

NSCLC with brain metastases

Roundtable Presentation

DATE: 27th October 2021

Methodology and Sample

Methodology

10 minutes online survey with selected oncologists and 25 respiratory specialists









Participation criteria

- Must be within at least 1 of the 5 roles listed in sample plan
- Qualified in their specialty for between 3 and 30 years
- Treat NSCLC patients with brain metastases
- At least one patient with NSCLC with brain metastases for the last 6 months

Dates

Field work : August – September 2021
Analysis: October 2021

Quoted Sample

								
	US	EU	UK	DE	FR	IT	ES	Total
Medical Oncologist	55	162	27	25	33	40	37	217
Clinical Oncologist	2	43	13	5	5	8	12	45
Radiation Oncologist	30	6	3	1	1	0	1	36
Haem-Oncologist	13	14	0	12	0	2	0	27
Respiratory Specialist	0	25	7	7	11	0	0	25
Total	100	250	50	50	50	50	50	350

Initiative

Ipsos Mori on behalf of Sanofi and Regeneron Alliance, GCIH and the European Cancer Organisation (ECO)

Challenges of care **NSCLC with brain mets**

Patients suffer an array of symptoms linked to both NSCLC and brain metastasis

On average physicians identify a range of
17 different symptoms
that NSCLC patients
with brain metastases
might experience



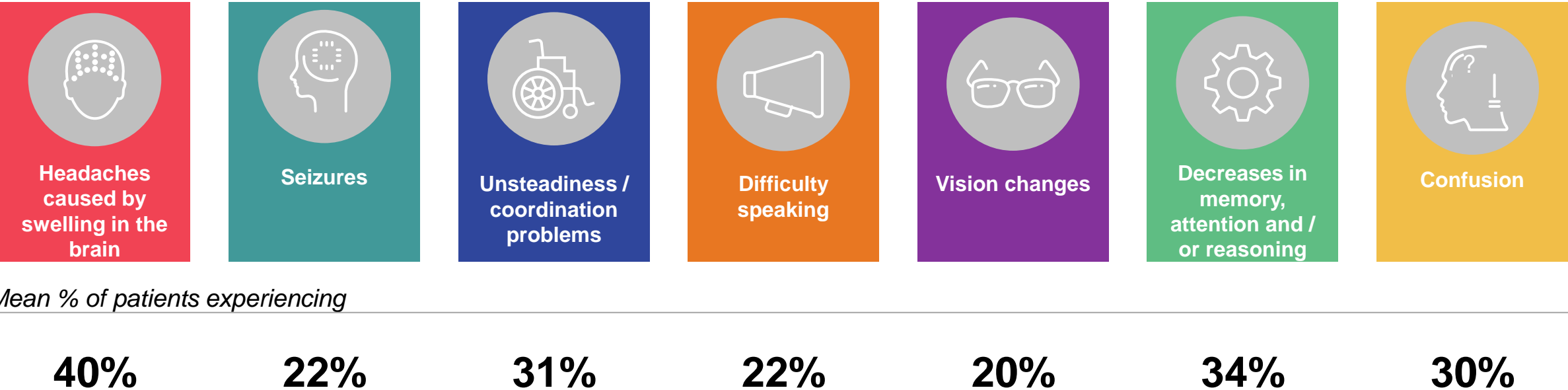
Base: All Respondents Total (n=350)

T1 In your experience, what proportion of your NSCLC patients with brain metastases experience the following symptoms?

T1b And which of these symptoms do you perceive to be a symptom that is unique to their brain metastases and not symptoms relating to their NSCLC in general?

Cancer symptoms are compounded by brain mets symptoms affecting coordination, speech, memory loss and confusion

7 most frequently selected as unique to brain metastases patients (cognitive functioning)



Base: All Respondents Total (n=350)
T1 In your experience, what proportion of your NSCLC patients with brain metastases experience the following symptoms?
T1b And which of these symptoms do you perceive to be a symptom that is unique to their brain metastases and not symptoms relating to their NSCLC in general?

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Coordination of medical care is acknowledged as a particular challenge for NSCLC patients with brain metastases by physicians



3 in 4 agree

coordination of medical care is more challenging for NSCLC patients with brain metastases

73% agreeing with the statement:

“It is more challenging to coordinate the medical care of a NSCLC patient with brain metastases compared to NSCLC patients (without brain metastases)”

**compared to caregivers to patients without brain metastases*

Base: All Respondents Total (n=350)

P1 Considering your NSCLC patients with brain metastases to what extent do you agree or disagree with each of the statements below?

When treating NSCLC patients with brain metastases, challenges experienced by physicians are vast and varied

Little consensus on the core challenges when treating NSCLC patients brain metastases

On average physicians select

7 activities within the management of NSCLC patients with brain metastases to be challenging

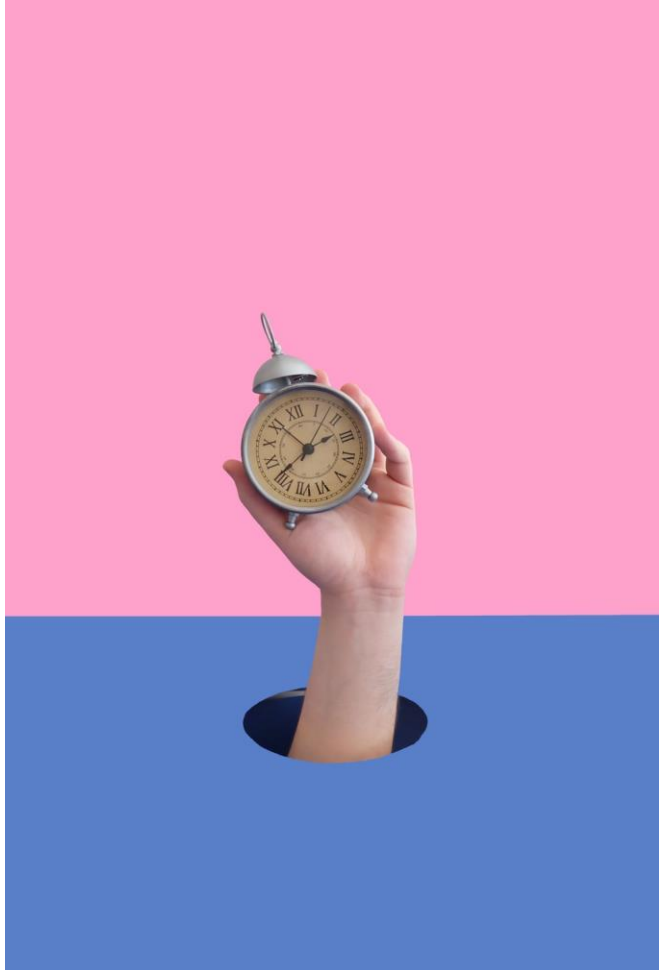


Of the 18 possible challenges, all were stated to be a challenge (Very challenging / fairly challenging / somewhat challenging) by around of 3 in 10, showing the complexity of the condition and the issues that physicians and their patients are facing.

Base: All Respondents Total (n=350)

P3 When treating NSCLC patients with brain metastases how challenging or not are each of the following roles/activities to you personally?

The official allotted time for appointments is challenging for over half of respondents



Half of HCPs

Report “*Having a detailed conversation with a patient in the official time allotted for appointments*” as a challenge, making it the top challenge amongst physicians we spoke to

Very challenging / fairly challenging / somewhat challenging

Base: All Respondents Total (n=350)

P3 When treating NSCLC patients with brain metastases how challenging or not are each of the following roles/activities to you personally?

More than 2 in 5 physicians find providing quality information to their NSCLC patients with brain metastases to be a particular challenge



44% of HCPs

Find “*providing quality information to them about their condition (e.g. printed, online or video information)*” challenging

Very challenging / fairly challenging / somewhat challenging

Base: All Respondents Total (n=350)

P3 When treating NSCLC patients with brain metastases how challenging or not are each of the following roles/activities to you personally?

Access to a survivorship plan comes after access to a variety of support groups in terms of priority support services

When asked to choose top 5 important support services

5% believe a survivorship plan is the top support service in terms of importance



Base: All Respondents Total (n=350)

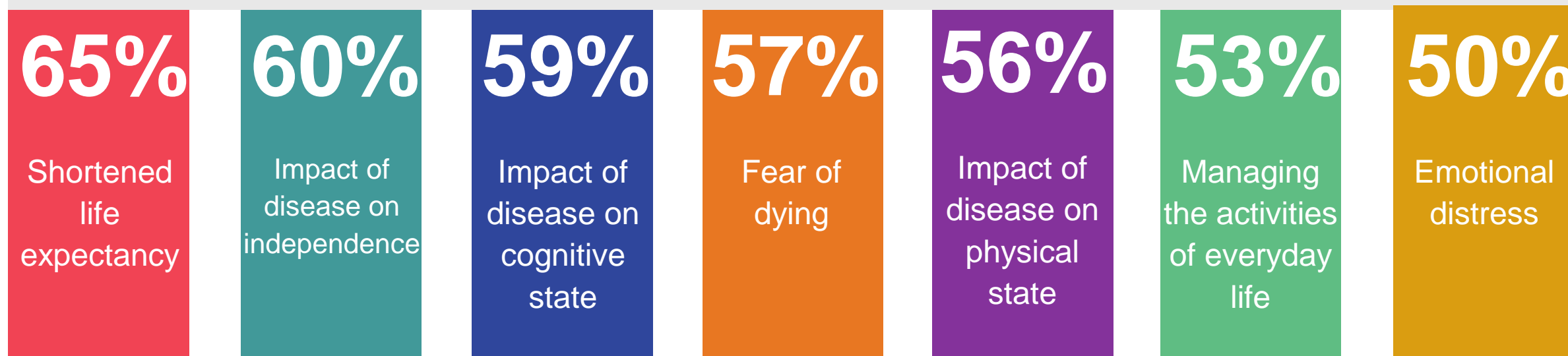
P2 In your experience, when thinking of needs of NSCLC patients with brain metastases, which of the following support services do you believe are the most important to these patients?

The emotional side **NSCLC with brain mets**

In addition to physical and mental impairment, emotional distress is a key challenge for many patients according to physicians

We asked physicians to select the top 7 challenges to patients, though we expected the vast majority to select 'shortened life expectancy' and 'fear of dying' that was not the case. Impact on QoL is a focus for patients.

Top 7 challenges amongst patients – HCP perceptions



Base: All Respondents Total (n=350)

T4 In your experience, what do you think patients find most challenging about having NSCLC with brain metastases?

However, some physicians recognise providing emotional/moral support is challenging



Half of HCPs

Report “*Providing emotional and/or moral support to the patient and their caregivers and family*” as a challenge, making it another top challenge amongst physicians we spoke to

Very challenging / fairly challenging / somewhat challenging

Base: All Respondents Total (n=350)

P3 When treating NSCLC patients with brain metastases how challenging or not are each of the following roles/activities to you personally?

Specialists view themselves as the most useful resource to patients and their caregivers

2 in 3

Ranked 'face-to-face support with oncologist' or 'online support with oncologist' in 1st, 2nd or 3rd place as most useful in accessing the information about patients' condition

Base: All Respondents Total (n=350)

I3 Which of the following sources, if any, do you think your NSCLC patients with brain metastases (and/ or their caregivers) find most useful in accessing information about their condition? (Top 5 support services, placing them in order of importance)



However... many report challenges with having open conversations with patients and caregivers

2 in 5 physicians
(41%) find it challenging *“being open and honest with the patient if asked difficult questions (e.g. on prognosis, likelihood of recurrence, etc)”*

(Very challenging / fairly challenging / somewhat challenging)

Base: All Respondents Total (n=350)

P3 When treating NSCLC patients with brain metastases how challenging or not are each of the following roles/activities to you personally?

40% feeling less than well equipped to managing NSCLC patients with brain metastases



Admit to feeling only 'somewhat equipped', 'fairly poorly equipped' or 'very poorly equipped' to manage NSCLC patients with brain metastases.

60% state they feel fairly well equipped or very well equipped

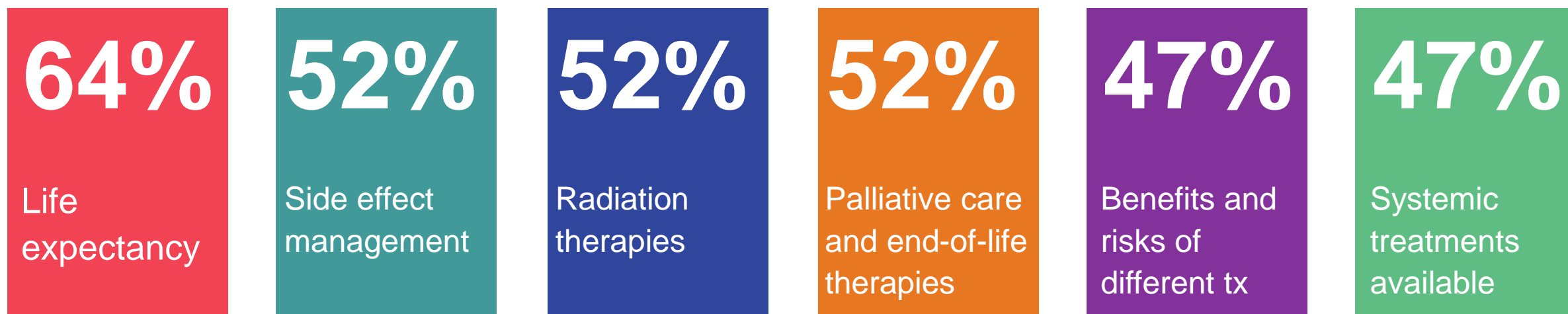
Base: All Respondents Total (n=350)

T2 How well or poorly equipped do you feel managing patient care for your NSCLC patients with brain metastases compared to those without brain metastases?

Support needs **NSCLC with brain mets**

Some physicians acknowledge patients require more information on life expectancy, treatment or end of life care

6 most frequently selected topics that physicians think NSCLC patients with brain metastases might want to know more about their condition



Base: All Respondents Total (n=350)

11 Thinking of your NSCLC patients with brain metastases, which areas, if any, do you think they want to know more about their condition?

Caregivers to those with brain metastases become even more involved in their care management* and also require support

**compared to caregivers to patients without brain metastases*

82% agree that the “supportive role of caregivers of NSCLC patients with brain metastases becomes more all-encompassing”



Strongly agree / tend to agree

72% agree that “Caregivers of NSCLC patients with brain metastases are more stressed than caregivers of NSCLC patients without brain mets”



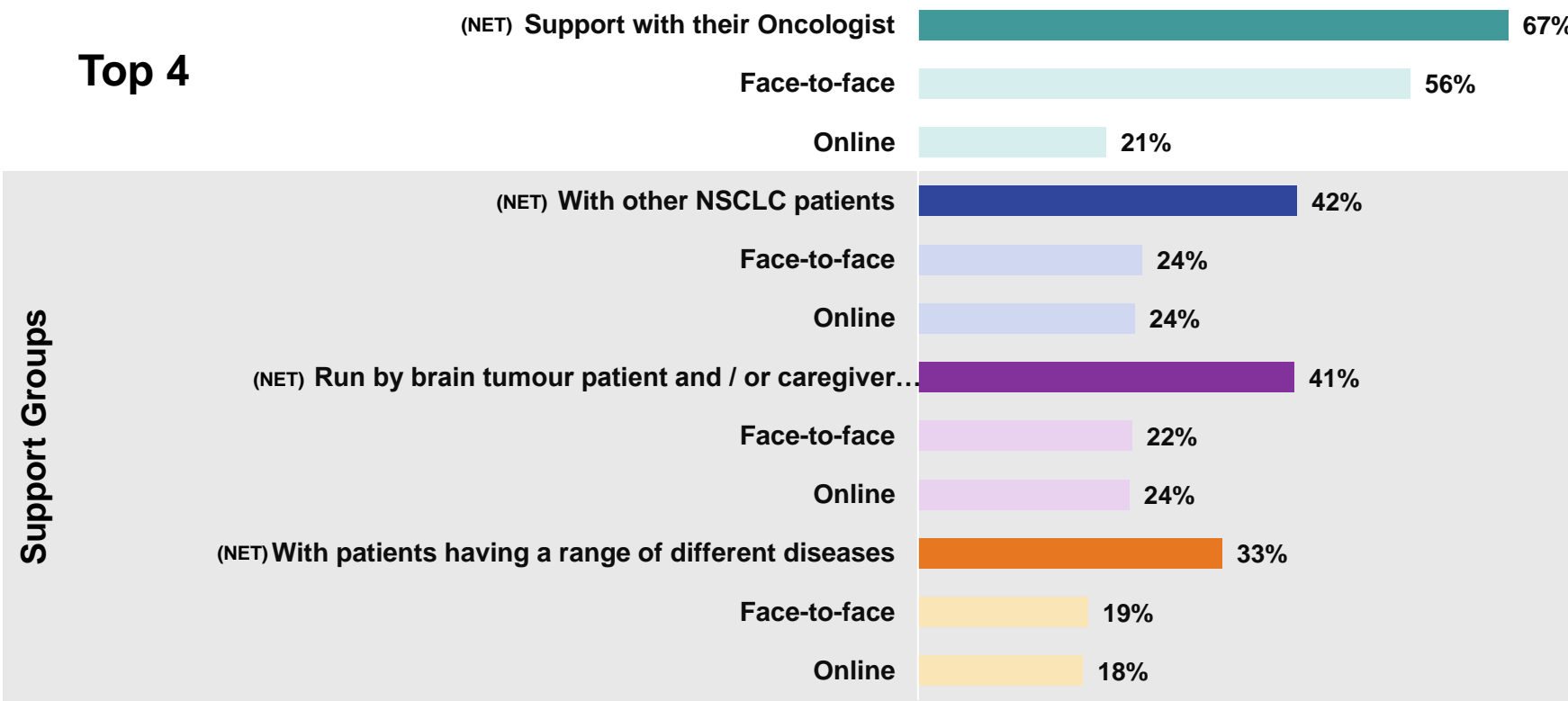
Strongly agree / tend to agree

Base: All Respondents Total (n=350)

P1 Considering your NSCLC patients with brain metastases to what extent do you agree or disagree with each of the statements below?

Oncologists and support groups with other patients with NSCLC and/or brain mets are important in providing information

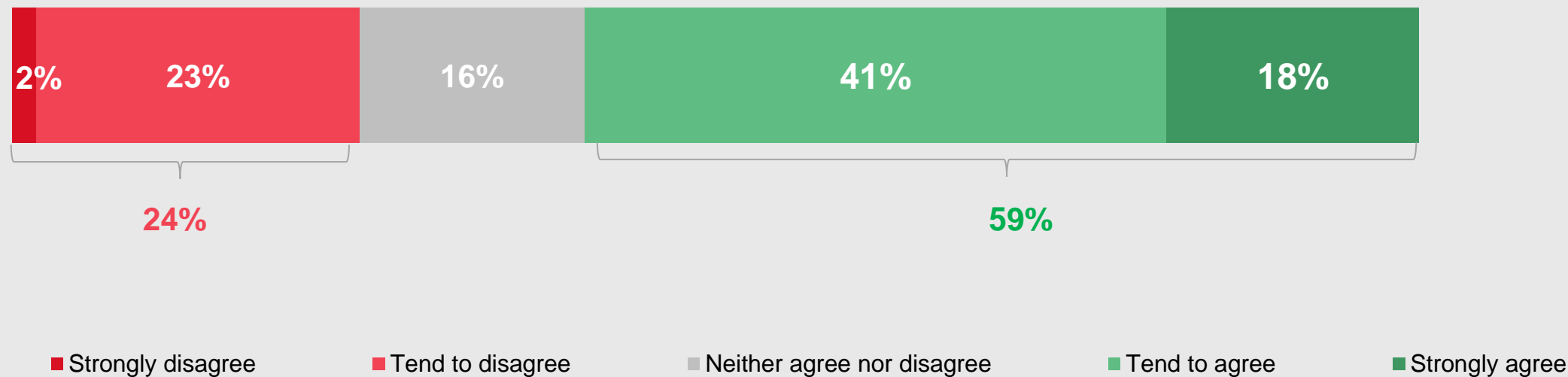
Ranked 1st / 2nd / 3rd



Base: All Respondents Total (n=350)
I3 Which of the following sources, if any, do you think your NSCLC patients with brain metastases (and/ or their caregivers) find most useful in accessing information about their condition?
(Top 5 support services, placing them in order of importance)

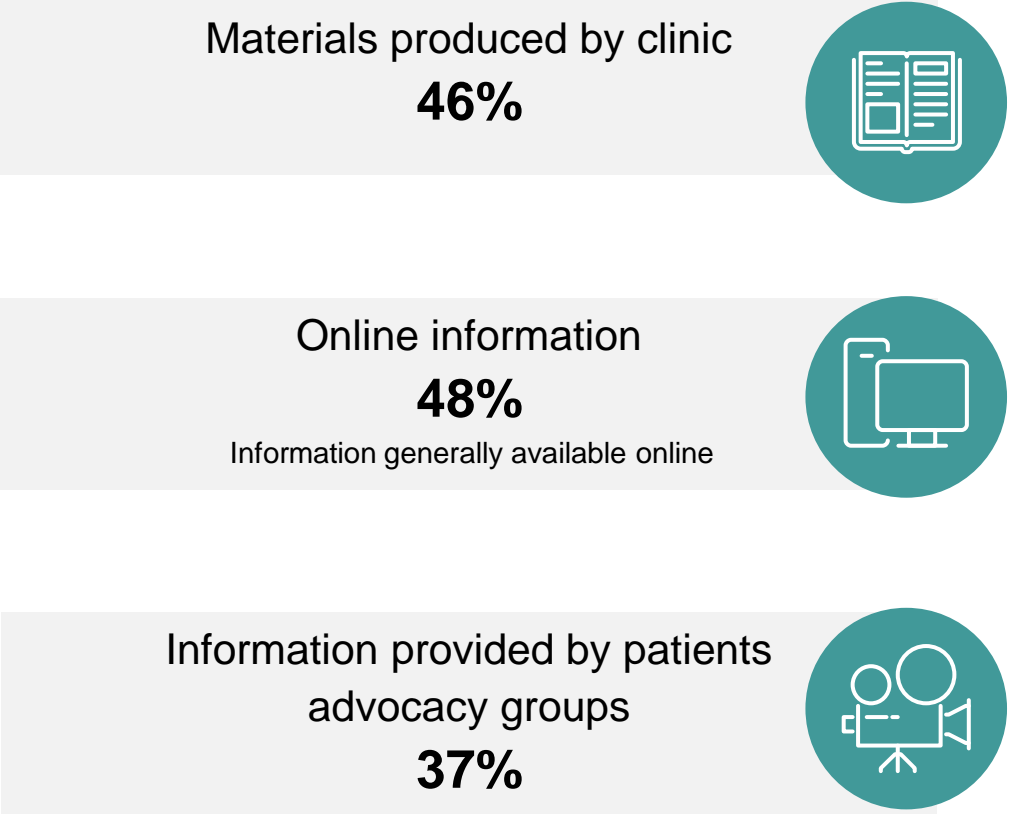
The majority of physicians claim to be satisfied with the amount of information available to patients and caregivers, however a quarter are dissatisfied

*“I am satisfied with the amount of information available to my **NSCLC patients with brain metastases** and their caregivers about their condition”*



Many physicians have access to general online information or materials produced by their clinic

Top 3 information and materials available to offer for NSCLC patients with brain mets



However...

18% report to either have none available or don't know

THANK YOU.

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