# Patient-centered dosing for people living with metastatic breast cancer can:

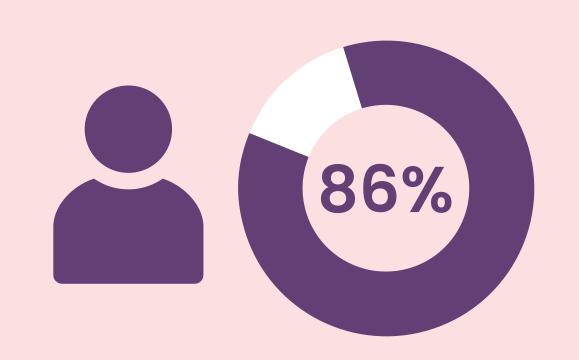
• mitigate side effects

• improve quality of life

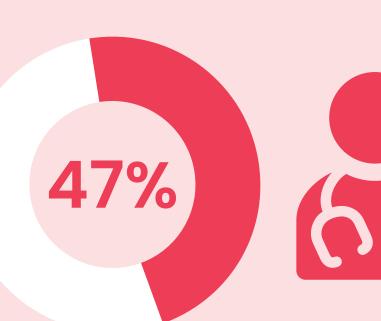
allow continuation of a current treatment

### More is not necessarily better

- People living with metastatic breast cancer (MBC) typically remain on treatment indefinitely
- Recommended starting doses for MBC treatments are often based on the maximum tolerated dose (MTD)
- Approved lower doses may be just as effective with less severe side effects
- High toxicity and related side effects negatively affect quality of life and may reduce treatment options
- The Patient-Centered Dosing Initiative (PCDI) surveyed 1,221 people living with MBC and 119 oncologists who treat MBC and found that oncologists underestimated bad side effects



Patients experienced at least one bad treatment-related side effect



Oncologist-reported percent of patients who experienced a bad side effect

• Toxicity has serious impact: Of the 86%, 1 in 5 patients visited the ER/hospital and 2 in 5 missed a scheduled treatment

### What is patient-centered dosing?

Metastatic breast cancer drug dosages are personalized for each patient based on:

- Frank conversation and informed discussion between HCP and patient, before and during treatment
- Criteria developed by the PCDI and its medical advisory board, including personal wishes, age, health, availability of at-home care, history of side effects, and more



Patients should NEVER change anything about treatment on their own – they should always speak with their care team!

# Why patient-centered dosing?

The PCDI surveys reveal opportunities to explore options, address side effects, and individualize care

 Patients and providers are willing to discuss flexible dosing options



Patients - 92%



Oncologists - 97%

- 80% of patients are aware that many MBC therapies are available in multiple approved dosages
- Many patients and providers do not believe a higher dose is always more effective

Patients – 53%

Oncologists - 85%

Dose reduction improves quality of life



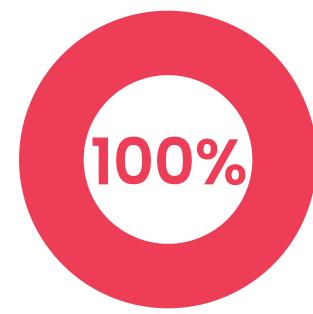
Patients who reported feeling better when dosage was reduced 71%

Oncologists who said patients given a dose reduction felt better and that efficacy was similar to the standard dose

Side effects need to be discussed at every visit



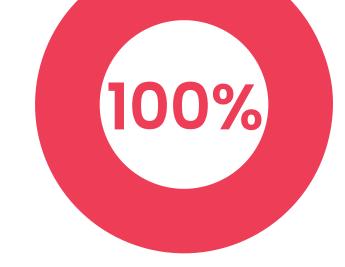
Patients who reported being asked at every visit



Oncologists who indicated they ask at every visit







### How the PCDI is driving change

### Catalyst for shifting the "one size fits all" paradigm

- FDA Project Optimus supports identifying dosages in early clinical trials that maximize efficacy, safety, and tolerability rather than routinely leveraging the MTD
- FDA Project Renewal is reviewing approved therapies and updating indications for use, dosage, and administration
- Increased discussion among governmental agencies, pharmaceutical companies, and oncology organizations about the need for additional studies to validate multiple dosing options

"It's loud and clear from our patients that the drugs are too toxic... patients deserve a more tolerable dose."

— Dr. Atik Rahman, FDA Division Director, Friends of Cancer Research Annual Meeting 11/10/21

## Scan to learn more

Actions

Communicate

Personalize

Initiate conversation with patients

about side effects at every single visit

• Discuss ways to alleviate side effects,

including patient-centered dosing

Understand each patient's unique

Educate patients about options

appropriateness of therapy and dose

Engage in shared decision-making

with patients about dosing, before

• Use this PCDI-developed downloadable

tool as a framework for patient-provider

needs and characteristics

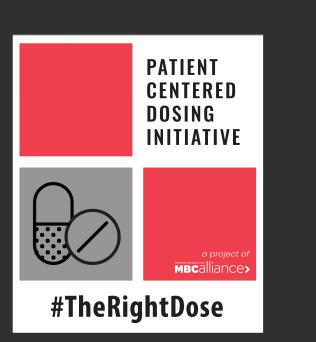
Monitor quality of life and

Collaborate

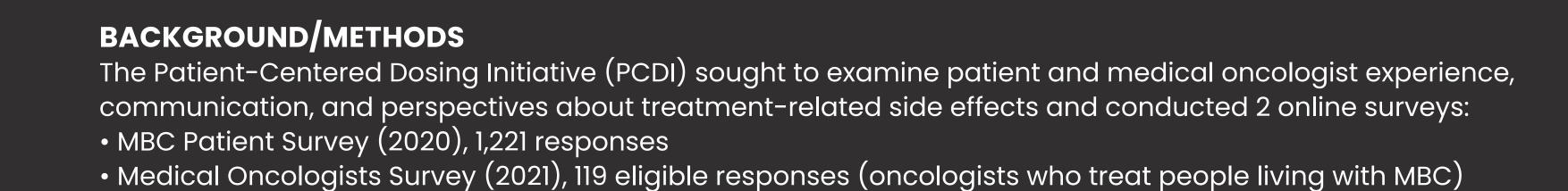
and during treatment

therightdose.org

collaboration







**ACKNOWLEDGMENTS**