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# Comparison of Patient and Physician Preferences influencing treatment decisions for Metastatic Prostate Cancer in Hong Kong

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## Objective:

to compare the preference weightings in risk-benefit attributes of treatment between metastatic prostate cancer (mPC) patients and physicians.

## Method:

Discrete choice experiment (DCE):  
Involving 300 mPC patients and 60 physicians, including urologists and oncologists.

### 5 attributes chosen:

- Drug formulation (ways of intake)
  - Treatment cost
  - Extension of life expectancy
  - Retained self-care ability
  - Chance of adverse effects
- 2 blocks of questions, with 9 questions each

A study to evaluate patient benefit/ risk preferences for treatment of metastatic prostate cancer (mPC) in Hong Kong - a discrete choice experiment

GI	Medication A	Medication B
Way of intake	Twice per day  	Once every 3 weeks Total 10 times 
Maximum out-of-pocket cost payable by 8-12 Inclusion (M23)	\$500,000 	\$375,000 
Extension of life expectancy at diagnosis (compared to standard therapy)	Extend 50% life expectancy 	Extend 100% life expectancy 
Impairment on self-care ability, including both physical and cognitive impairment	No reduction of self-care ability 	50% reduction of self-care ability 
Chance of adverse effect(s) leading to complicated medication treatment or hospitalization	5% of occurrence 	25% of occurrence 
Which medication would you choose?	<input type="checkbox"/>	<input type="checkbox"/>

## Results

### PARAMETER ESTIMATES OF MIXED LOGIT MODEL

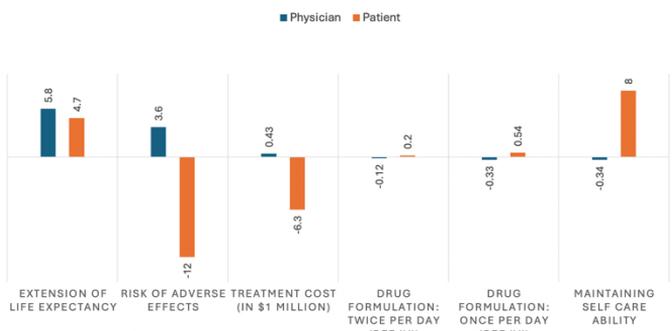


Table 1. Physicians' background

	N = 60
Specialty	
Oncology	54 (90)
Urology	6 (10)
Age group	
25-30	12 (20)
31-40	24 (40)
41-50	17 (28)
51-60	6 (10)
61-70	1 (1.7)
Experience in prostate cancer management, years	
1-5	14 (23)
6-10	7 (12)
11-15	25 (42)
16-20	7 (12)
21-25	2 (3.3)
>25	5 (8.3)
Proportion of working hours allocated to prostate cancer management, %	25 (15 - 40)

### 54 Urologists, 6 Oncologists

- 21 (45%) having less than 10 years of experience in PC management
- Average work hours dedicated to PC management: 25% (15-40)
- ❖ Extension of life expectancy ( $p < 0.001$ ): both significant positive factors for the physician and patient group in decision making
- ❖ The risks of adverse effects ( $p=0.1$ ) and the treatment costs ( $p=0.8$ ) were also positive factors that influence physician decisions though less significant, whereas for the patient group they were significant negative factors ( $p < 0.001$ )
- ❖ On the contrary, the patient group valued maintaining self care ability ( $p < 0.001$ ) more than extending life expectancy ( $p < 0.001$ ).
- ❖ Patients considered once-daily dosing more favourable in medication choice ( $p < 0.001$ ) whereas physicians did not regard it as equally important.

## Conclusion:

Differences in the weights of factors guiding the drugs' choice between physicians and patients. Understanding these will help to align medical care with our patients' values and needs, resulting in better patient care and clinical outcomes