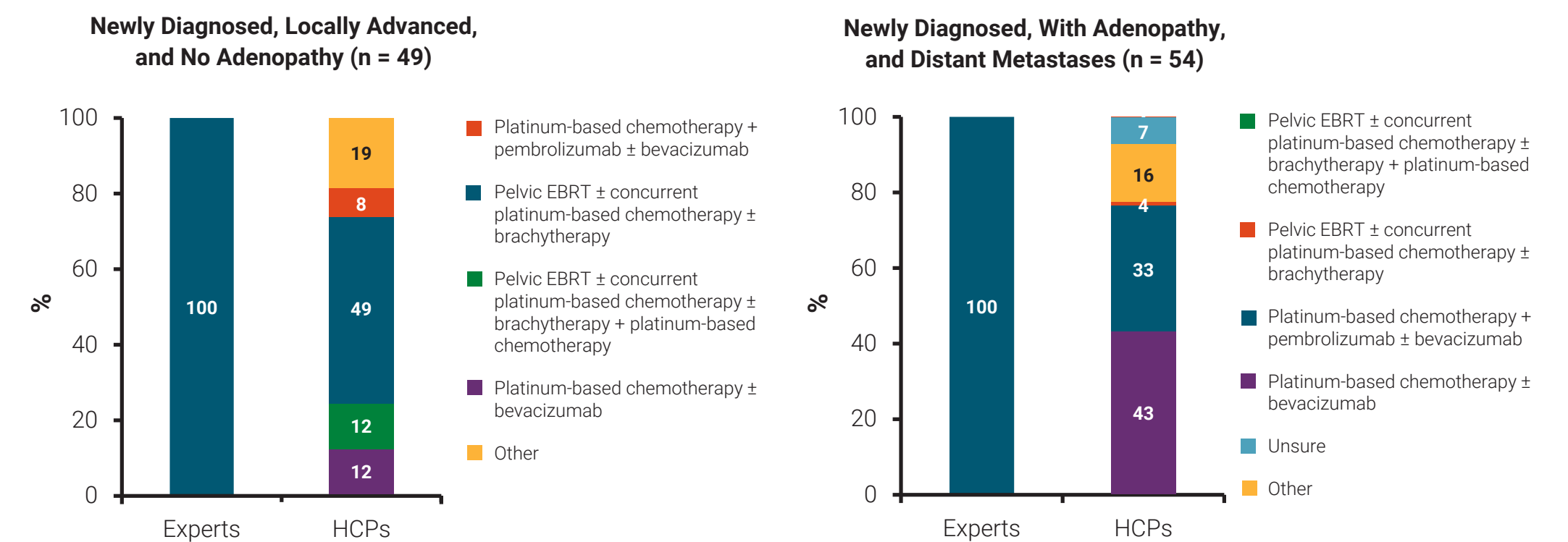


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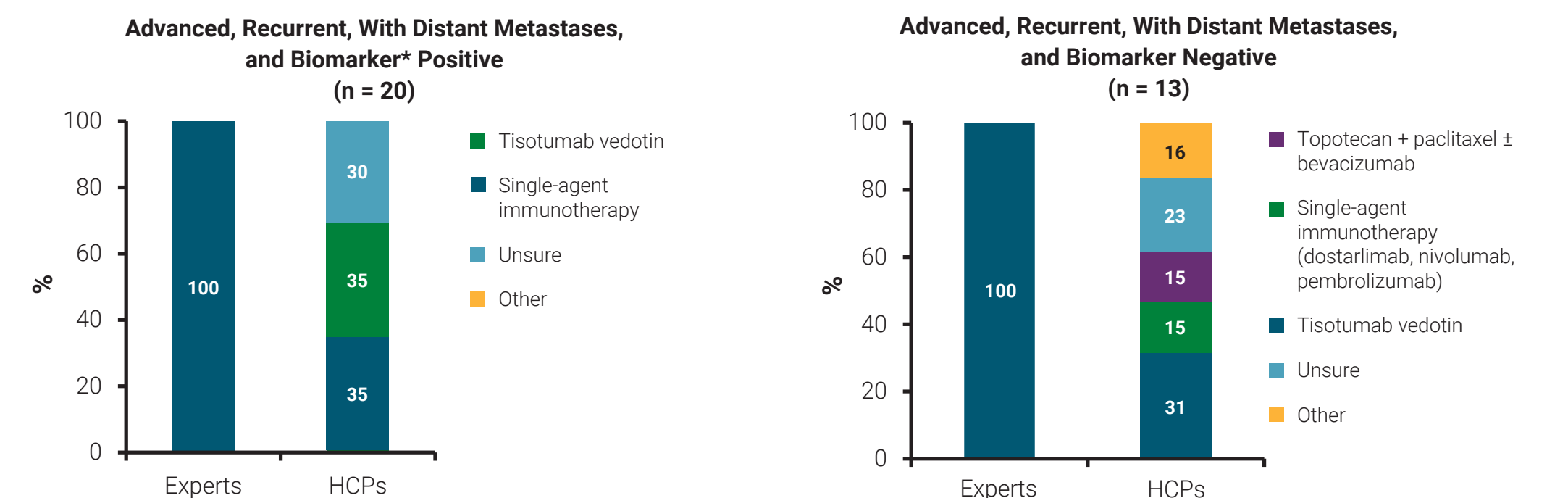
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Results

Summary of Treatment Choices (≥3%) by Experts vs HCPs for Select Advanced Cervical Cancer Scenarios



- Key Observations:** All experts recommended pelvic chemoradiation with or without brachytherapy vs only 49% of HCPs; 16% of those entering cases for the locally advanced newly diagnosed setting indicated that the experts' recommendations changed their treatment choice
- Key Observations:** All experts vs 33% of HCPs chose an immunotherapy-containing platinum-based chemotherapy regimen with/without bevacizumab; of note, 9% of responders indicated that experts' recommendations changed their treatment choice



*Biomarker positive status could include PD-L1, MSI/MMRd, or TMB.

- Key Observations:** All experts chose single-agent immunotherapy vs approximately one third of HCPs who selected single-agent immunotherapy, one third who selected tisotumab vedotin, and one third third who remained undecided
- Key Observations:** All experts chose tisotumab vedotin vs 31% of HCPs; a similar group of HCPs chose either chemotherapy (15%) or single-agent immunotherapy (15%) in this setting

Ongoing Educational Opportunities

- Analysis of data entered into the advanced cervical cancer IDST by HCPs suggests ongoing differences in clinical management of the disease between experts and HCPs for various case scenarios of advanced cervical cancer
- Continued use of online decision support tools can increase the number of HCPs making optimal treatment decisions for advanced cervical cancer, particularly when new data, changing indications, and guideline updates must be considered

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