

The impact of COVID-19 on daily practice patterns in the third-line setting for patients with metastatic colorectal cancer: Results of a real-world survey

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INTRODUCTION

- COVID-19 is a highly contagious virus that rapidly spread around the world following its emergence in China in December 2019, before being declared a global pandemic by the World Health Organization in March 2020
- The vast number of people hospitalized with the virus resulted in overloaded healthcare systems globally, resulting in limited access to general medical care
- This has led to unprecedented challenges for oncologists regarding the way oncologic care needs to be organized to guarantee treatment continuation for patients with cancer
- The *Screening and Consensus based on Practices and Evidence* (SCOPE) program was designed to gather real-world insights on current clinical practices for the management of patients with metastatic colorectal cancer (mCRC) who received prior treatment
- The SCOPE COVID-19 survey aimed to assess the impact of the COVID-19 pandemic on the third-line treatment goals and management of mCRC
- The main objectives were
 - To investigate how the COVID-19 pandemic has impacted the current clinical practices for management of third-line therapy for mCRC
 - To compare daily practice patterns with those observed prior to the COVID-19 outbreak, which we have previously reported^{1,2}
 - To assess how COVID-19 is expected to impact hospital protocols, standard operating procedures, and management of mCRC in the foreseeable future

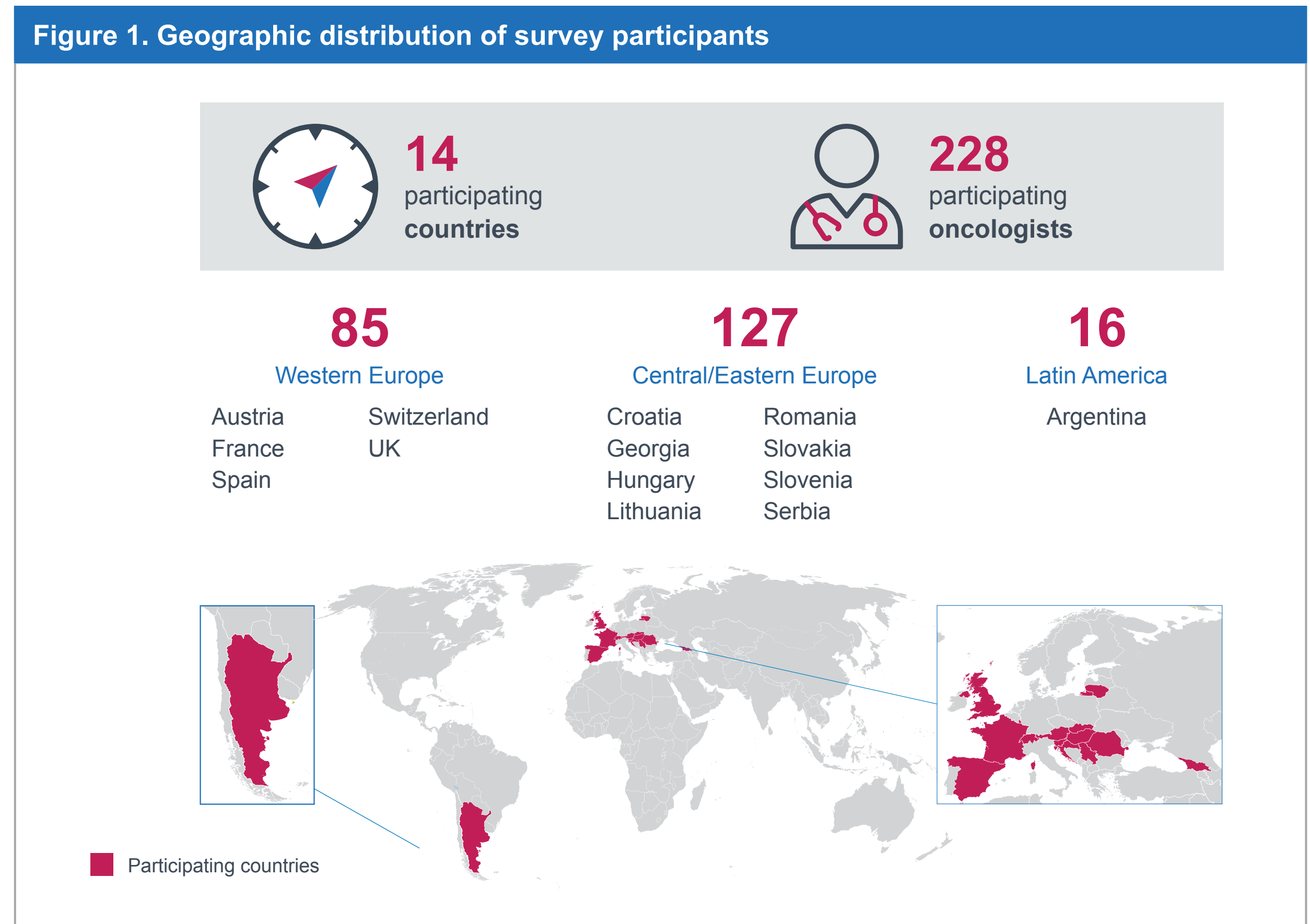
METHODS

- The SCOPE COVID-19 survey was developed by an expert panel of international gastrointestinal oncologists
- Questions were designed to gain insight into practice patterns during the COVID-19 pandemic and assess the future impact of COVID-19 on daily practice
- The survey was conducted online using FocusVision Decipher and undertaken between October 2020 and January 2021
- Physicians were eligible to participate if they were personally responsible for, and actively involved in, the management of patients with mCRC

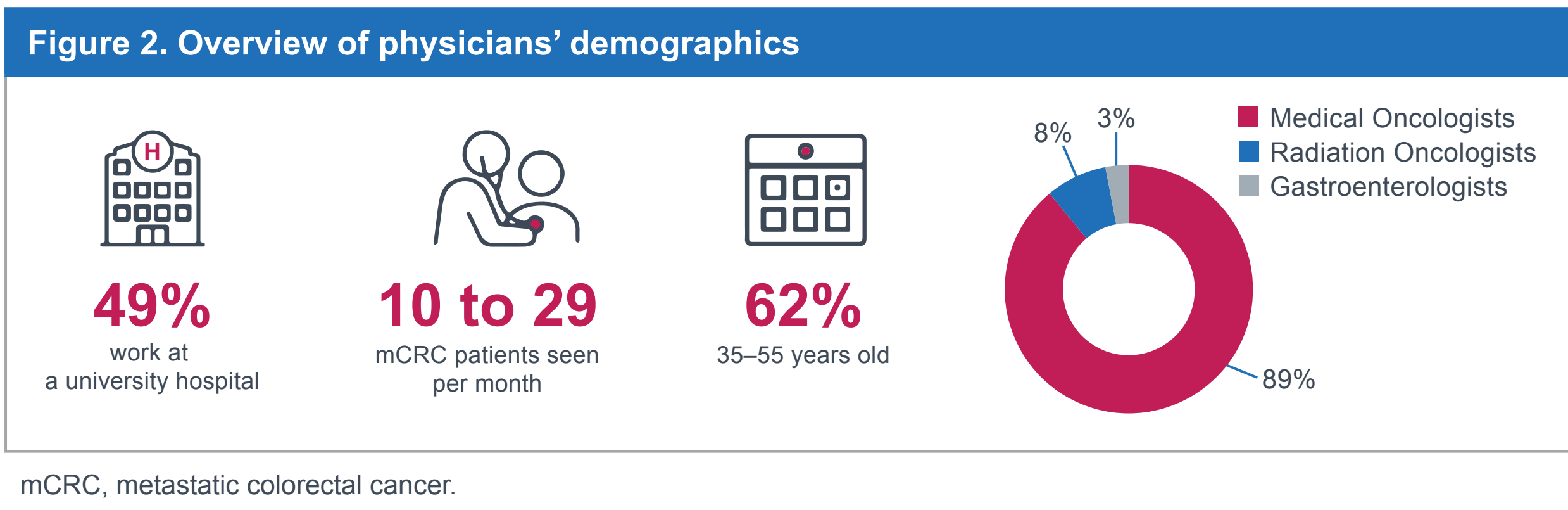
RESULTS

Participants

- As of 31 January 2021, 228 oncologists from 14 countries had participated (**Figure 1**)
 - The majority of the respondents were based in Europe

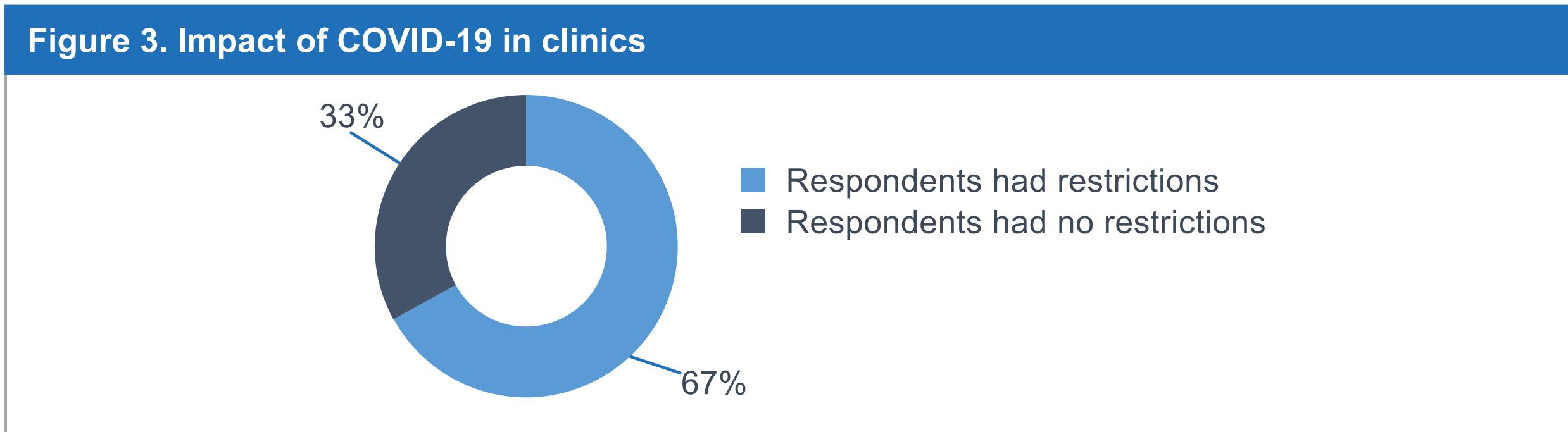


- Key physician demographics are summarized in **Figure 2**

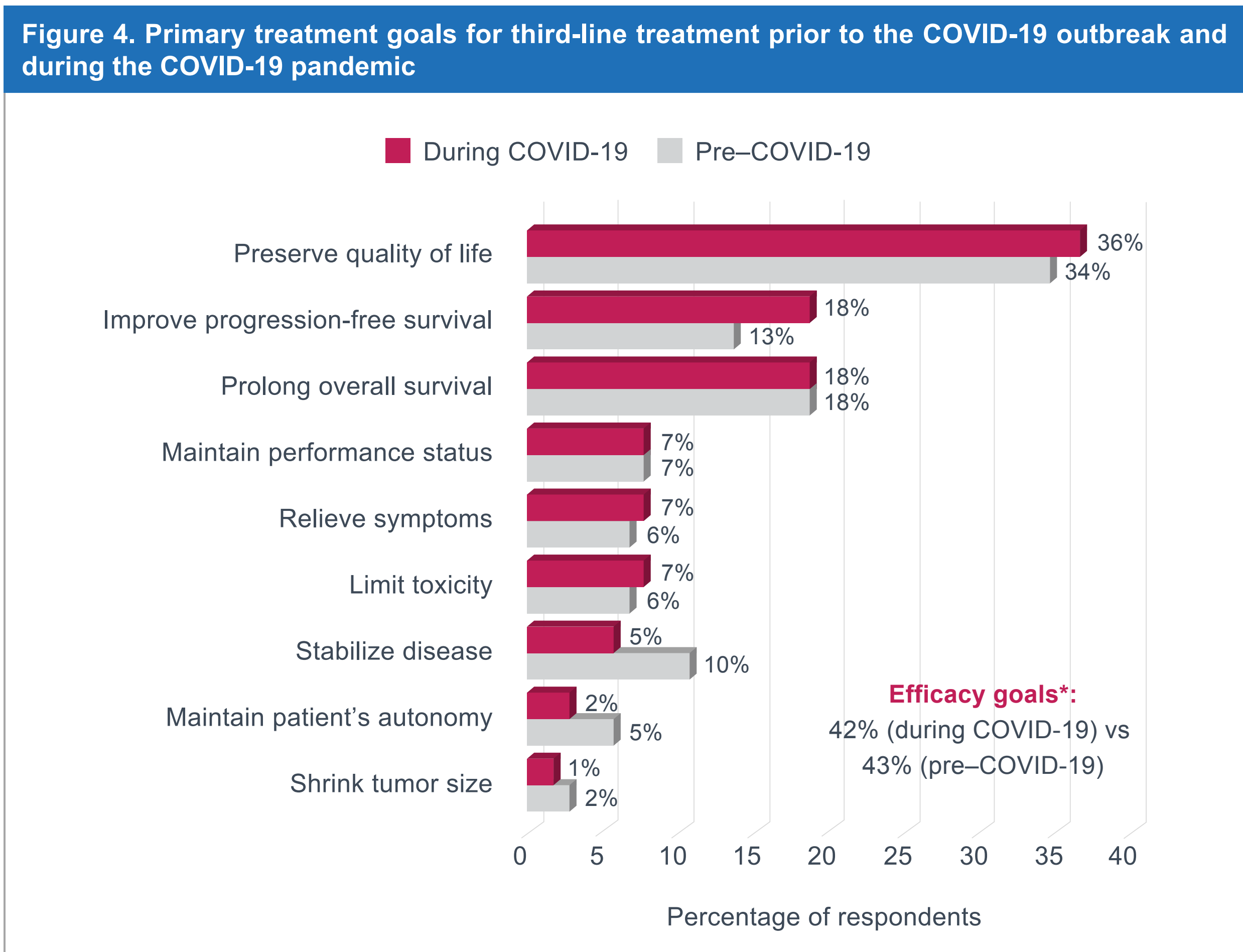


Impact of COVID-19 on daily clinical practice

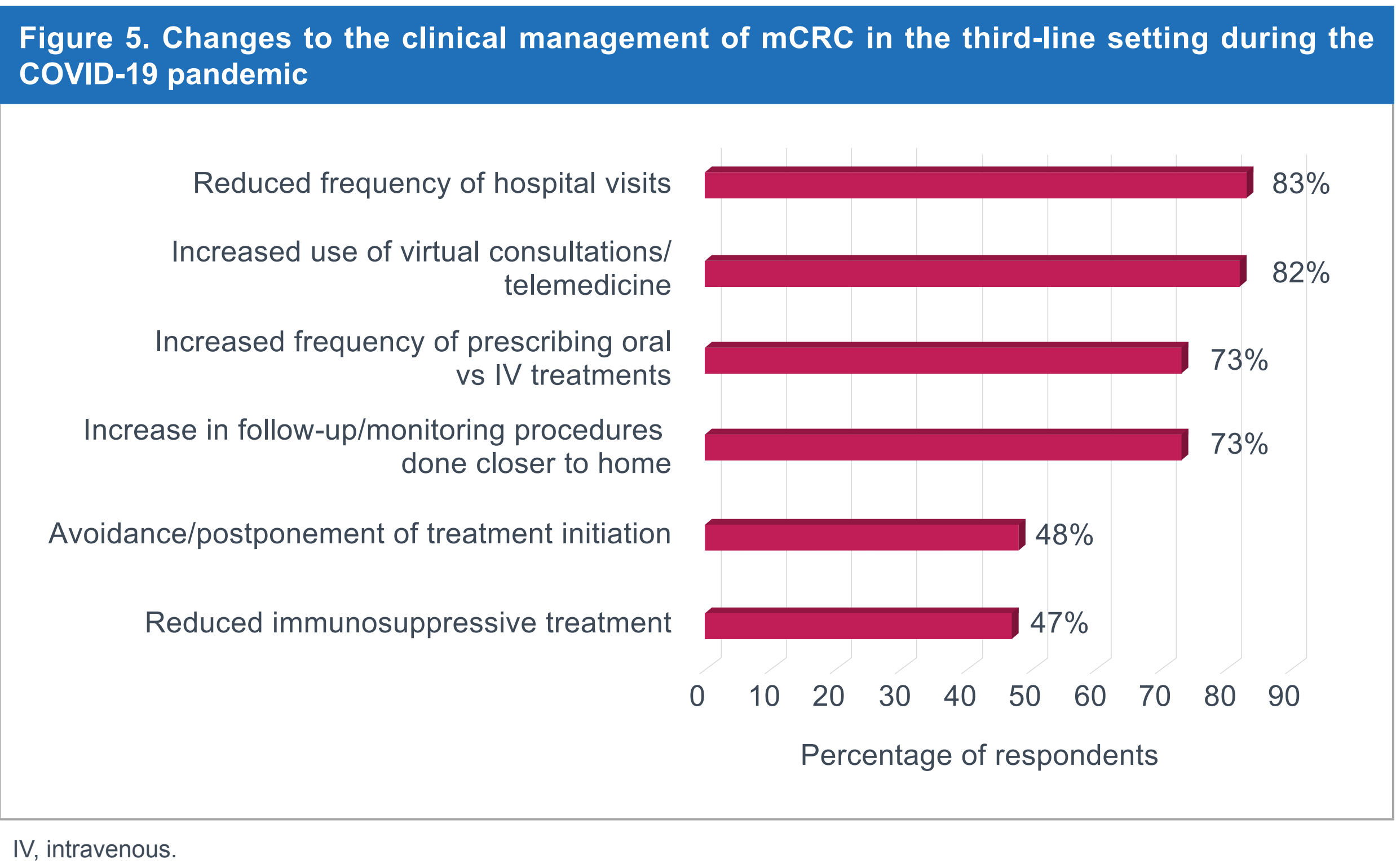
- At the time the survey was undertaken (between October 2020 and January 2021), 67% of the participants reported that they were experiencing restrictions in their practice (**Figure 3**)
 - These were either serious restrictions (defined as those that affected management of mCRC both in the workplace and from the patients' perspective) or few restrictions affecting patient management
- In total, 33% had no restrictions, with cancer patient management back to normal in their practice at the time of the survey



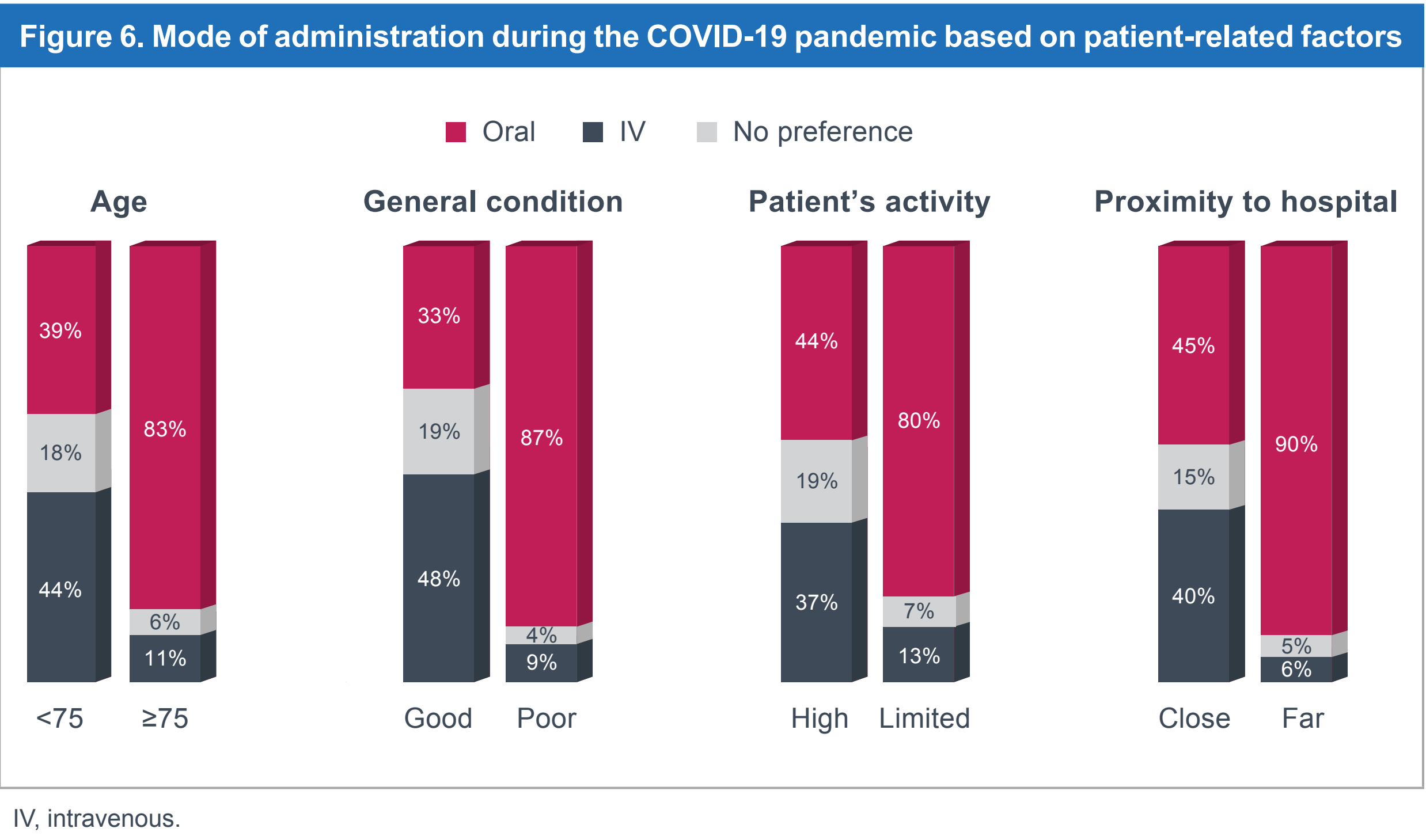
- The primary third-line treatment goals for patients with mCRC during the COVID-19 pandemic were preserving quality of life (36%), prolonging overall survival (18%), and improving progression-free survival (18%)
- When grouping goals by overall topic, 42% of responses concerned efficacy-related objectives
 - These results were comparable to those reported prior to the COVID-19 outbreak^{1,2} (**Figure 4**)



- Several changes to daily clinical practice patterns have been implemented in response to the COVID-19 pandemic (**Figure 5**)
- The most frequent changes were a reduction in the number of hospital visits (83%), increased use of virtual consultations or telemedicine (82%), as well as an increased frequency in prescribing oral versus intravenous (IV) treatments and increased follow-up/monitoring done closer to home (73% each)



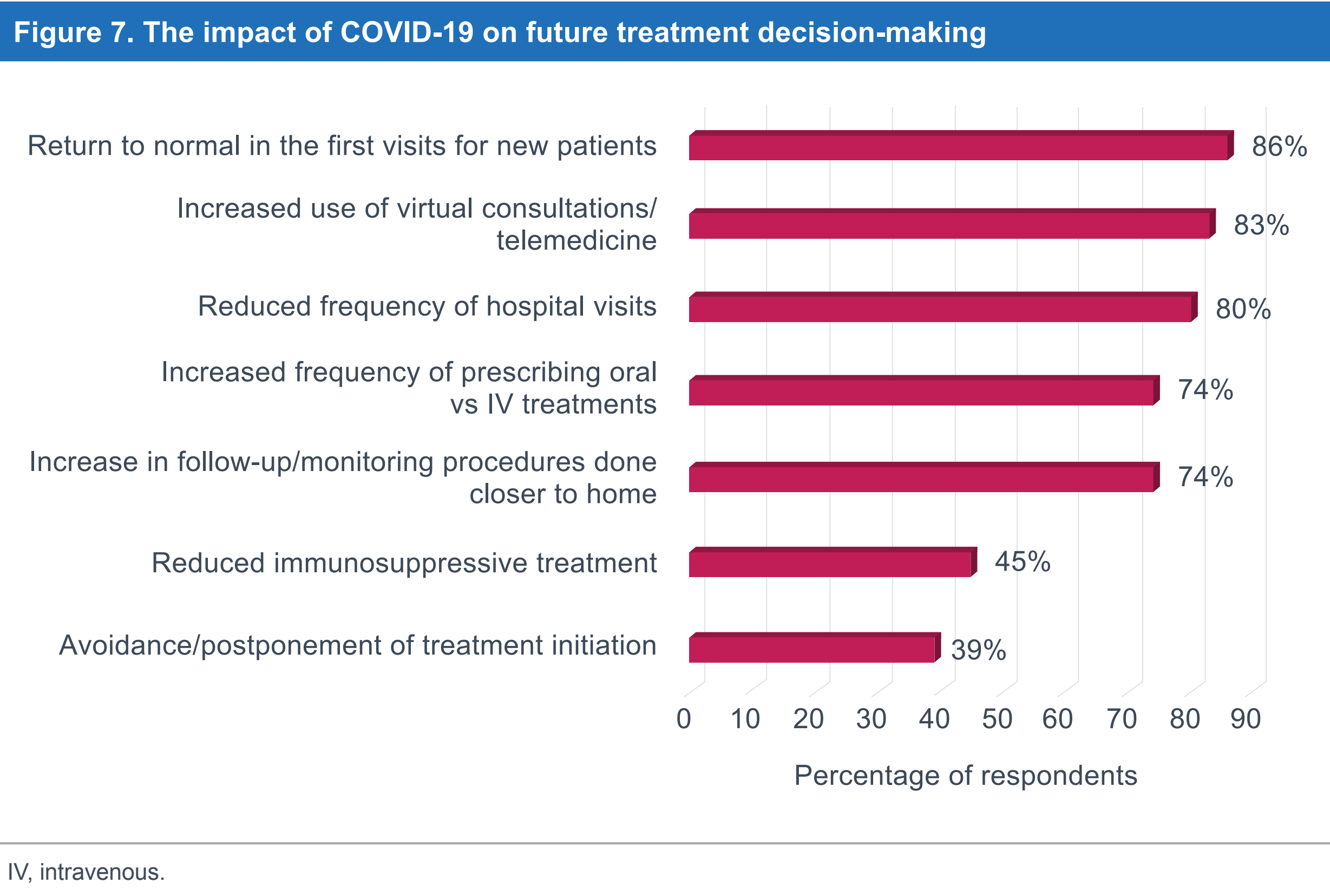
- Overall, 73% of oncologists reported an increase in the prescription of oral versus IV treatments during the COVID-19 pandemic
 - This was particularly pronounced for patients aged ≥75 years, for those whose general condition was poor, for patients who had limited activity, and for those who lived far away from hospital (**Figure 6**)



Effect of COVID-19 on the future of oncology practice

- At the time of the survey, 93% of oncologists were of the opinion that at a local level, their treatment decisions would be influenced by the COVID-19 pandemic for at least 12 months
- While 86% of oncologists expect practice patterns to return to normal for the first visits of new patients, thereafter and for patients who are already receiving treatment, certain changes in clinical practice are anticipated (**Figure 7**)
 - In total, 83% of oncologists expect a continued increase in the use of virtual consultations/telemedicine, 80% envision reduced frequency of hospital visits, and 74% foresee the increased frequency of prescribing oral versus IV treatments to be maintained, as well as follow-up being undertaken closer to home

- In total, 40% of oncologists fully expected changes that were made to the existing hospital protocols and standard operating procedures will be in effect for the foreseeable future



CONCLUSIONS

- Third-line treatment goals for patients with mCRC were not impacted by the COVID-19 pandemic when compared with goals prior to the outbreak^{1,2}
 - Preserving quality of life coupled with efficacy were the most important
- A number of changes to daily practice patterns during the COVID-19 outbreak have been experienced, with over 80% of participants seeing a reduction in hospital visits and an increase in virtual communications and/or telemedicine
 - An increase in the number of oral prescriptions versus IV treatments was also reported, presumably reflecting the reduction in hospital visits and increase in the use of telemedicine, with potential advantageous healthcare implications of oral therapies during the pandemic
- These practice changes are expected to be in effect for the foreseeable future, suggesting that there is a need to further develop and invest in all aspects of digital health

REFERENCES

- Prager G, et al. *Ann Oncol.* 2020;31(Suppl 3):S148, P-179.
- Prager G, et al. *Ann Oncol.* 2020;31(Suppl 4):S453-S454, 503P.

DISCLOSURES

G. Prager: Speaker's honorarium or advisory boards: Merck Serono, Roche, Amgen, Sanofi, Lilly, Servier, Taiho, Bayer, Halozyme, BMS, Terumo, Celgene, Pierre Fabre, Shire. **C.H. Köhne:** Speaker's honorarium or advisory boards: Merck Serono, Roche, Amgen, Sanofi, Lilly, Servier, BMS, HalioDx. **J.M. O'Connor:** Consultant and advisory board: Roche, Merck Serono, Servier, Amgen, Bayer, Lilly, Eisai, MSD, Celgene, Sanofi; grant for research: Roche, Merck Serono, Amgen, Sanofi, Lilly. **F. Rivera:** Consultant or advisory role: Roche, Merck Serono, Amgen, MSD, BMS, Lilly, Celgene, Sanofi-Aventis, Servier, AstraZeneca, Bayer; research funding: Servier, Roche, Merck Serono, Amgen, MSD, Lilly, Celgene, Sanofi-Aventis, Bayer; speaking: Roche, Merck Serono, Amgen, MSD, BMS, Lilly, Celgene, Sanofi-Aventis, Servier, Bayer; grant support: Amgen. **D. Santini:** Consultant or advisory role: Roche, Merck Serono, Servier, Amgen, Bayer, Lilly, Eisai, MSD, BMS, Janssen, Sanofi, Incyte, Astellas. **H. Wasan:** Speaker's honorarium or advisory boards: Roche, Amgen, Servier, Bayer, Pierre Fabre, Zymeworks, OncoSil, Incyte, Sirtex, BTG. **J.M. Phelip:** Travel grants: Merck Serono, Servier, Bayer, Raffo; research grant: Merck Serono, Bayer, Servier; advisory boards: Merck Serono, Bayer, MSD, BMS, Servier.

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