GLOBAL SURVEY: TREATMENT CONSIDERATIONS AND SELECTION IN EGFR M+ NSCLC*

The treatment landscape for stage IIIb/IV EGFR M+ NSCLC has significantly changed in the past few years.

310 physicians** in four countries surveyed

Current attitudes towards decision making for tyrosine kinase inhibitor (TKI) sequencing assessed for the first time to determine what matters most when selecting a treatment and what challenges physicians face.

More information needed
More than 1/3 of physicians do not think they have all the data required to make informed decisions on how to sequence EGFR M+ NSCLC treatments.

Physicians preferring a first-line treatment with the longest progression-free survival (PFS) said they needed more information to make an informed decision on sequencing (43%) compared to those who favour a first-line treatment which offers the potential to use a second-line targeted therapy (23%).

Increasing overall survival (OS) and increasing quality of life (QoL) were the most important treatment goals when prescribing TKIs for all countries, irrespective of treatment line.

% of physicians for whom OS was most important product feature in treatment choice of 1st line therapy

- 43% (US)
- 42% (Germany)
- 38% (China)
- 16% (Japan)

More than half of physicians say they strongly prefer a treatment sequence offering maximum time on targeted treatments.

Physicians need more information on potential resistance mutations before changing their current treatment practice.

**Oncologists, Pulmonologists, Thoracic Surgeons and Internal Respiratory Specialists

*epidermal growth factor receptor mutation-positive non-small cell lung cancer


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