Patient Centered Dosing Initiative: Patient Survey on Antibody Drug Conjugate Dosing

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Patient Centered Dosing Initiative
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Introduction

- Metastatic breast cancer (MBC) in the United States[1]
  - 169,000 living with this incurable disease
  - >42,000 will die in 2025
  - On treatment indefinitely
- Antibody Drug Conjugates (ADCs) combine a targeting antibody with a cytotoxic drug and are becoming widely used, with ADCs available for all MBC subtypes.[2]
- ADC side effect (SE) profiles can be challenging and strategies to mitigate these SEs, including dosing, may not be well-managed or universally considered.[3]

This study examined ADC dosing and side effects through real-world experience of people living with MBC.

Methods

Eligibility

- ✓ Diagnosis of MBC
- ✓ Living in the US
- ✓ 18 years old or age of majority
- ✓ Taken an FDA approved or clinical trial ADC

February 1 - March 3, 2025

Descriptive Statistics

170 participants

- Average age 53.5 yrs
- 87% white, 6% black, 5% Asian
- 3% Hispanic
- All women
- 71% bachelor's degree or higher

Patients experiencing a bad side effect

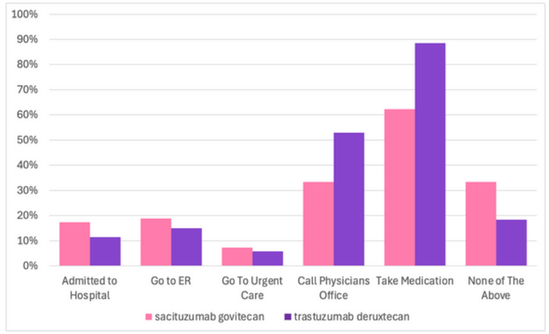


Figure 1. Percent of participants taking an action due to side effects.

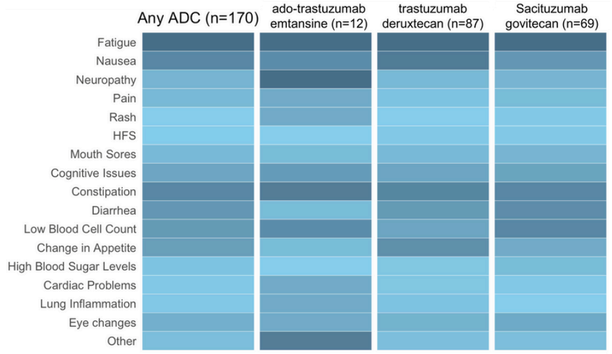
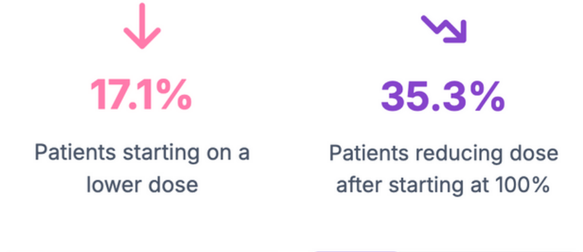


Figure 2. Heat map of participant side effects



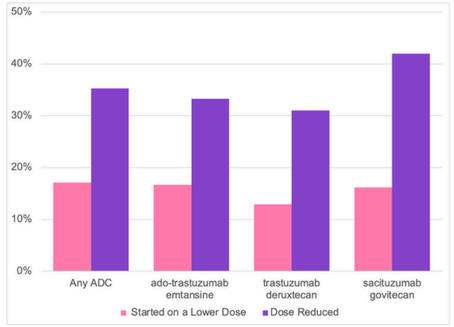


Figure 3. Percent of participants who started at a reduced dose or had their dose reduced

Dose Reduction Reasons (n=60)

- 52% because of history of bad side effects
- 35% concern about bad side effects
- 5.0% other health problems
- 15% for other reasons

*Non mutually exclusive

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Results & Discussion

- Indications for ADCs in BC increased from 2 in 2019 to 8 in 2025 and are expected to continue to rise.
- While ADCs have different SE profiles, 81% of respondents reported "bad" side effects, leading to 14% being admitted to the hospital and 77% put on additional medication.
- One effective way to reduce side effects is through dose reductions.[4]
- In the real-world setting, dose reductions of SG & T-Dxd are common and linked to side effects.[5,6,7]
- Starting doses are modified for both T-Dxd & SG. This could provide a method of preventing or limiting side effects before they begin and possibly titrating up (instead of down).
- Limitations to this study include small sample size skewing white, female, educated, and non-Hispanic

Needs & Opportunities

- More research into **effective and tolerable dosing strategies** for already FDA approved ADCs
- **Revised clinical trial design** that meets the goals of the US Food and Drug Administration's Project Optimus and includes the input of patients.[4,8]
- Expanded **patient and clinician education and dialogue** around ADCs, SEs, and SE management tools, including dose modifications

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