

Importance of Capturing the Patient Experience of Overall Symptoms and HRQoL Impact in Patients With ALK+ NSCLC

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INTRODUCTION

- Non-small cell lung cancer (NSCLC) makes up ~85% of lung cancer cases,¹ and 3–5% of patients with NSCLC have oncogenic rearrangements in the anaplastic lymphoma kinase (*ALK*) gene (*ALK+*)²⁻⁴
- Available treatments include several *ALK* tyrosine kinase inhibitors (TKIs), including crizotinib, alectinib, ceritinib, brigatinib, and lorlatinib, with some showing health-related quality of life (HRQoL) benefits^{5,6}
 - Brigatinib improved HRQoL compared with crizotinib in patients with *ALK* inhibitor–naïve advanced *ALK+* NSCLC^{5,7}
- HRQoL, including disease- and treatment-related symptoms and impacts, is a significant factor when making treatment decisions and is very important for the patient’s treatment preference⁸
- However, there is limited qualitative research on HRQoL among patients with *ALK+* NSCLC to help inform those treatment decisions

OBJECTIVE

- The aim of this study was to better understand the overall symptom experience and HRQoL impact from the perspective of patients with ALK+ NSCLC

METHODS

Oncologist Interviews

- Expert oncologists were interviewed to provide clinical perspective and guide patient interviews

Patient Interviews

- Patients were referred by a lung cancer patient organization or a recruitment vendor and screened for eligibility
- Inclusion criteria included:
 - Confirmed diagnosis of NSCLC with *EGFR* or *ALK* mutation
 - Having experienced symptoms of NSCLC within the past 30 days
 - Willingness to participate, to provide written informed consent, and to be audio recorded
- Patients were blinded to the pharmaceutical company
- Semi-structured qualitative interviews were conducted
- During interviews, patients described symptoms and HRQoL impacts experienced before and after treatment
- Data from interviews were used to develop an analysis grid
- A mean bothersome score on a scale of 0 (least bothersome) to 10 (most bothersome) was assessed for each symptom reported by most participants
- The study was approved by an independent review board before any patients were enrolled

RESULTS

Oncologist Interviews

- Six oncologists were interviewed and provided their clinical perspective regarding identified symptoms in patients with NSCLC, particularly: shortness of breath (100%), fatigue (100%), cough (83%), pain (67%), and hemoptysis (67%)
- In addition, oncologists stated that the most common disease impacts on patients were anxiety (50%), depression (50%), and confusion/bewilderment surrounding the diagnosis (50%)
 - Patients with ALK+ NSCLC tend to be younger and never smokers, contributing to patient's confusion/bewilderment surrounding the diagnosis

RESULTS (CONT'D)

Patient Interviews

- A total of 36 patients with NSCLC were interviewed, including 8 patients with ALK+ NSCLC

Table 1. Demographic and Baseline Characteristics

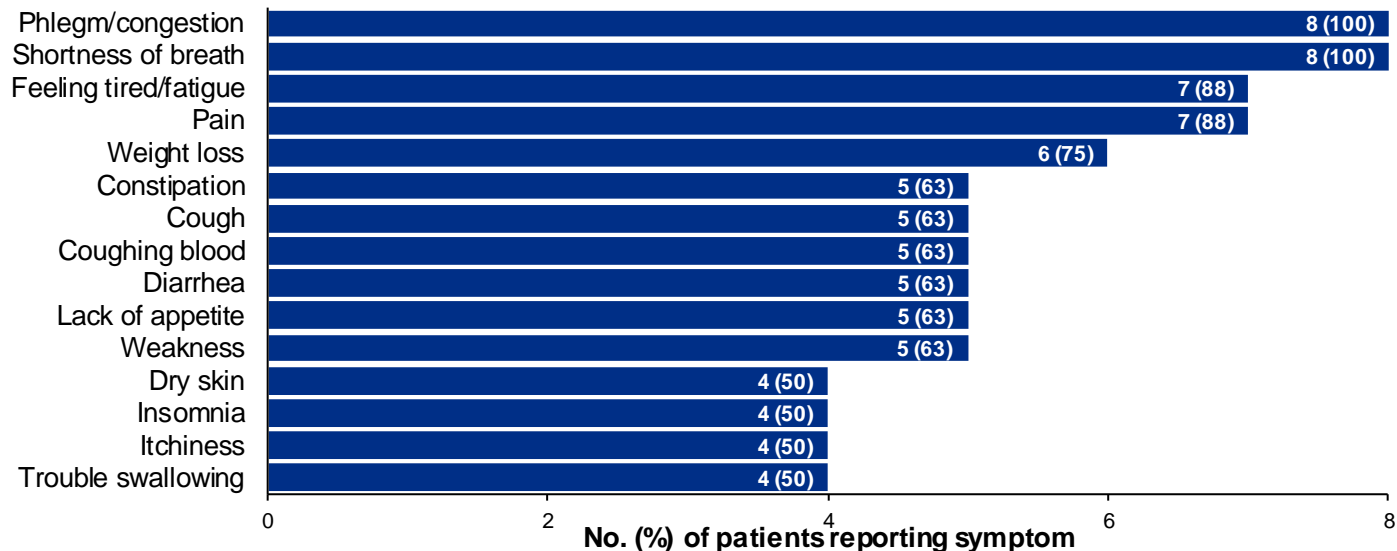
	Patients With ALK+ NSCLC (n=8)
Median age, y (range)	48.5 (28–53)
Female, n (%)	4 (50)
White, n (%)	8 (100)
Employment status, n (%)	
Full-/part-time employed	4 (50)
Disabled	3 (38)
Other	1 (13)
Disease duration in years, median (range)	2.8 (0–7)
Therapies received, n (%)	
Radiation	8 (100)
Chemotherapy	7 (88)
Targeted therapy ^a	5 (63)
Brain metastases, n (%)	5 (63)

^a Targeted therapies included: lorlatinib and pembrolizumab (n=2 each); afatinib, alectinib, atezolizumab, brigatinib, carboplatin, ceritinib, cisplatin, and crizotinib (n=1 each)

RESULTS (CONT'D)

- The most common symptoms reported by patients with ALK+ NSCLC were phlegm/congestion, shortness of breath, feeling tired/fatigue, and pain

Figure 1. Symptoms Reported by $\geq 50\%$ of Patients With ALK+ NSCLC (n=8)^a



^a Additional symptoms reported by 3 (38%) patients each were chest burning, rash, and tingling in hand or feet; symptoms reported by 1 (13%) patient each were abdominal pain, chest tightness, dizziness/lightheadedness/balance (not related to brain metastases), headaches (not related to brain metastases), petechiae, sore mouth or tongue, and wheezing

RESULTS (CONT'D)

- The symptoms that patients rated as the most bothersome (highest mean bothersomeness scores) were coughing up blood and shortness of breath

Table 2. Symptom Bothersomeness Reported by Patients With ALK+ NSCLC (n=8)

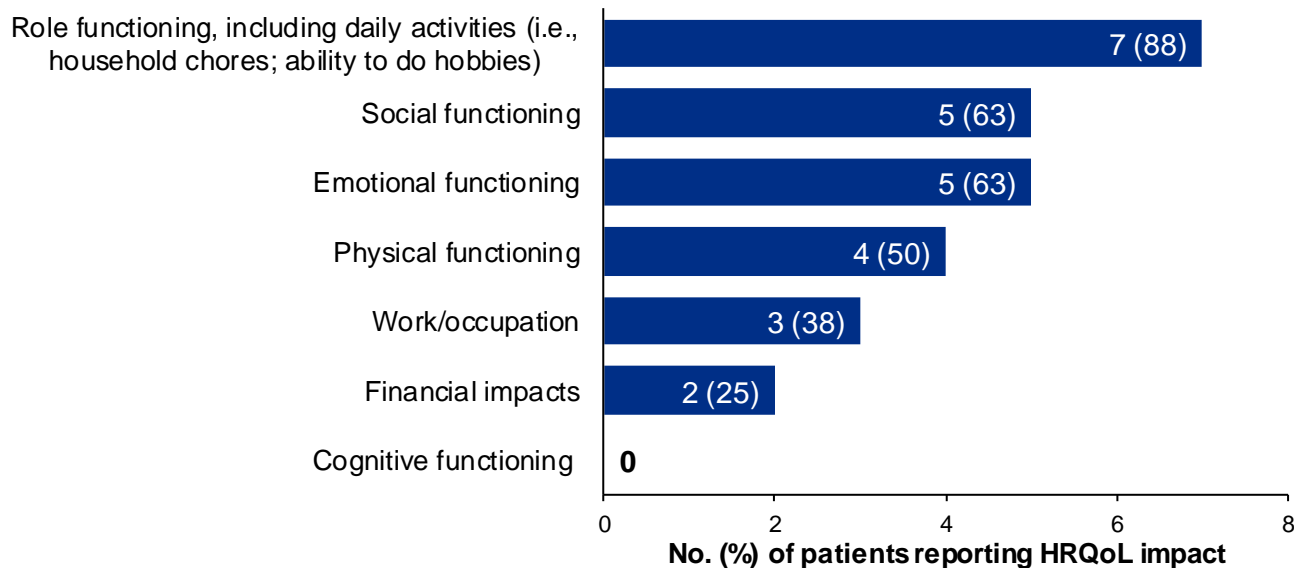
Symptom	No. of Patients Rating Symptom	Mean Bothersomeness Score ^a
Coughing up blood	2	10.0
Shortness of breath	8	8.3
Lack of appetite	3	7.7
Cough	5	7.5
Rash	2	7.0
Weight loss	4	6.5
Pain	6	6.4
Feeling tired/fatigue	7	6.1
Phlegm/congestion	8	4.7
Chest burning	2	3.0

^a Symptoms reported by 1 patient each: tingling in hands or feet (bothersomeness score, 8.0); dry skin (5.0); diarrhea (4.0); and sores in mouth or tongue (2.0)

RESULTS (CONT'D)

- Patients described experiencing negative HRQoL impacts on ability to function in daily activities, as well as social, emotional, and physical functioning

Figure 2. HRQoL Impacts Reported by Patients With ALK+ NSCLC (n=8)



RESULTS (CONT'D)

Figure 3. Patient Quotes Regarding Symptoms

Tiredness/Fatigue

"Your whole body is just exhausted ... wouldn't want to do anything"

"... Exhausted all the time ... I would kind of wake up and feel normal for about an hour, and then ... be absolutely exhausted again"

Shortness of Breath

"Overall trouble breathing... activities became more limited"

"Like trying to take a breath that's not there...when I get to the top of a flight of stairs, if I went to take a deep breath, there was just no oxygen to take one"

Pain

"A very sharp, stabbing pain that's right behind your shoulder blade"

"About a 9 or a 10 on the pain scale, and it was sharp—like very sharp, stabbing pain, behind my shoulder blade"

Weight Loss

"I started to get kind of too thin, which I never thought would ever really happen because I'm always fighting my weight"

"A big deal because I lost a lot of weight with ... the diarrhea from the [medication]"

Appetite Loss

"You want to eat ... simply cannot...might have the desire, but the will is not there"

"Being nauseated ... I could just smell foods and I would throw up"

Cough

"A deep cough, kind of like having bronchitis"

"Hurt my chest... a rough feeling"

"Real bad irritation in my chest and throat"

Phlegm/Congestion

"Days when I'm coughing up phlegm all day"

"Discharge that tastes terrible, and it just feels like your lungs are going to collapse or something"

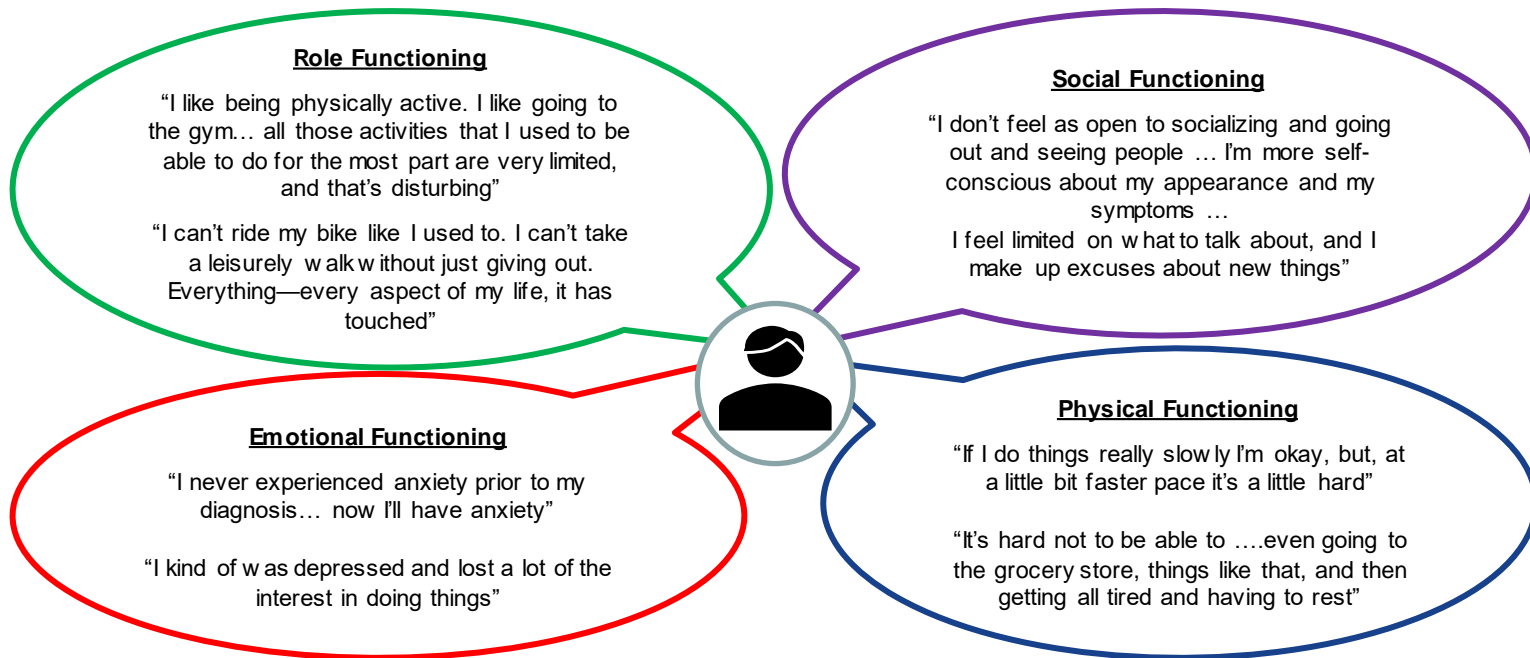
Coughing Blood

"Sometimes there'd be a little bit of blood in the mucus"; "it scared me"



RESULTS (CONT'D)

Figure 4. Patient Quotes Regarding Impacts on Functioning



DISCUSSION

- The patient experience with the core symptoms of lung cancer (dyspnea, cough, and pain) among patients with NSCLC was similar across our sample, irrespective of mutation^{9,10}
- This qualitative research also confirmed the selection of patient-reported outcome instruments to assess core concepts that best capture the patient experience of those with ALK+ NSCLC in a clinical trial setting, including a recent clinical trial of brigatinib versus crizotinib in first-line treatment of ALK+ NSCLC (ALTA-1L; NCT02737501)⁵
- In the ALTA-1L trial, patients taking brigatinib showed significant HRQoL benefits compared with those taking crizotinib in the most common symptoms or impacts reported in the current qualitative study, including⁵
 - Fatigue
 - Nausea and vomiting
 - Appetite loss
 - Constipation
 - Emotional and social functioning
 - Global health status/QoL

CONCLUSIONS

- Incorporation of the patient voice through direct patient engagement provided valuable in-depth insight about the patient experience in ALK+ NSCLC
- This qualitative research provides insights into unmet needs and patient goals for treatment, which may then be measured in clinical trials to demonstrate treatment benefit from the patient perspective
 - The most bothersome symptoms and functional burdens of ALK+ NSCLC identified by patients in this study were measured in clinical trials of brigatinib
- It is important to measure what matters most to patients to improve treatment decision-making

REFERENCES

1. Howlader N, Noone AM, Krapcho M, et al (eds). SEER Cancer Statistics Review, 1975-2016, National Cancer Institute. https://seer.cancer.gov/csr/1975_2016/. Accessed December 11, 2020.
2. Gainor JF, Varghese AM, Ou SH, et al. ALK rearrangements are mutually exclusive with mutations in *EGFR* or *KRAS*: An analysis of 1,683 patients with non-small cell lung cancer. *Clin Cancer Res*. 2013;19(15):4273-81.
3. Wong DW, Leung EL, So KK, et al. The *EML4-ALK* fusion gene is involved in various histologic types of lung cancers from nonsmokers with wild-type *EGFR* and *KRAS*. *Cancer*. 2009;115(8):1723-33.
4. Koivunen JP, Mermel C, Zejnullahu K, et al. *EML4-ALK* fusion gene and efficacy of an ALK kinase inhibitor in lung cancer. *Clin Cancer Res*. 2008;14(13):4275-83.
5. Garcia Campelo MR, Zhu Y, Lin HM, et al. Health-related quality of life (HRQoL) in a phase III study of first-line brigatinib (BRG) vs crizotinib (CRZ) in NSCLC: Updated results from ALTA-1L. *Ann Oncol*. 2020;31(S4):S844. Abstract 1305P.
6. Blackhall F, Kim DW, Besse B, et al. Patient-reported outcomes and quality of life in PROFILE 1007: A randomized trial of crizotinib compared with chemotherapy in previously treated patients with *ALK*-positive advanced non-small-cell lung cancer. *J Thorac Oncol*. 2014;9(11):1625-33.
7. Camidge DR, Kim HR, Ahn MJ, et al. Brigatinib versus crizotinib in advanced ALK inhibitor-naïve ALK-positive non-small cell lung cancer: Second interim analysis of the phase III ALTA-1L trial. *J Clin Oncol*. 2020;38(31):3592-603.
8. Lin HM, Pan X, Biller A, et al. Humanistic burden of living with anaplastic lymphoma kinase-positive non-small-cell lung cancer: findings from the ALKConnect patient insight network and research platform. *Lung Cancer Manag*. 2020; epub.
9. Bell JA, Roberts L, Jean-Baptiste M, et al. Capturing the patient experience for the treatment of *EGFR* exon 20 mutations in non-small cell lung cancer. *J Thorac Oncol*. 2018;13(10):P3.15-03.
10. DeBusk K, Johnson N, Evans C, et al. Development of a patient-reported outcome (PRO) assessment of core non-small cell lung cancer (NSCLC) symptoms. *Value in Health*. 2015;18(7):PA471.

ABBREVIATIONS

ALK, anaplastic lymphoma kinase; ALTA-1L, ALK in Lung Cancer Trial of BrigAtinib in 1st Line; *EGFR*, epidermal growth factor receptor gene; HRQoL, health-related quality of life; NSCLC, non-small cell lung cancer; TKI, tyrosine kinase inhibitor.

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DISCLOSURES

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William R. Lenderking	Evidera	Employment
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