

# Oncologist Treatment Considerations and Selection in EGFR M+ NSCLC

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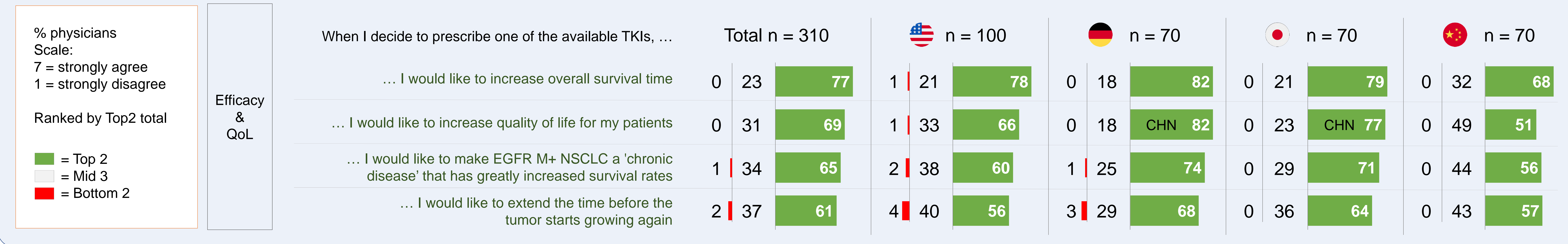
**Objectives:** The treatment landscape for EGFR M+ stage IIIb/IV NSCLC has significantly changed in the past few years. The aim of this study was to assess current attitudes towards decision making for TKI sequencing to determine what matters most when selecting a treatment and what challenges oncologists face.

A representative online survey of 310 HCPs (Oncologists, Pulmonologists, Respiratory Surgeons and Internal Respiratory Specialists) across four countries (China, Germany, Japan and USA) between April 2018 and May 2018.

USA n = 100    Germany n = 70    Japan n = 70    China n = 70

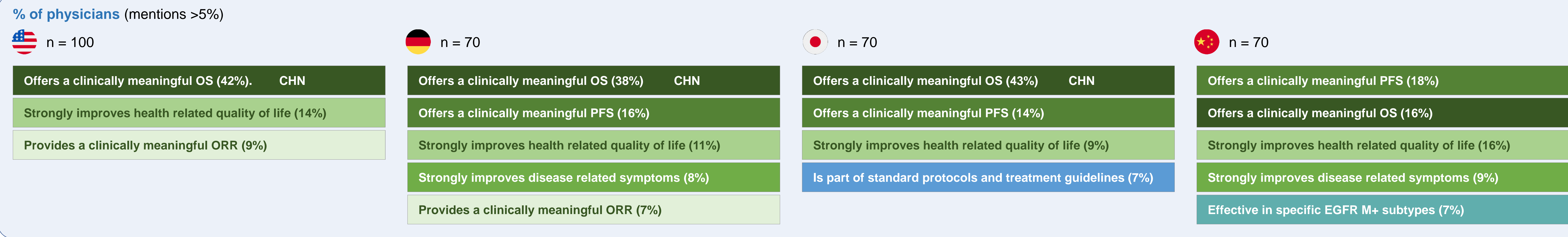
## CONCLUSIONS

### Most important treatment ambitions when prescribing TKIs, irrespective of treatment line:



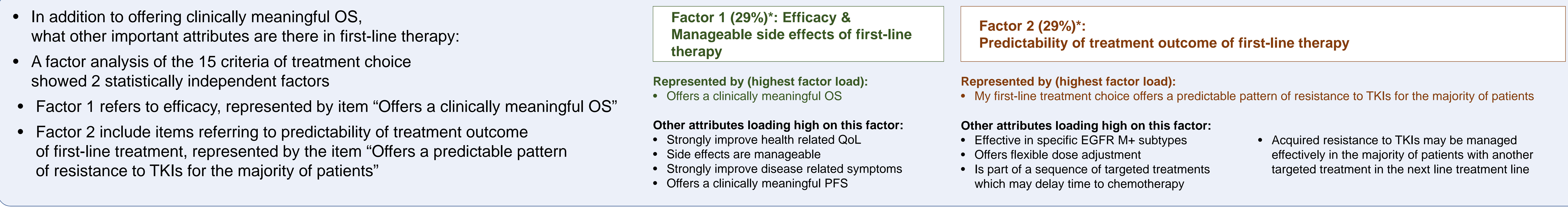
Increasing overall survival (OS), followed by increasing quality of life (QoL) emerged as the most important treatment ambitions when prescribing TKIs.

### Criteria of treatment choice in first-line:



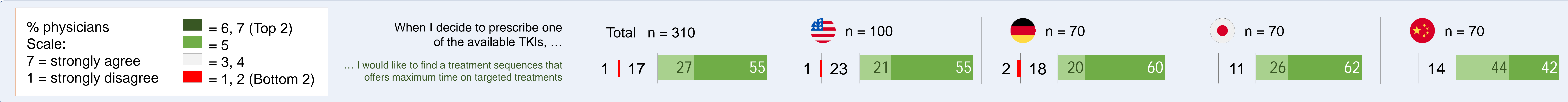
Clinically meaningful OS stands out for the US, Germany and Japan. For China, offering a clinically meaningful progression-free survival (PFS), OS, and improved health related QoL appear to be of equal importance.

### Criteria of treatment choice in first-line:



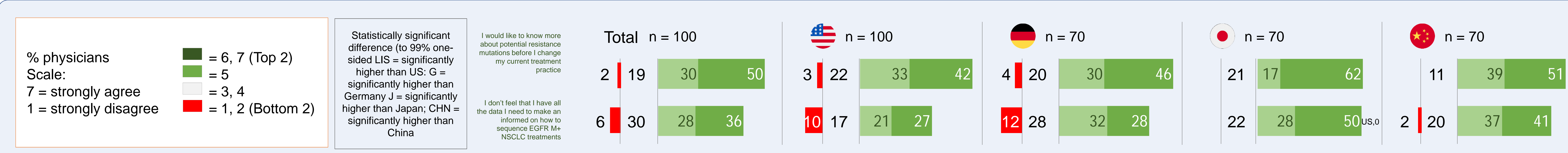
Predictability of treatment outcome in first-line therapy was also a relevant influence on treatment choice in addition to the overarching ambition of improving OS and QoL.

### Current understanding amongst oncologists about treatment options, treatment practice and sequencing of TKIs in EGFR M+ patients:



In terms of the sequencing of TKIs, 55% strongly prefer a treatment sequence offering maximum time on targeted therapies. Furthermore, there is a strong need across all countries for information on potential resistance mutations before changing current treatment practice.

### Do oncologists have enough data to inform their treatment decision-making for EGFR M+ patients?



Over a third (36%) of all HCPs agreed that they do not feel they have all the data required to make informed decisions on how to sequence EGFR M+ NSCLC treatments.

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