1. ABSTRACT

- **Title**

A Survey of Medical Oncologist's Opinions and Perceptions Regarding the Management of Dermatologic Toxicities among mCRC Patients Treated with Vectibix

Kimberly A. Lowe, Amgen, Inc.

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- **Keywords**

mCRC, EGFR, dermatologic toxicity, rash

- **Rationale and Background**

There are currently no standards of care for the management of dermatologic toxicities for mCRC patients who are treated with Vectibix, which occurs in approximately 75-85% of patients who are treated with an anti-EGFR. The typically-observed "acneiform rash" is associated with pruritus and pain, which may impair quality of life, and may result in dose reduction or treatment cessation in approximately one third of patients. There is a current and urgent need to better understand oncologist's opinions and perceptions about the how dermatologic toxicities are managed so that proper downstream education can be developed and implemented

- **Research Question and Objectives**

1. Describe oncologist's opinions regarding the management of dermatologic toxicities, including opinions regarding the timing of rash management in relation to the initiation of treatment with Vectibix and the manner in which the rash is managed.
2. Describe oncologist's perceptions about the manner in which they preparing their patients for the possibility of developing dermatologic toxicities.

Hypothesis(es)/Estimation: This descriptive study had no formal hypotheses.

- **Study Design**

An observational cohort study that utilized a physician survey to collect data. Eligible oncologists (i.e.: licensed and practicing oncologist who had treated at least three new or continuing mCRC patients with panitumumab in the last year) completed an online survey to report their opinions.

- **Setting**

Oncologists were recruited from a national database via a third party panel provider, M3 Global Research®. M3 Global Research® has access to over two million physicians and one million health care professionals globally for participation in both qualitative and quantitative studies. Oncologists were sent an email to introduce the study and provide a link to the online survey. If interested in participating in the study, the oncologist was asked to provide informed consent at the start of the online survey and answer screening questions to confirm their eligibility to participate.

- **Subjects and Study Size, Including Dropouts**

A total of 250 oncologists were recruited from the M3 Global Research database.

- **Variables and Data Sources**

1. Opinions and perceptions regarding type and grade of dermatologic toxicities.

2. Opinions and perceptions regarding dermatologic toxicity management strategies in relation to timing of skin management, utilization of nursing support and recommendation of agents to manage rash.

- **Results**

Based upon their collective experience, oncologists expect that 44% of patients treated with an anti-EGFR will develop acneiform rash while on treatment. More than half (58%) of the oncologists reported they did not follow any practice guidelines regarding the management of dermatologic toxicities. The oncologists reported that they pre-emptively initiated the management of dermatologic toxicities in 53% of their patients. Skin moisturizer and sunscreen were reported to be the most critical preemptive management approach, while skin moisturizer, over-the-counter topical steroids, and oral antibiotics were reported to be the most critical reactive management tools for Grades 1, 2, and 3, respectively.

- **Discussion**

Despite evidence from randomized controlled trials, there is a clear need for better physician education and awareness of mitigation strategies for skin toxicity management in mCRC patients treated with panitumumab.

- **Marketing Authorization Holder(s)**

Amgen, Inc.

- **Names and Affiliations of Principal Investigators**

Co-Principal Investigator: Kimberly Lowe – Amgen, Inc.

Co-Principal Investigator: Kristina Hool – Amgen, Inc.