

Most Oncologists Agree with New Adjuvant Therapy Guidelines for Lung Cancer Announced at ASCO

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Most Oncologists Agree with New Adjuvant Therapy Guidelines for Lung Cancer Announced at ASCO, with Cisplatin/Platinol Gaining Most Ground from the Changes, According to New TNS Healthcare Research

NEW YORK, July 22, 2008—More than 70% of oncologists attending this year's ASCO (American Society of Clinical Oncologists) conference indicate strong agreement with the new adjuvant therapy guidelines for non-small cell lung cancer (NSCLC) patients announced during the event, held May 30 – June 3 in Chicago. New TNS Healthcare research with conference attendees reveals the majority of oncologists also believe the new guidelines will help facilitate physician-patient conversations around adjuvant therapy.

The new guidelines are based on recommendations from a joint panel of experts convened by The Cancer Care Ontario Program in Evidence-Based Care and ASCO. They strongly urge chemotherapy following successful surgery, completely removing the tumor, in patients with stages IIA, IIB and IIIA lung cancer. The guidelines come out of data showing that chemotherapy improves the five-year survival rates of stage II patients by 10% and of stage III patients by 13%.

ASCO has developed a decision aid tool, which uses straightforward charts and diagrams to explain the risks and benefits of adjuvant therapy to patients and their families. The tool is designed to help doctors better communicate with their patients about their treatment options and prognosis.

“Seventy percent of oncologists feel strongly that the new guidelines will help their conversations about adjuvant therapy with their patients, making the ASCO tool an important aid in supporting effective treatment discussions,” says Jonathan Kay, President, US Portfolio for TNS Healthcare. “Increasingly, doctors are looking for these kinds of educational materials to help them inform and guide their patients.

“For instance, recent TNS Healthcare research with 1,500 primary care physicians across the US and Europe shows that two-thirds of American doctors now place high value on patient education programs—up from 55% in 2007. We also see patient education programs gaining importance in some key European markets, such as the UK and Spain.”

The New Guidelines Will Drive Treatment Changes

As the new guidelines are adopted, TNS Healthcare's research shows there will be significant increases in Cisplatin/Platinol usage. The percentage of oncologists using Cisplatin/Platinol as an adjuvant therapy for NSCLC is expected to jump from 13% to 25% over the next year. This substantial growth is aligned with the new guidelines' recommendation that cisplatin-based chemotherapy be routinely used for patients with stages IIA, IIB and IIIA NSCLC.

In spite of these gains for Cisplatin/Platinol, Carboplatin/Paraplatin will remain the first-choice treatment for NSCLC patients. Among oncologists responding to the TNS Healthcare survey, 36% indicate they plan on using Carboplatin/Paraplatin for their NSCLC patients over the next year. Although this represents a drop from the 43% who selected Carboplatin/Paraplatin as their top choice during the previous 12 months, it still keeps the therapy in first place.

Taxol/pacitaxel remains in second place, even with the introduction of the guidelines. There is a 5 percentage point drop, however, in oncologists indicating they will treat NSCLC patients with Taxol/pacitaxel over the next 12 months, giving it only a very slight lead over third place Cisplatin/Platinol.

Information Collected from ASCO Attendees through J Conference

TNS Healthcare's insights into physician reactions to the new guidelines for adjuvant therapy in NSCLC patients were collected via Internet between June 23 and June 26, 2008 from 94 oncologists who attended ASCO through its JConference service — an omnibus research tool for collecting pre- and post-conference insights from physicians participating in medical events.

TNS Healthcare runs JConference research after most major medical conferences, including ASCO (American Society of Clinical Oncology), ACS (American College of Surgeons), ACG (American College of Gastroenterology), Renal Week (American Society of Nephrology) and ASH (American Society of Hematology). JConference provides immediate answers from physician attendees on event-specific issues, such as:

Likelihood of change in treatment behavior as a result of what was learned

Number of booths visited and time spent at exhibit

Which exhibit booths were “Best In Class” and why

What booth attributes motivates physicians to visit an exhibit

JConference also offers the ability to add up to 30 proprietary questions. Full results from the 2008 ASCO JConference study are available now from TNS Healthcare.