How should we explain response to cancer treatment?

Dr Andrew Davies

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Faculty Disclosure

x	No, nothing to disclose
	Yes, please specify:

Company Name	*Honoraria/ Expenses*	*Consulting/ Advisory Board*	*Funded Research*	*Royalties/ Patent*	*Stock Options*	*Ownership/ Equity Position*	*Employee*	*Other (please specify)*
Example: company XYZ	x		x		x			

Response to cancer treatment

FDA guidance

Guidance for Industry Clinical Trial Endpoints for the Approval of Cancer Drugs and Biologics (2007)

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FDA guidance

- Overall survival
- Endpoints based on tumour assessments
  1. Disease free survival (recurrence + death)
  2. Objective response rate (CR + PR)
  3. Progression free survival (progression + death)
  4. Time to treatment failure (end of treatment)
- Endpoints involving symptom assessment
- Biomarkers

RECIST criteria (chemotherapy)

Target lesions:

- Complete response
- Partial response - > 30% decrease
- Stable disease
- Progressive disease - > 20% increase

RECIST criteria (chemotherapy)

Non-target lesions (tumour markers):

- Complete response
- Incomplete response / stable disease
- Progressive disease

Response to treatment

“To effectively communicate we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others”.

Tony Robbins

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Response to treatment - Patient

- What do they want?
- What don't they want?
- What would they accept?

Response to treatment - HCP

- Objective(s) treatment

- Efficacy treatment (objective-relevant)
- Toxicity treatment (acute, chronic)
- Financial toxicity
- Other toxicity (“iceberg of toxicity”)

- Alternative options (palliative care)

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Objective of treatment – 3 “Cs”

D - Diagnosis	↗	Cure
A - Aim (of treatment)	→	Control
T - Treatment	↘	Comfort
A - Answers (to questions)		

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Efficacy of treatment

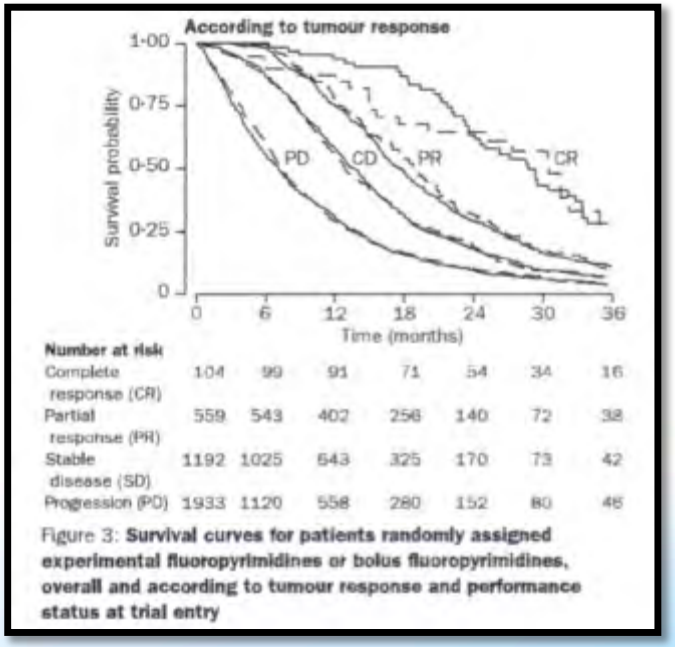

Figure 3: **Survival curves for patients randomly assigned experimental fluoropyrimidines or bolus fluoropyrimidines, overall and according to tumour response and performance status at trial entry**

- Median survival vs actual survival
- Response vs survival
- Research populations vs real world populations
- Non treatment effects

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“Iceberg of toxicity”

- Physical
- Psychological
- Social
- Interference with ADL
- Oncology appointments
- Radiology appointments
- Other appointments
- “Lost” weeks (post chemo)

Response to treatment – HCPs

“The truth, the whole truth, and nothing but the truth”

(or at least the truth we know / think we know)

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Response to treatment – AI

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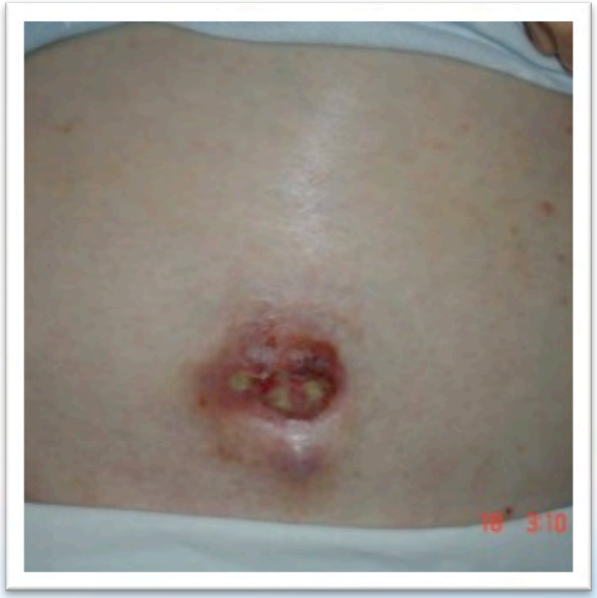
Case study



"A new treatment is developed for carcinoma of the umbilicus which increases the median survival of patients from 6 months to 12 months. However, 75% of patients have an objective decrease in size of the tumour after six months of treatment".

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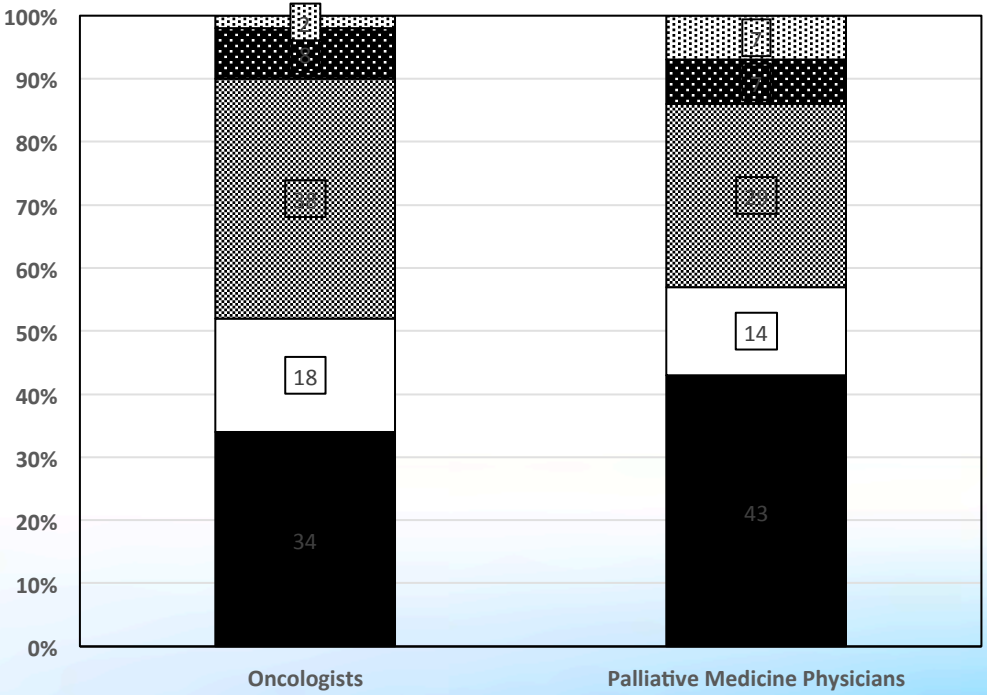
UK physicians
(Oncology = 97; Palliative Medicine = 14)



- the new treatment is a 'game changer'
- treatment will double your life expectancy
- treatment will increase your life expectancy by 6 months
- with treatment you have a 50% chance of surviving 12 months
- 75% of patients will respond to treatment

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