**INTRODUCTION**

The neoadjuvant trial (NCT01556691) investigated the addition of a CDK4/6 inhibitor (CDK4/6i) to endocrine therapy (ET) in early breast cancer. We evaluate differences in treatment preferences in patients with hormone receptor-positive (HR+)/HER2− early breast cancer (EBC), focusing on two groups: with or without prior chemotherapy.

- **Aims:** We assessed differences in treatment preferences in patients with stage I and II disease, regardless of prior chemotherapy, who were receiving only adjuvant ET at the time of the survey, and who completed a survey 1-3 years after the survey was conducted.

**METHODS**

A web-based discrete choice experiment (DCE) survey was conducted between January and May 2023 before NATALEE results were available.

- **Eligible patients:** were adult women in a US clinical practice setting with stage II or III breast cancer (BC) taking only adjuvant ET at the time of the survey, and who completed a survey 1-3 years after the survey was conducted.

- **Survey design:** Biased and unbiased treatment profiles were created using patient preferences extracted from a series of 10 choice cards, each displaying a pair of hypothetical treatment profiles that resemble ribociclib. These patient preferences are critical for shared treatment decision making.

- **Survey completion:** All patients who had completed the survey were invited to participate in the survey.

- **Data analysis:** Overall utility scores were consistently higher for reconstructed treatment profiles that resembled ribociclib.

**RESULTS**

**Patient characteristics**

- A diverse group of 409 US-based women participated in the survey (median age, 56 years; White/Black/other race, 59%/23%/23%)

- Stage II: 10%

- Stage III: 10%

- The difference in utility score was primarily driven by differences in the risk of diarrhea, efficacy, and fatigue, respectively

**Relative importance of attributes**

- Number of blood tests in the first 6 months, number of EKGs in the first month, and treatment schedule did not affect patient's choice of treatment

- On average, patients would require at least a 3.5 percentage point improvement in 5-year DFS to tolerate a 62.1 percentage point increase in the risk of diarrhea or a 19.0 percentage point increase in the risk of fatigue

- Patients would require an 11.2 or 4.0 percentage point increase in the risk of diarrhea or a 19.0 percentage point increase in the risk of fatigue, respectively

**Relative importance of attributes in subgroups**

- Subgroup results by stage and menopausal status were generally consistent with the overall sample

- One exception is that duration of treatment ranked relatively higher than fatigue in the stage II and pre-menopausal subgroups

- Overall utility scores were consistently higher for reconstructed treatment profiles that resembled ribociclib.

**Limitations**

- Participant eligibility for the survey was determined based on self-reported information, which may be subject to recall bias

- To reduce the response burden, this study did not consider all possible treatment attributes; other attributes may impact patients' preferences

- DCE relies on the assumption that participants make rational choices. Sensitivity analyses were conducted to demonstrate robustness of results

**Table 1. Attributes and Levels**

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment efficacy</td>
<td>19 out of 100 (%)</td>
<td>38 out of 100 (%)</td>
<td>62 out of 100 (%)</td>
</tr>
<tr>
<td>Treatment duration</td>
<td>2 years</td>
<td>3 years</td>
<td>4 years</td>
</tr>
<tr>
<td>Treatment schedule</td>
<td>EKG 1-2 per month</td>
<td>EKG 3-4 per month</td>
<td>EKG 5-6 per month</td>
</tr>
<tr>
<td>Number of blood tests</td>
<td>0 (0%)</td>
<td>1 (1%)</td>
<td>10 (10%)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1%</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>Number of EKGs</td>
<td>0 (0%)</td>
<td>10 (10%)</td>
<td>25 (25%)</td>
</tr>
<tr>
<td>Treatment features</td>
<td>Treatment A</td>
<td>Treatment B</td>
<td>Treatment C</td>
</tr>
</tbody>
</table>

**Figure 1. Choice Card Examples**

![Choice Card Examples](https://www.example.com/choice_cards.png)

**Figure 2A. Relative Importance of Each Attribute in the Overall Sample (A) and by BC Stage (B)**

![Relative Importance of Each Attribute](https://www.example.com/relative_importance.png)

**Figure 3. Port-Worth Utilities (N = 409)**

![Port-Worth Utilities](https://www.example.com/port_worth_utilities.png)