Patients' Perspectives on Oral Decitabine and Cedazuridine for the Treatment of Myelodysplastic Syndromes

Amer M Zeidan1, Kate Perepezko2, Tehseen Salimi3, Terri Washington3, Robert S Epstein4

1Yale University and Yale Cancer Center, New Haven, CT, USA; 2CorEvitas LLC, Waltham, MA, USA; 3Taiho Oncology, Inc., Princeton, NJ, USA; 4Epstein Health LLC, Woodcliff Lake, NJ, USA

Background

Oral therapy is approved hypomethylating agents (HMAs) for higher-risk myelodysplastic syndromes (HR-MDS) including intermediate (IP) and high-risk subtypes (SCID) in clinical practice. In real-world studies (2010–2016), 66–83% of patients with HR-MDS did not receive HMA therapy; however, 44% of patients receiving HMAs were compliant with treatment (reduced to 0–50% or had a gap of 100 days between cycles). Avoidance of IV therapy has been associated with higher healthcare resource utilization and worse survival outcomes. The burden of IV and SC administration of HMAs therapy could potentially contribute to underuse; a patient survey reported pain/anxiety, interference with daily activities, and logistical challenges related to IV/SC administration of HMAs (Table 1).

Approximately 70% of patients receiving IV/SC HMAs indicated they would prefer to switch to oral treatment.

Oral decitabine and cedazuridine (DEC-C) could reduce patient burden through self-administration and shorter duration of treatment (Figure 1A).

Objectives

The primary objective of this survey was to evaluate patients’ perspectives on oral DEC-C as an alternative to IV/SC HMAs, including

Convenience/impact on daily activities

Impact on quality of life

Impact on daily activities

Oral DEC-C treatment compared with other HMAs therapies.

Methods

Survey design and respondent selection:

An online survey was conducted among adult patients with MDS in the United States who had underused; a patient survey reported pain/anxiety, interference with daily activities, and logistical challenges related to IV/SC administration of HMAs (Table 1).

Approximately 70% of patients receiving IV/SC HMAs indicated they would prefer to switch to oral treatment.

Oral decitabine and cedazuridine (DEC-C) could reduce patient burden through self-administration and shorter duration of treatment (Figure 1A).

Convenience and satisfaction with oral DEC-C

Most patients reported that oral DEC-C treatment was convenient or extremely convenient

Most patients also reported that they were satisfied or very satisfied with oral DEC-C treatment (Table 2, Figure 2A).

Convenience and satisfaction with oral DEC-C

Most patients reported that oral DEC-C treatment was convenient or extremely convenient (Figure 2A).

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Most patients reported that oral DEC-C treatment was convenient or extremely convenient (Figure 2A).

Impact of oral DEC-C treatment on daily activities

Most patients reported an improvement in quality of life from oral DEC-C compared with previous IV/SC treatment

Conclusion

This study was the first survey of patient experience with oral DEC-C in comparison with IV/SC HMAs treatment and an improvement in quality of life (Figure 4).

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Comparison of oral DEC-C treatment versus prior IV/SC HMA treatment

Most patients who had received prior IV/SC HMAs (n=91) reported that oral DEC-C interfered less with daily life (91%) and made it easier to cope with the disease (75%) than my previous treatment.

Oral DEC-C reduced the number of times needed for patients to travel to healthcare facilities.

Our findings support the potential for oral DEC-C to reduce treatment burden of MDS therapy.

Conclusions

This was the first survey of patient experience with oral HMA for MDS.

Survey results suggested very little or no impact on regular daily activities from oral DEC-C treatment.

Oral DEC-C reduced the number of times needed for patients to travel to healthcare facilities.

Our findings support the potential for oral DEC-C to reduce treatment burden of MDS therapy.

References


Table 1: Patient treatment experience with IV/SC HMAs (N=150)

<table>
<thead>
<tr>
<th>Survey question (response)</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>Treatment interferes with social activities (a great deal, quite a bit)</td>
<td>59 (41.8)</td>
</tr>
<tr>
<td>Travel time to treatment center (≥1 hour)</td>
<td>45 (31.9)</td>
</tr>
<tr>
<td>No pain/anxiety related to IV/SC HMAs</td>
<td>86 (57.9)</td>
</tr>
<tr>
<td>No interference with daily activities</td>
<td>52 (34.7)</td>
</tr>
<tr>
<td>No logistical challenges related to IV/SC administration of HMAs</td>
<td>14 (9%)</td>
</tr>
</tbody>
</table>

Table 2: Demographics and treatment experience among respondents (N=150)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>Age (&lt;60 years)</td>
<td>39 (26.0)</td>
</tr>
<tr>
<td>Male</td>
<td>84 (56.0)</td>
</tr>
<tr>
<td>African American or Black</td>
<td>27 (18.0)</td>
</tr>
<tr>
<td>Asian</td>
<td>14 (9%)</td>
</tr>
<tr>
<td>White</td>
<td>107 (71.3)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (6%)</td>
</tr>
<tr>
<td>Current versus prior HMA</td>
<td>80 (53.3)</td>
</tr>
<tr>
<td>Yes</td>
<td>75 (50.0)</td>
</tr>
<tr>
<td>No</td>
<td>27 (18.0)</td>
</tr>
<tr>
<td>Duration of treatment</td>
<td>58 (38.7)</td>
</tr>
<tr>
<td>&lt;6 months</td>
<td>75 (50.0)</td>
</tr>
<tr>
<td>6–12 months</td>
<td>75 (50.0)</td>
</tr>
<tr>
<td>&gt;12 months</td>
<td>4 (2.7)</td>
</tr>
</tbody>
</table>

Figure 1: Patient survey design (A) and respondent selection (B)

Figure 2A: Convenience and satisfaction with oral DEC-C

Figure 2B: Convenience and satisfaction with oral DEC-C

Figure 3: Impact of oral DEC-C treatment on patients’ daily activities (N=150)

Figure 4: Patient experience with oral DEC-C compared with IV/SC HMAs (N=91)

Figure 4: Patient experience with oral DEC-C compared with IV/SC HMAs (N=91)

Impact of oral DEC-C treatment on daily activities

Most patients reported an improvement in quality of life from oral DEC-C compared with previous IV/SC treatment

Figure 4: Patient experience with oral DEC-C compared with IV/SC HMAs (N=91)

Impact of oral DEC-C treatment on daily activities

Most patients reported an improvement in quality of life from oral DEC-C compared with previous IV/SC treatment

Conclusions

This was the first survey of patient experience with oral HMA for MDS.

Survey results suggested very little or no impact on regular daily activities from oral DEC-C treatment.

Oral DEC-C reduced the number of times needed for patients to travel to healthcare facilities.

Our findings support the potential for oral DEC-C to reduce treatment burden of MDS therapy.

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Limitations

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Disclosure

This study was funded by Taiho Oncology, Inc.

Risk of bias assessment: None.

The views expressed in this poster are those of the authors and do not necessarily represent the views of Taiho Oncology, Inc.

Corresponding author

Amer M Zeidan (ameer.zeidan@yale.edu)