Current Treatment Patterns for Early Breast Cancer Among Healthcare Professionals and Concordance With Expert Recommendations: Analysis of an Online Interactive Decision Support Tool

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Abstract 1550

Background

- The management of high-risk HER2-negative EBC has evolved with the FDA approval of newer agents including abemaciclib, olaparib, pembrolizumab, and ribociclib as (neo)adjuvant therapy options for appropriate patients
- To aid HCPs in the recommended implementation of these agents, we developed an online treatment decision support tool providing case-specific treatment guidance from 5 breast cancer experts
- Here, we report an analysis of cases entered into the tool by HCPs, comparing their planned treatment with expert recommendations

Methods

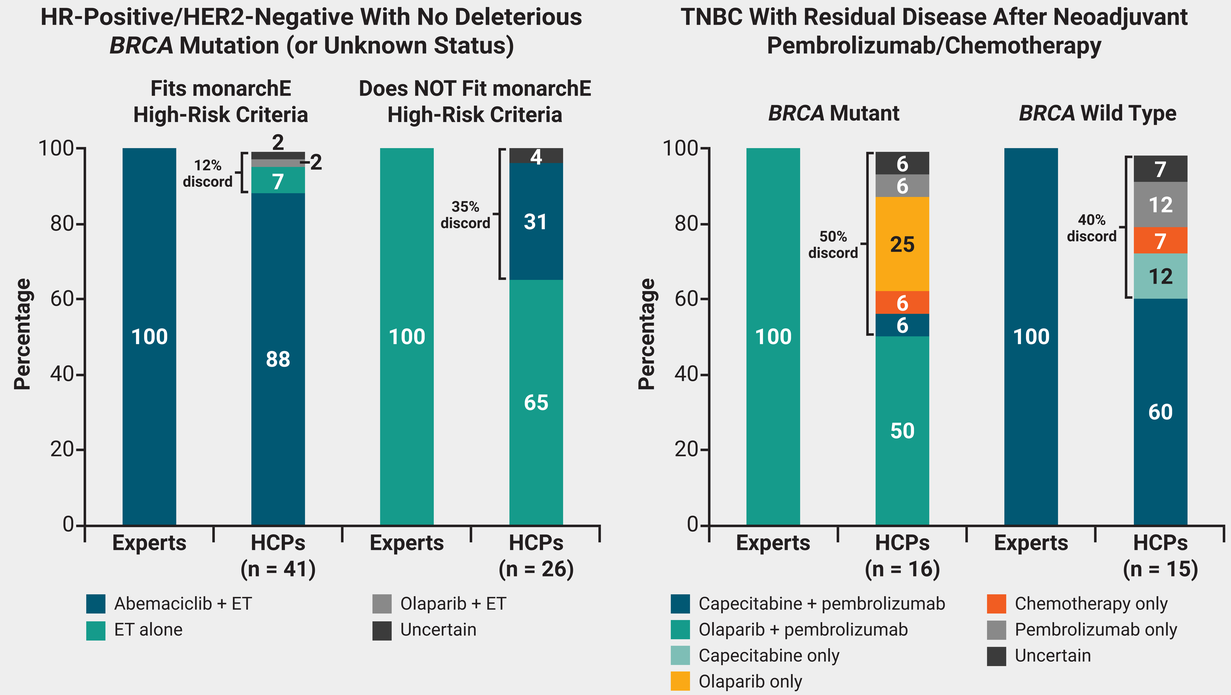
- In July 2024, 5 breast cancer experts provided therapy recommendations for 12 unique patient case scenarios in high-risk HER2-negative EBC
- Recommendations were based on 3 pivotal clinical trials (KEYNOTE-522, OlympiA, and monarchE) for approved therapies at that time with note made of the pending approval of ribociclib[1-5]
- Patient and disease characteristics included HR status, disease burden, treatment history, *BRCA* mutational status, risk of recurrence, and additional relevant criteria based on the pivotal trials
- HCPs entered specific patient and disease factors into the tool using selection menus, along with their intended treatment plan
- After case entry, HCPs were shown 5 individual expert treatment recommendations for the unique case scenario

References

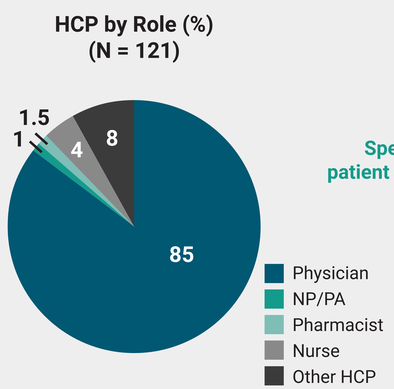
1. Schmid. NEJM. 2020;382:810.
2. Tutt. NEJM. 2021; 2394.
3. Johnston. JCO. 2020. 38:3987.
4. Johnston. Lancet Oncol. 2023;24:77.
5. Slamon. NEJM. 2024;390:1080.

Results

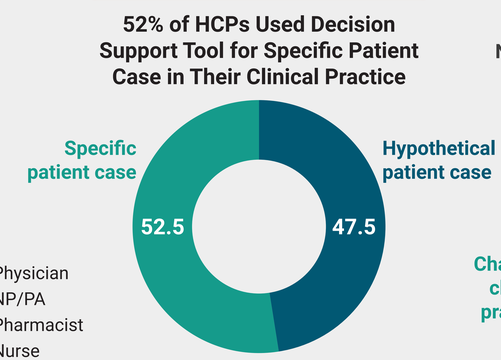
Discordance Among HCPs for Therapy Selection in High-Risk EBC



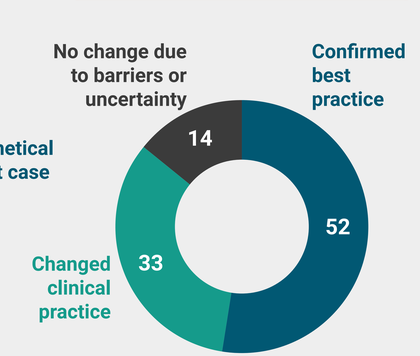
HCP Learner Demographics



Use of Tool



Clinical Impact



Conclusion

- Data from this tool suggest high levels of concordance between the clinical practice of experts and HCPs in the management of high-risk HR-positive/HER2-negative EBC with adjuvant CDK4/6 inhibitor therapy
- Data from this tool suggest greater discord between the clinical practice of experts and HCPs in the management of high-risk HR-negative/HER2-negative EBC without a pCR to neoadjuvant chemotherapy + pembrolizumab
- 33% of HCPs reported that expert recommendations changed their treatment choice, and 52% had their treatment choice confirmed as the optimal management strategy
- This online decision support tool may increase the number of HCPs making optimal management decisions for patients with high-risk HER2-negative EBC

EBC, early breast cancer; ET, endocrine therapy; HCP, healthcare professional; HR, hormone receptor; NP, nurse practitioner; PA, physician associate; pCR, pathologic complete response; TNBC, triple-negative breast cancer.

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