WEB QUESTIONNAIRE SURVEY FOR PHYSICIANS AND PATIENTS ON SIDE EFFECTS TO TRIFLURIDINE/TIPIRACIL

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Background and approach

・Trifluridine/tipiracil (FTD/TPI, Lonsurf) is an oral nucleoside antineoplastic agent commonly used in patients with unresectable or recurrent gastric or colorectal cancer who are resistant to standard chemotherapy. [1), 2)]

・To date, there are limited surveys on the experiences of physicians and patients regarding non-hematologic toxicities such as nausea, vomiting, anorexia, and fatigue associated with the use of FTD/TPI in routine medical practice. [3), 4)]

・We conducted a web-based questionnaire survey of physicians and patients regarding the side effects (SEs) of FTD/TPI (+bevacizumab) in Japan.

・We focused on nausea, anorexia, and fatigue, which are difficult to assess objectively, to clarify the reality of SEs and supportive care from the perspectives of both physicians and patients.

1) Mayer RJ, et al. N Eng J Med 372: 1909-19, 2015., 2) Shitara K, et al. Lancet Oncol 19: 1437-48, 2018.
3) Nozawa K, et al. Psychooncology. 2013;22:2140-2147., 4) Basch E. N Engl J Med. 2010;362:865-869.

Survey methods and overview

This cross-sectional observational study employed a web-based questionnaire.

	Physicians	Patients
Selected panel	Physicians Panel owned by PLAMED Inc.	Patients who visited NIHON CHOUZAI Co., Ltd. (pharmacy)
Subjects	Physicians who prescribed FTD/TPI in Japan	Patients treated with FTD/TPI in Japan
Recruitment period	Jan 29, 2024-Apr 26, 2024	Feb 01, 2024–May 31, 2024
Target sample size	200	50
Actual number	215	47

Table 1: Characteristics of participating physicians and patients

Physicians (n = 215)

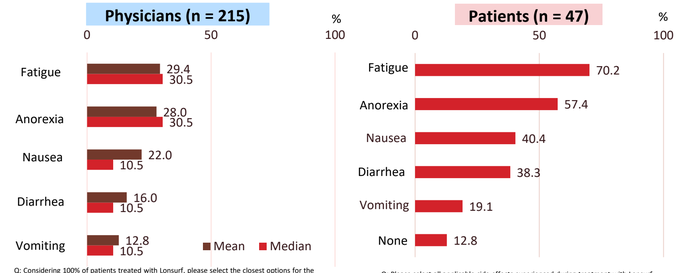
		n	%
Clinical department	Gastroenterology	63	29.3
	Oncology	32	14.9
	General Surgery	12	5.6
	Gastrointestinal Surgery	108	50.2
Treatment schedule	Two treatment subcycles of 5 days on/2 days off , q4w	138	64.2
	First cycle started with the q4w regimen but switched to q2w regimen due to AEs	54	25.1
	5days on/ 9days off, q2w	23	10.7
			Median [Range]
No. of patients Prescribing FTD/TPI per 1 year	Gastric cancer	2	[0–25]
	Colorectal cancer	5	[0–35]

Patients (n = 47)

		n	%
Cancer Type	Gastric cancer	11	23.4
	Colorectal cancer	36	76.6
Sex	Male	27	57.4
	Female	20	42.6
Age	< 60 years	16	34.0
	≥ 60 years	31	66.0
Medication status	Currently taking FTD/TPI (not discontinued)	45	95.7
	Discontinued medication (< 3 months since the final dose)	2	4.3
	Discontinued medication (≥ 3 months since the final dose)	0	0.0
Treatment duration	< 1 month	10	21.3
	≥ 1 month and <6 months	22	46.8
	≥ 6 months	15	31.9
Treatment schedule	Two treatment subcycles of 5 days on/2 days off , q4w	31	66.0
	5days on/ 9days off, q2w	10	21.3
	First cycle started with the q4w regimen but switched to the q2w regimen	4	8.5
	Others	2	4.3

This survey did not compare physician and patient views on the same case; rather, physicians gave impressions based on their overall experience with all their patients, while patients answered based on their most recent treatment.

Fig.1 Proportion of non-hematological toxicity



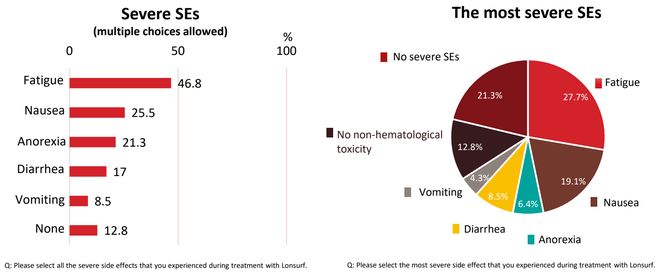
Q: Considering 100% of patients treated with Lonsurf, please select the closest options for the proportion of each symptom during treatment with Lonsurf in your experience to date.

Q: Please select all applicable side effects experienced during treatment with Lonsurf.

The proportion of non-hematological toxicity reported in the patient survey was higher than that in the physician survey, highlighting a gap in awareness.

Fig.2 Severe SEs and the most severe SEs

Patients (n = 47)



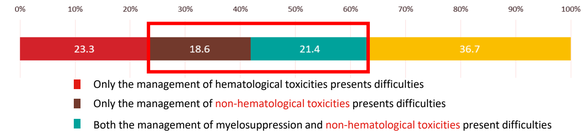
Q: Please select all the severe side effects that you experienced during treatment with Lonsurf.

Q: Please select the most severe side effect that you experienced during treatment with Lonsurf.

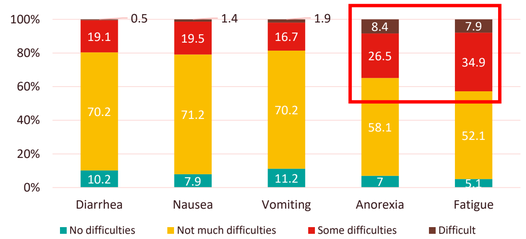
Fatigue, nausea, and anorexia were reported as severe side effects.

Fig.3 Impressions of SE management of FTD/TPI

Physicians (n = 215)



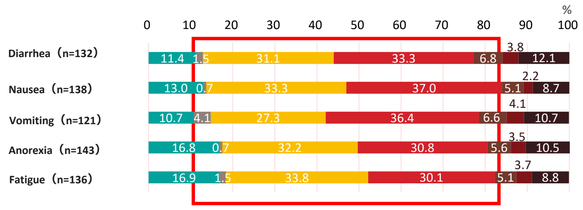
40% of physicians struggle to manage non-hematological toxicities of FTD/TPI.



Anorexia and fatigue tended to be more difficult.

Fig.4 Symptom management instructions: comparison of physician and patient reports

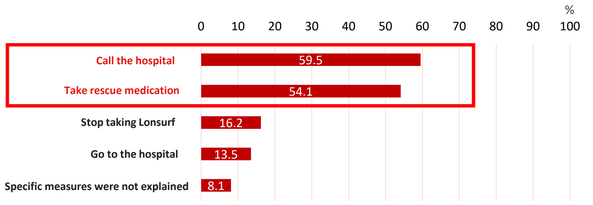
Physicians Physicians who explained each types of non-hematological toxicities



- Patients are informed of the possibility, but specific measures are not explained
- First take rescue medication, and interrupt oral Lonsurf
- First take rescue medication, and interrupt oral Lonsurf if no improvement
- First take rescue medication, and contact hospital if no improvement
- First discontinue Lonsurf, and take rescue medication if no improvement
- First discontinue Lonsurf, and contact hospital if no improvement
- If symptoms appear, first contact or go to hospital

Q: When administering Lonsurf, how are the specific measures for managing its non-hematological toxicity explained to patients by a medical professional (including you) at your hospital? Please select the closest type of explanation.

Patients (n=37) Patients who received an explanation of non-hematological toxicities



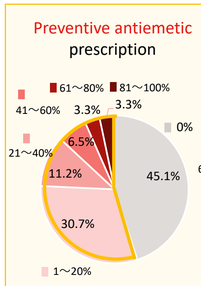
Q: When you were first prescribed Lonsurf, a medical professional (doctor, pharmacist, nurse, etc.) explained the side effects. Please select all explanations that you received.

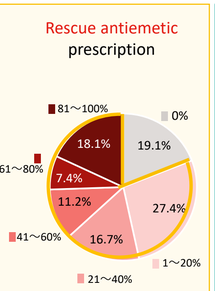
Both physicians and patients commonly reported that rescue medication was the first-line response advised for symptom onset.
Many patient also reported being instructed to “call the hospital“.

Fig.5 The actual state of supportive care prescriptions and SE management

Physicians (n = 215) **Physician-Reported Prescription Rates**

Antiemetics

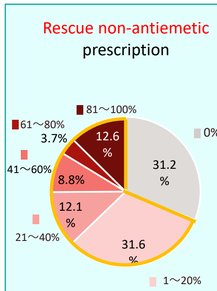




54.9% of physicians reported prescribing preventive antiemetics.

80.9% of physicians reported prescribing antiemetic rescue medication.

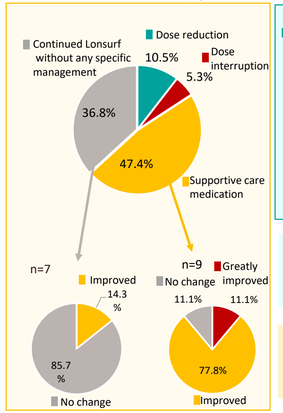
Non-antiemetics

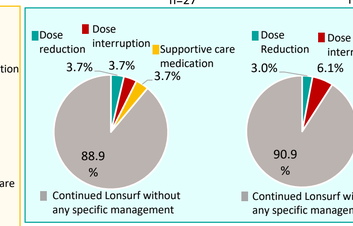


68.8% of physicians reported prescribing non-antiemetic rescue medication.

Q: Considering 100% of patients treated with Lonsurf, please provide the **proportion** at which you prescribed the following premedication or rescue medication.

Patients **Patient-Reported SE management**





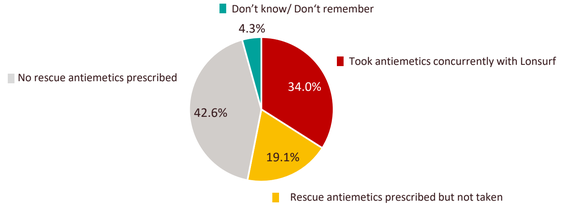
Approx. 90% of patients continued FTD/TPI without specific management for anorexia or fatigue.

For nausea, symptom improvement was observed in patients who received supportive care medication, but not in those who did not.

Q: What did you do when you felt nauseous, experienced loss of appetite, or fatigue/ listlessness/loss of strength while taking Lonsurf? Please select all applicable responses.

Fig.6 Use and prescription of antiemetic medications

Patients (n = 47)



Q: Please select the response that best describes the antiemetics you took/were prescribed while taking Lonsurf.

Conclusion

Non-hematological toxicities continue to be a major challenge in FTD/TPI treatment. Discrepancies between physicians' and patients' perceptions of the incidence and management of these toxicities highlight the need for improved communication and enhanced supportive care strategies.

Acknowledgements

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