

1510MO

European cancer patients' perspectives on Immunotherapy

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Background

Despite the efforts of scientific organisations, patients' views of immunotherapy are unclear. CareAcross, a multilingual digital platform which provides personalised, evidence-based support to cancer patients, investigated their views on immunotherapy.

Methods

In the second half of 2020, members of the CareAcross platforms (primarily from the UK, France, Spain, Italy or Germany) responded to relevant questions.

Results

Among 5589 patients who responded, 4064 had breast (BC), 1131 lung (LC), 231 prostate (PC) and 163 colorectal cancer (CC). When asked "How does immunotherapy work?", 55% of BC, 34% of LC, 60% of PC and 45% of CC responded either "Not Sure" or "Do Not Know". Regarding its timing of action, most (50-61%) responded "Do Not Know". Responses to these 2 questions are detailed below: Table: 1510MO

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	Breast	Lung	Prostate	Colorectal
N ($\Sigma=5589$)	4064	1131	231	163
Q: How does Immunotherapy work?				
Helps our immune system	11%	13%	8%	9%
Stops cancer cells from affecting our immune system	7%	4%	2%	3%
Activates our immune system to kill cancer cells	29%	41%	34%	42%
Attacks cancer cells like our immune system	7%	7%	6%	5%
Turns cancer cells into immune system cells	1%	1%	0%	1%
Not sure/Do not know	45%	34%	50%	40%
Q: When does it work?				
Starts as soon as treatment begins	17%	18%	10%	13%
Starts some time after treatment begins	18%	25%	21%	18%
Stops when treatment completes	2%	1%	0%	1%
Continues after treatment completes	18%	14%	18%	11%
Do not know	52%	50%	56%	61%

When comparing immunotherapy's side-effects with chemotherapy's, 24% of BC, 23% of LC, 31% of PC and 34% of CC responded "Do Not Know". Most (60-74%) perceived chemotherapy as more toxic; very few considered immunotherapy more toxic (2-5%). Compared to targeted therapy, most (58-65%) did not know. 21-26% believed targeted therapy is more toxic, and few that immunotherapy is more toxic (9-15%). Regarding costs to the healthcare system, patients were asked to compare immunotherapy, chemotherapy and targeted therapy. Most did not know (53-58%), while BC and PC patients believe that chemotherapy costs the most. Chemotherapy, immunotherapy and targeted therapy were selected as the most expensive by 23%, 11%, 6% (BC); 12%, 17%, 12% (LC); 25%, 10%, 8% (PC); and 11%, 17%, 12% (CC), respectively. Among LC patients, those receiving immunotherapy (241 of 1131) had as much as twice the correct answer percentages, except side-effects (they perceived it more toxic compared to LC patients not receiving it).

Conclusions

Most patients do not know enough about immunotherapy, its mechanism and timing of action, and its costs to the healthcare system. Among 4 cancer types, lung cancer patients (especially those treated with immunotherapy) are better informed.

Legal entity responsible for the study

Care Across Ltd.

Funding

Care Across Ltd.

Disclosure

All authors have declared no conflicts of interest.

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