

# Survey on the HCP perspectives on CINV in stem cell transplant

## Outcomes report

Updated 15.11.2022



# Survey on the HCP perspectives on CINV in stem cell transplant

Final results

<b>Completers</b>
<b>348</b>
<b>116% of goal</b>

- Activity dates: 17 May 2022 to 17 August 2022
- Target Audience: haemato-oncologists in Europe
- Provided by Ology Medical Education
- Survey language: English

# Survey on the HCP perspectives on CINV in stem cell transplant

A web-based questionnaire independently developed with expert faculty with the intention of uncovering:

- Unmet needs in chemotherapy-induced nausea and vomiting (CINV) in patients undergoing stem-cell transplant (SCT)
- The healthcare professional's (HCP) perspective on CINV in patients undergoing SCT
- Educational gaps in CINV in patients undergoing SCT, as identified by HCPs

Expert faculty:

**Karin Jordan, MD**

University Hospital Heidelberg, Heidelberg, Germany

**Nicola Di Renzo, MD**

Vito Fazzi Hospital, Lecce, Italy

**Florian Strasser, MD**

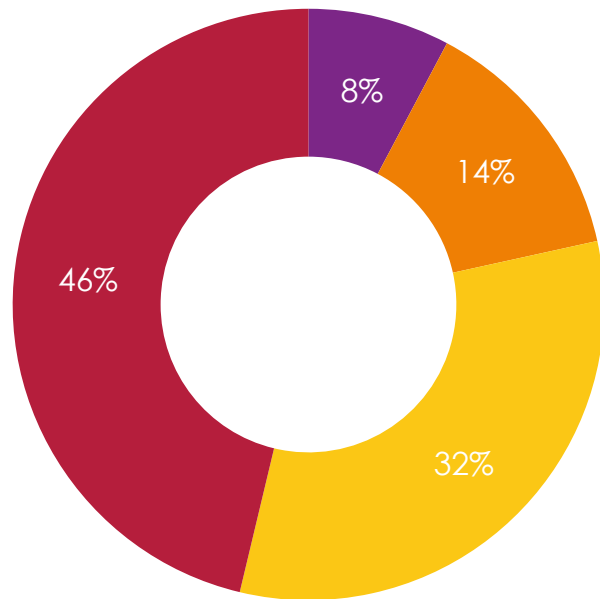
Cantonal Hospital St. Gallen, St. Gallen, Switzerland

# Results - Demographics

Data gathered from N=348 completers

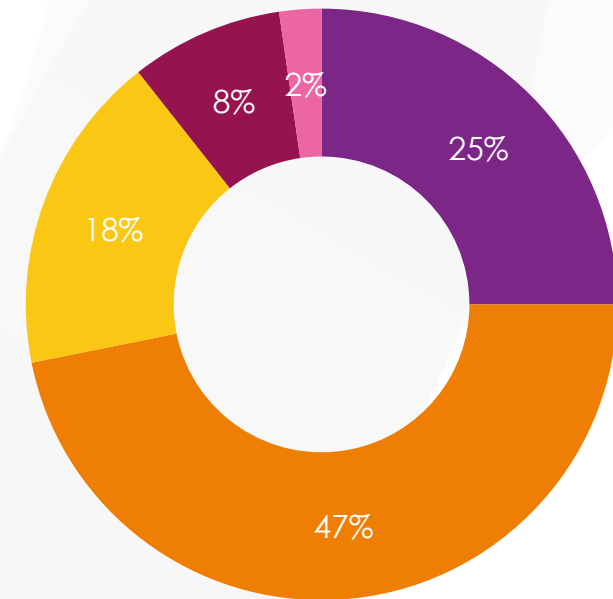
# Demographics

How many years have you been in practice as a haemato-oncologist?



- Less than 5
- 5-10
- 10-20
- More than 20

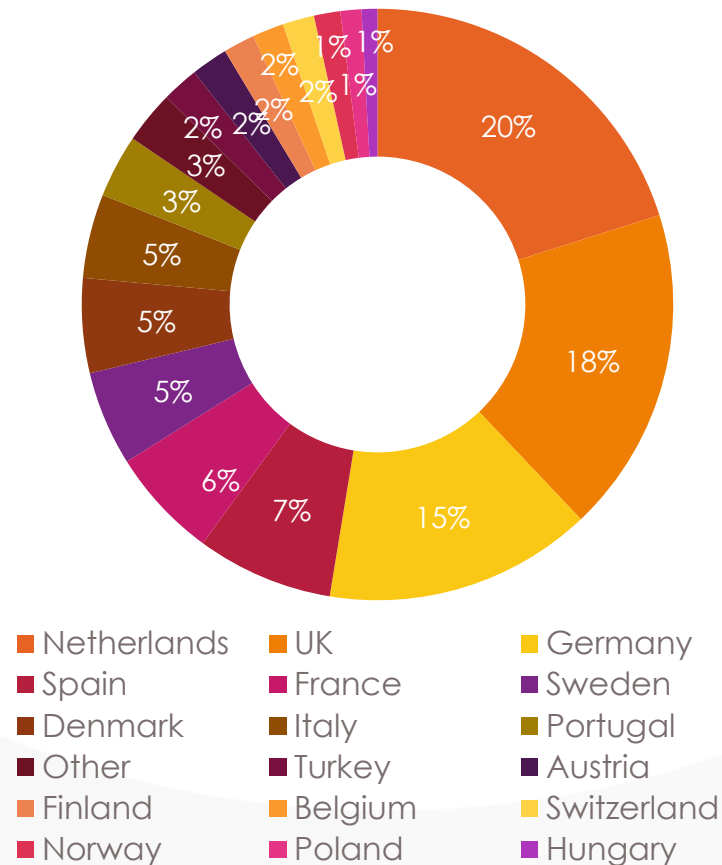
How many patients undergoing stem cell transplantation (SCT) do you see, on average, per year?



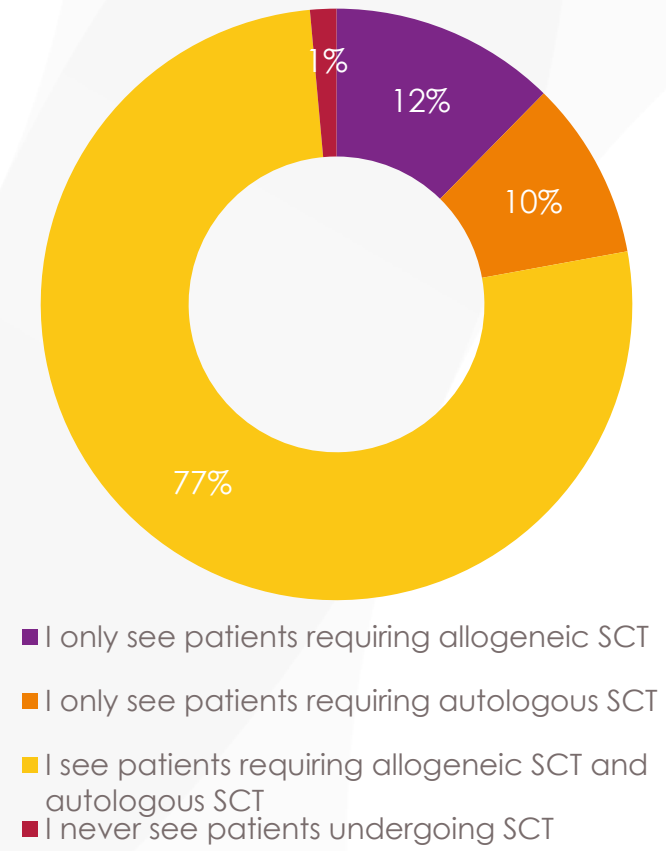
- 1-10
- 11-25
- 26-50
- More than 50
- I never see patients undergoing SCT

# Demographics continued

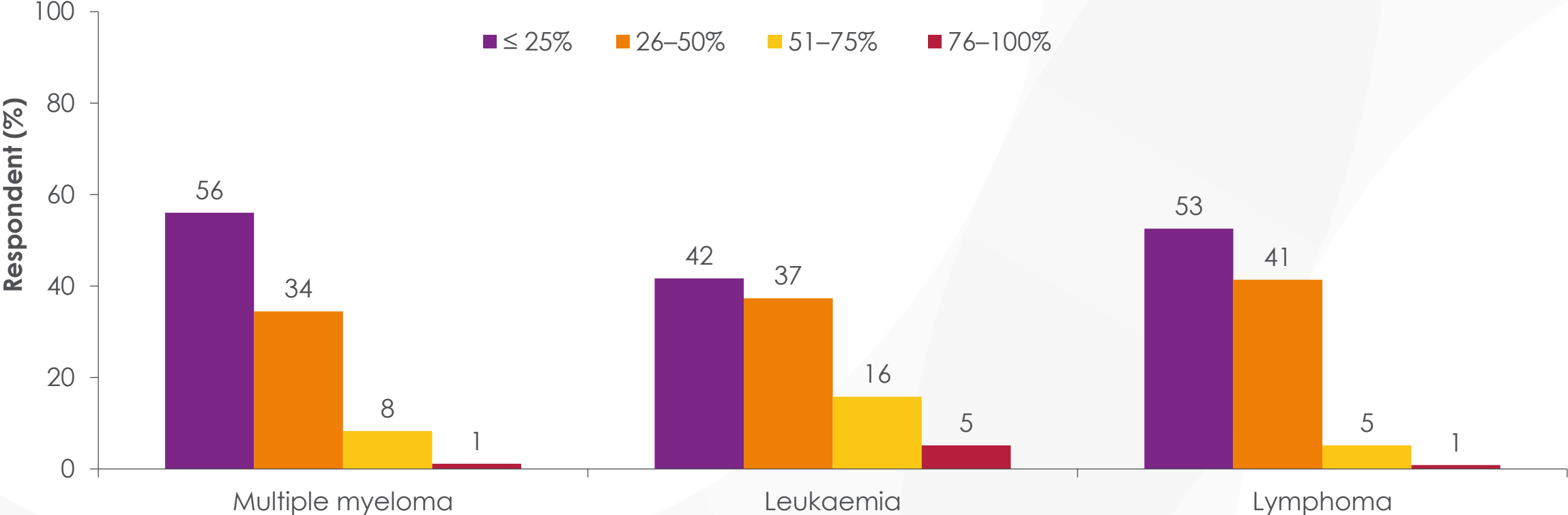
In which European country do you practise?



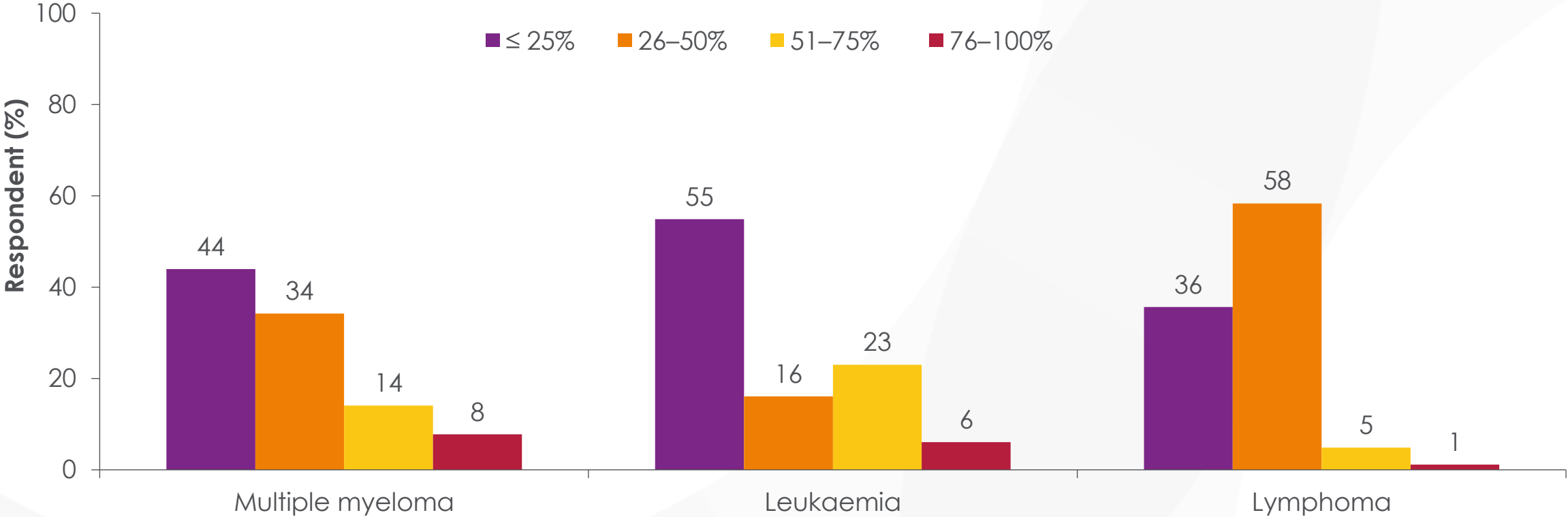
Do you see patients requiring allogeneic SCT, autologous SCT, or both?



# Approximately what percentage of your patients with multiple myeloma, leukaemia, or lymphoma require allogeneic SCT?



# Approximately what percentage of your patients with multiple myeloma, leukaemia, or lymphoma require autologous SCT?

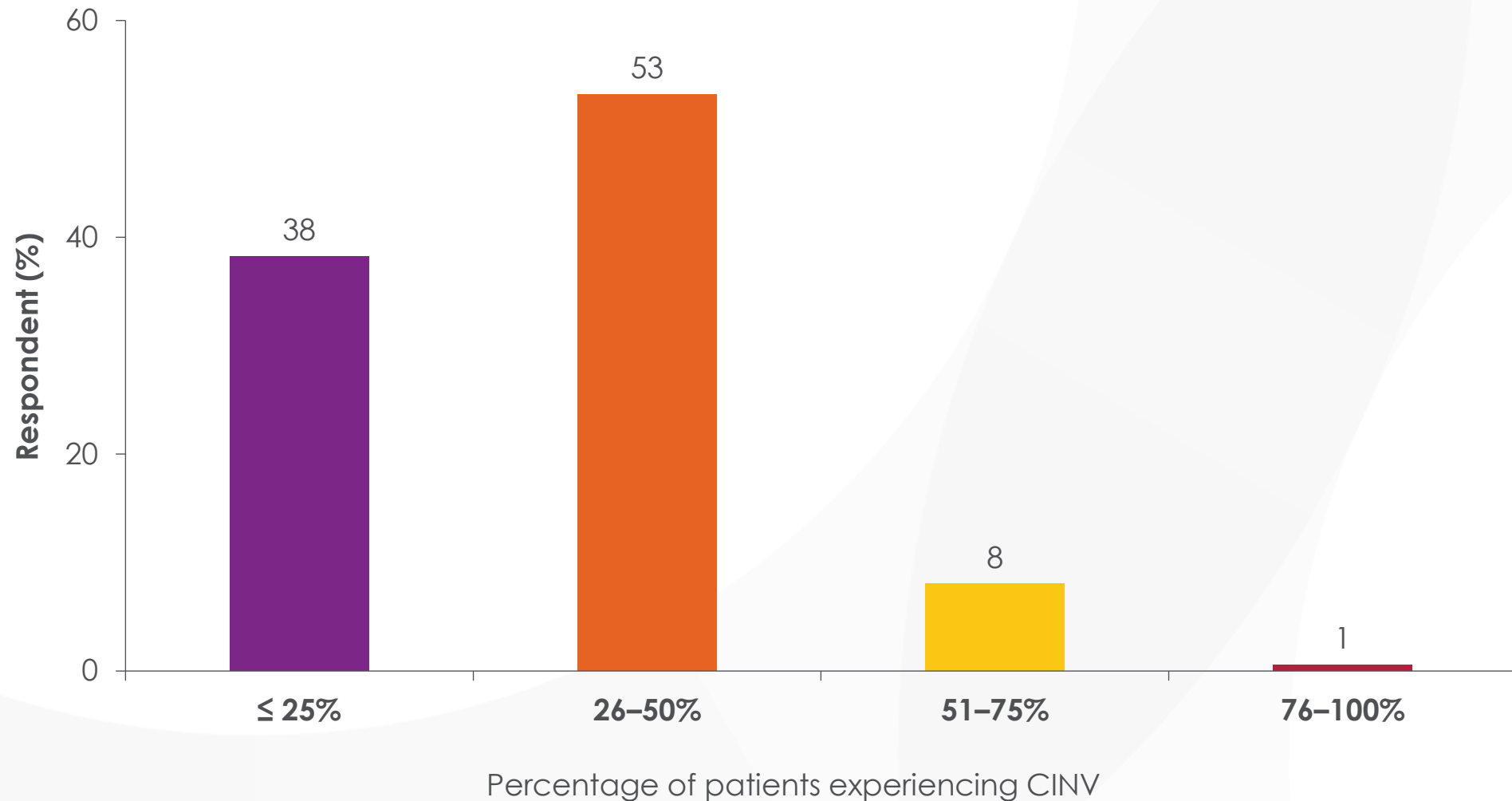




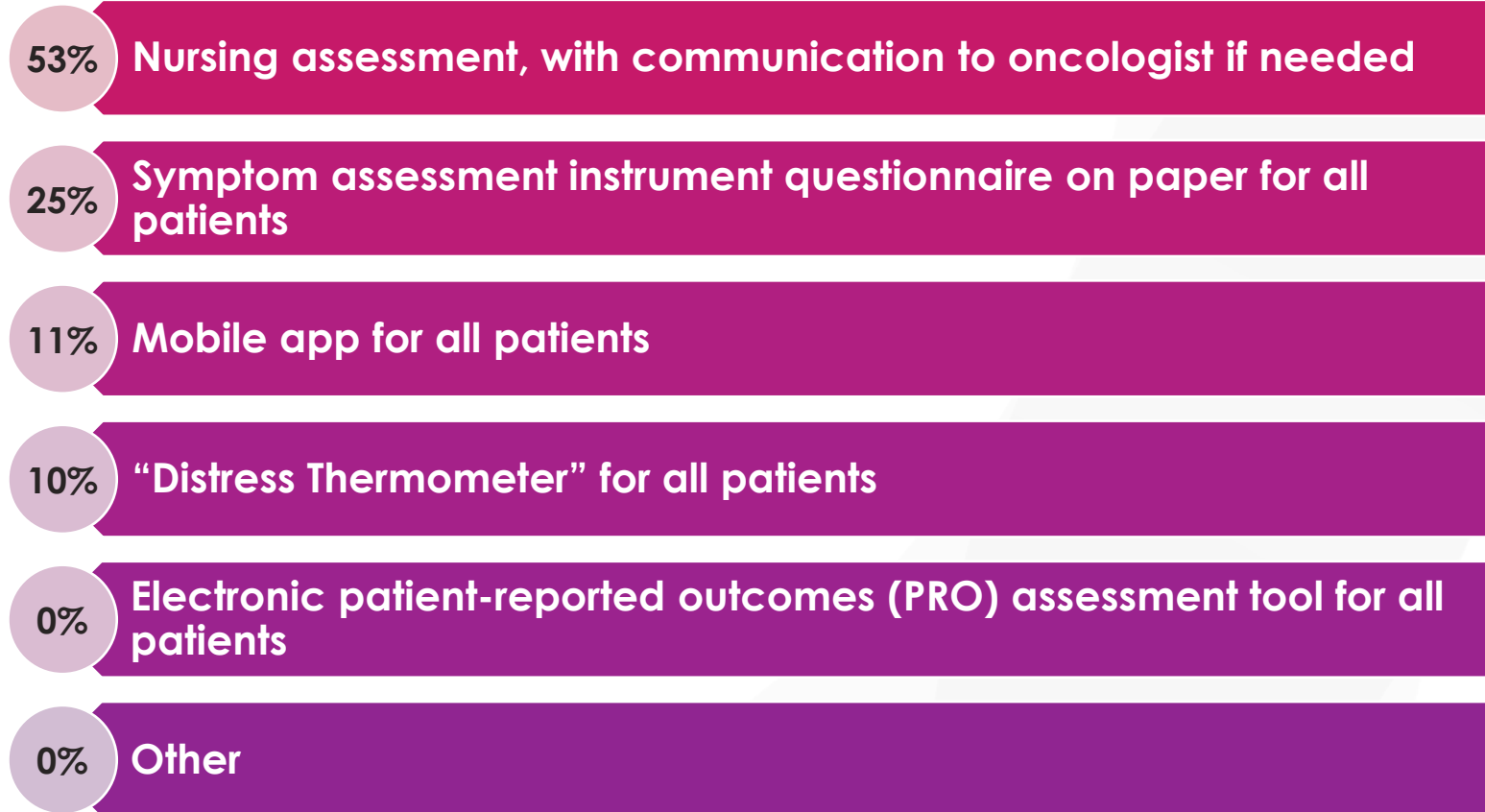
# Results - Unmet needs and HCP perspectives

Data gathered from N=348 completers

In your institution, approximately what percentage of your patients requiring SCT experience chemotherapy-induced nausea and vomiting (CINV) affecting their quality of life (QoL) and/or functioning despite receiving local standard antiemetic prophylaxis?



## In your institution, how do you measure and monitor CINV in patients undergoing SCT?



# In patients undergoing SCT, how do you personally define CINV that impacts patients' QoL and/or functioning?

## **Mental impact:**

- Sad/sadness/not happy (5)
- Depression (4)
- Distressful and troublesome/psychologic distress (2)
- Anxiety
- Demotivating
- Debilitating

## **Feeling:**

- Not okay/not good/bad/not feel the same/ not normal for a time (7)
- Times of ill/ill/some of the time feel ill, others not (3)
- Sometimes high, sometimes low

## **QoL:**

- Impact on relationships (family/friends/love) (5)
- Negatively impacted QoL (4)
- (Very) poor QoL (2)
- Change in QoL (in short time) (2)
- QoL: sometimes poor - sometimes good
- Impossible to have QoL
- Diminished life
- Low-quality social life
- Missed work
- Finances

# In patients undergoing SCT, how do you personally define CINV that impacts patients' QoL and/or functioning? (cont.)

## Symptoms:

- Periods of/lots of/persistent/continuous nausea/vomiting (17)
- Nausea limiting eating for > 5 days
- 3-5 events/day and/or npt request
- Loss of appetite/nutrition/weight due to nausea and vomiting (9)
- Dehydration (2)
- Development of symptoms
- Stomach issues/uneasy stomach
- Renal symptoms
- Gastrointestinal disturbance
- Fatigue

## Function:

- Reduced (daily) functioning/poor function (3)
- Loss of activity
- Sitting down too much
- Periods of time in which you need to consider what you do, and what you wear

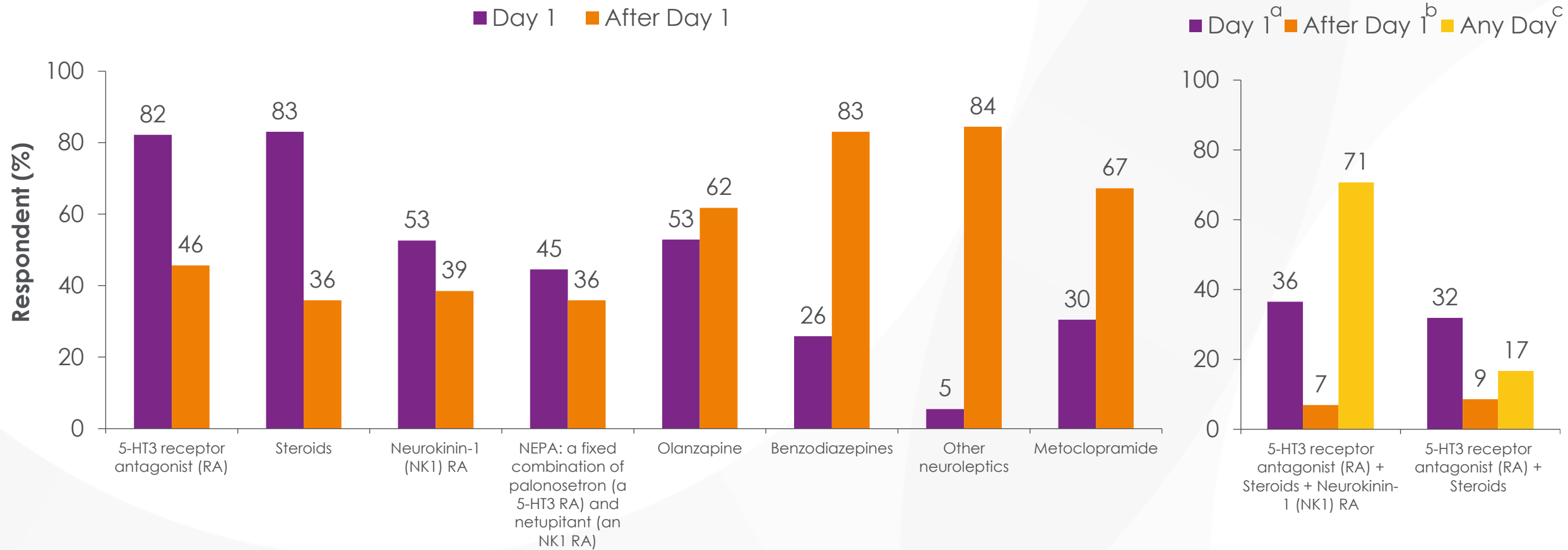
## Definition:

- Patient reported/questionnaire (2)
- Data-based (2)
- Scale rating
- CTCAE Grading system

## Other:

- Necessary evil
- New normal
- Best option and necessary

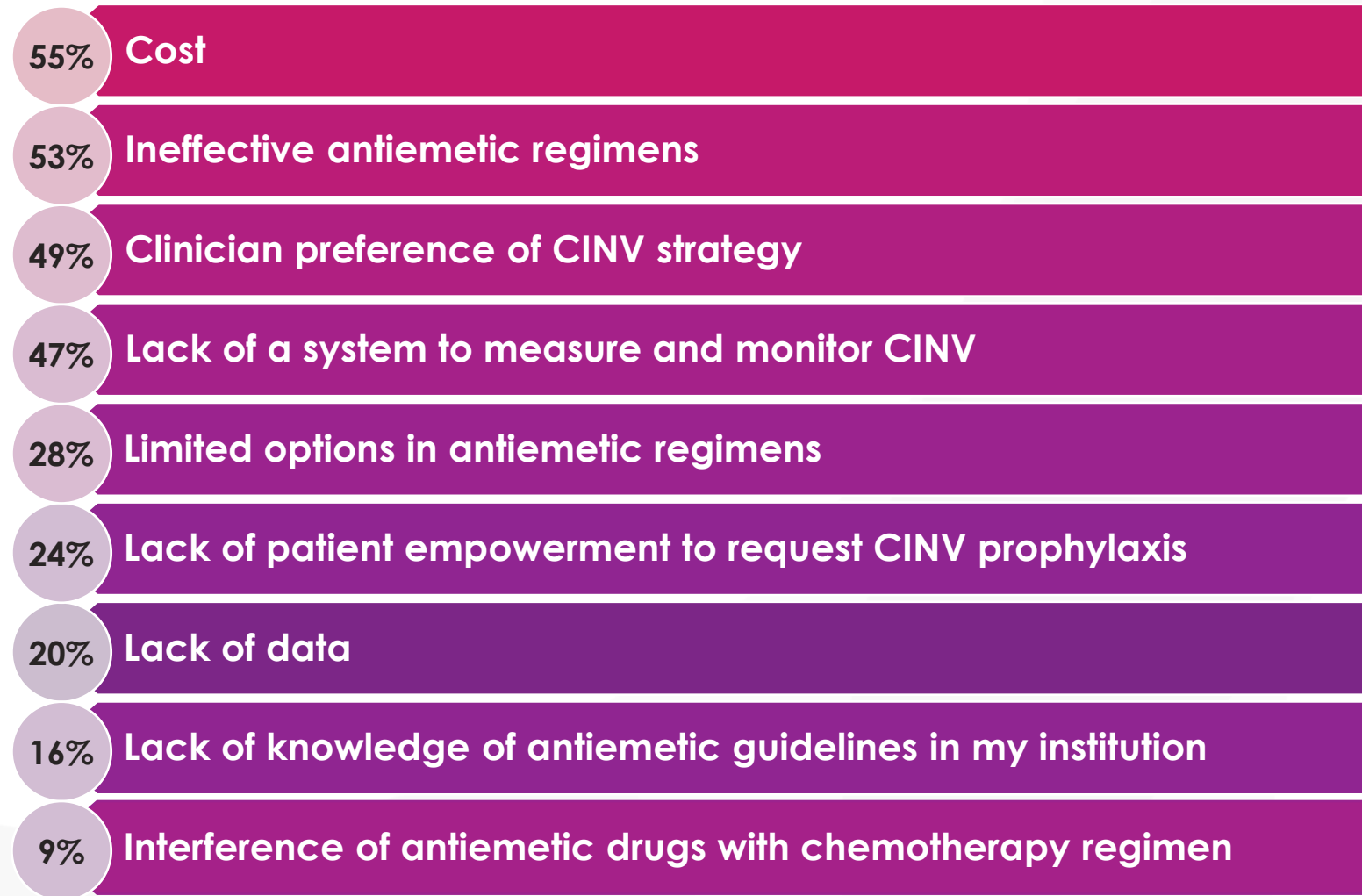
# In your institution, which of the following classes of agent are used to prevent CINV in patients receiving conditioning treatment with highly emetogenic chemotherapy for SCT?



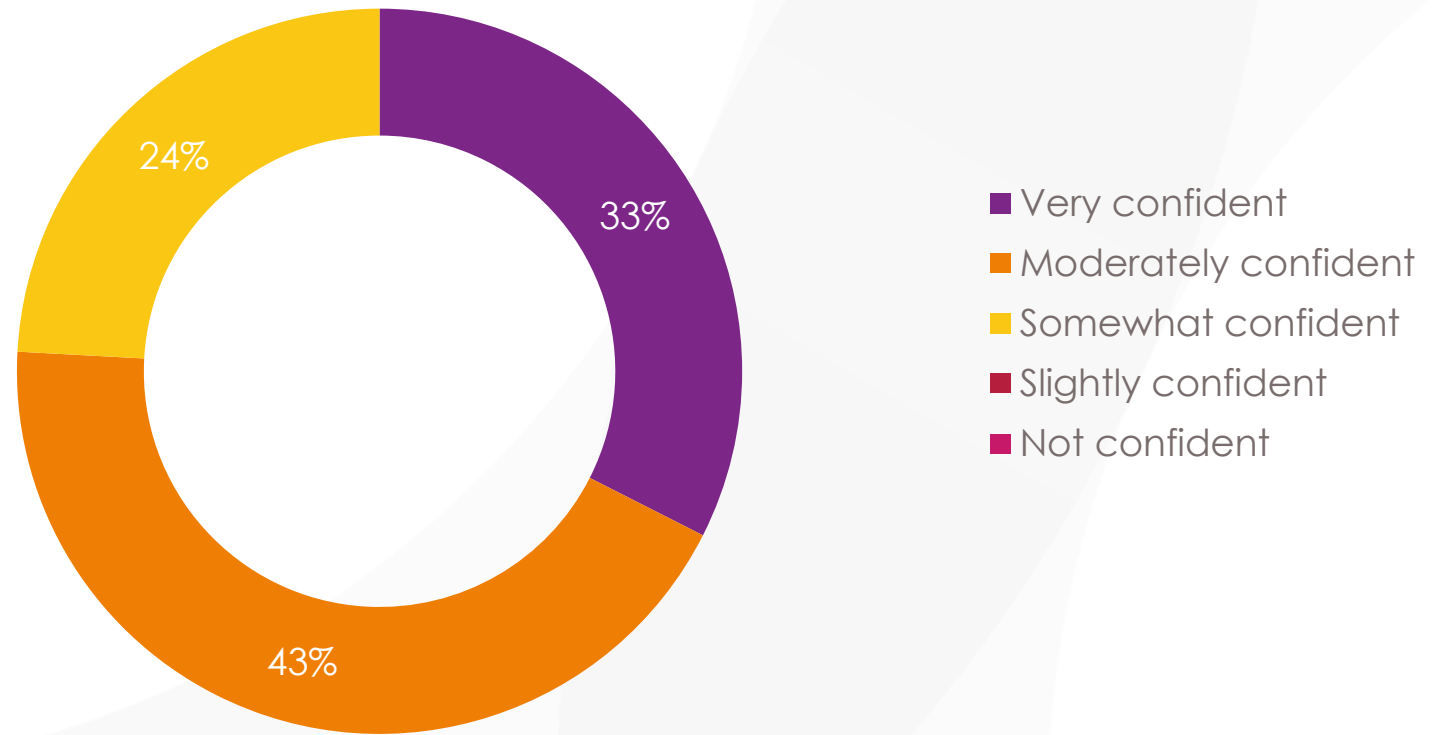
## Grouped sub analysis

<sup>a</sup> all treatments in combination given on day 1; <sup>b</sup> all treatments in combination given after day 1, <sup>c</sup> treatments given on any day.

# What do you think are the three most important current challenges in managing CINV in patients undergoing SCT?

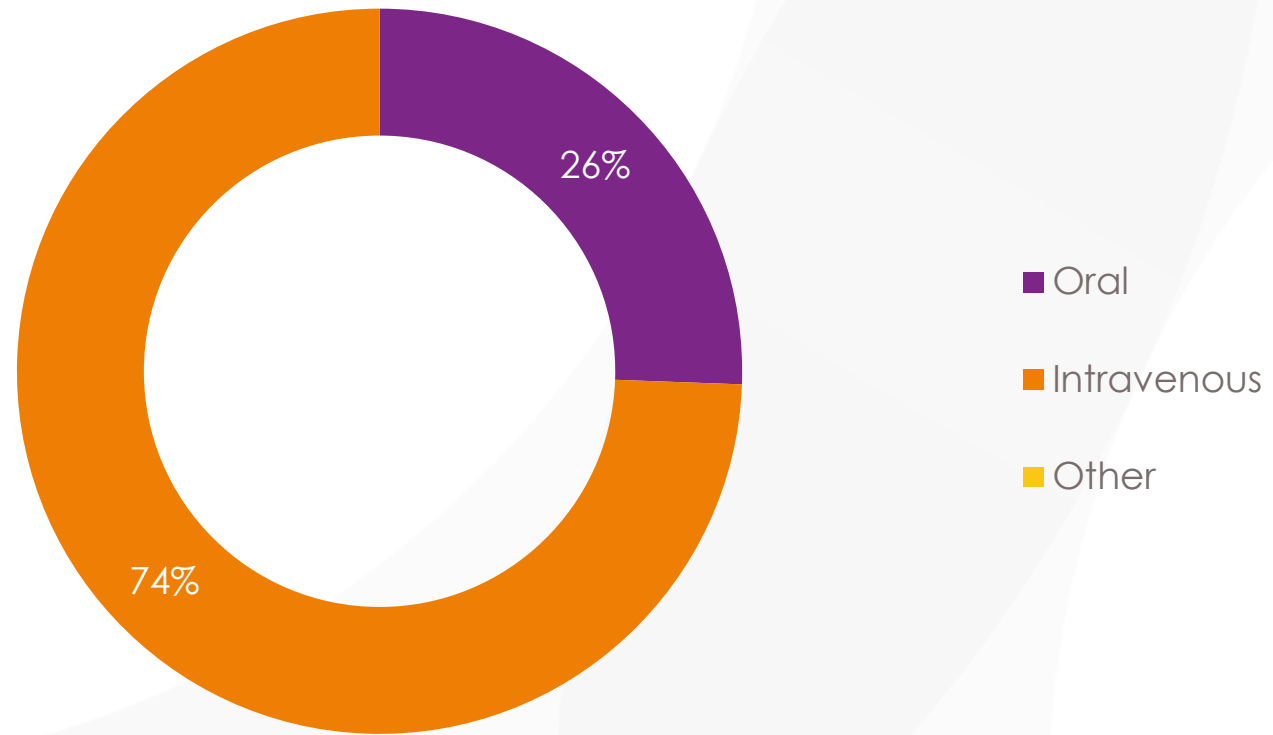


**In your opinion, how confident are the healthcare professionals (HCPs) in your institution, including yourself, that they can provide optimal control of CINV in patients undergoing SCT?**





# In your opinion, what is the preferred method of administration of antiemetic prophylaxis for patients undergoing SCT in your institution?



# Why is the below antiemetic prophylaxis the preferred option?

## Oral:

- Easy/simple/convenient (15)
- Effective/efficacy (4)
- Preventative (2)
- Initially (2)
- Patient preference (2)
- Fast (1)
- Data-based
- I prefer oral only for patients who are very compliant
- Adults

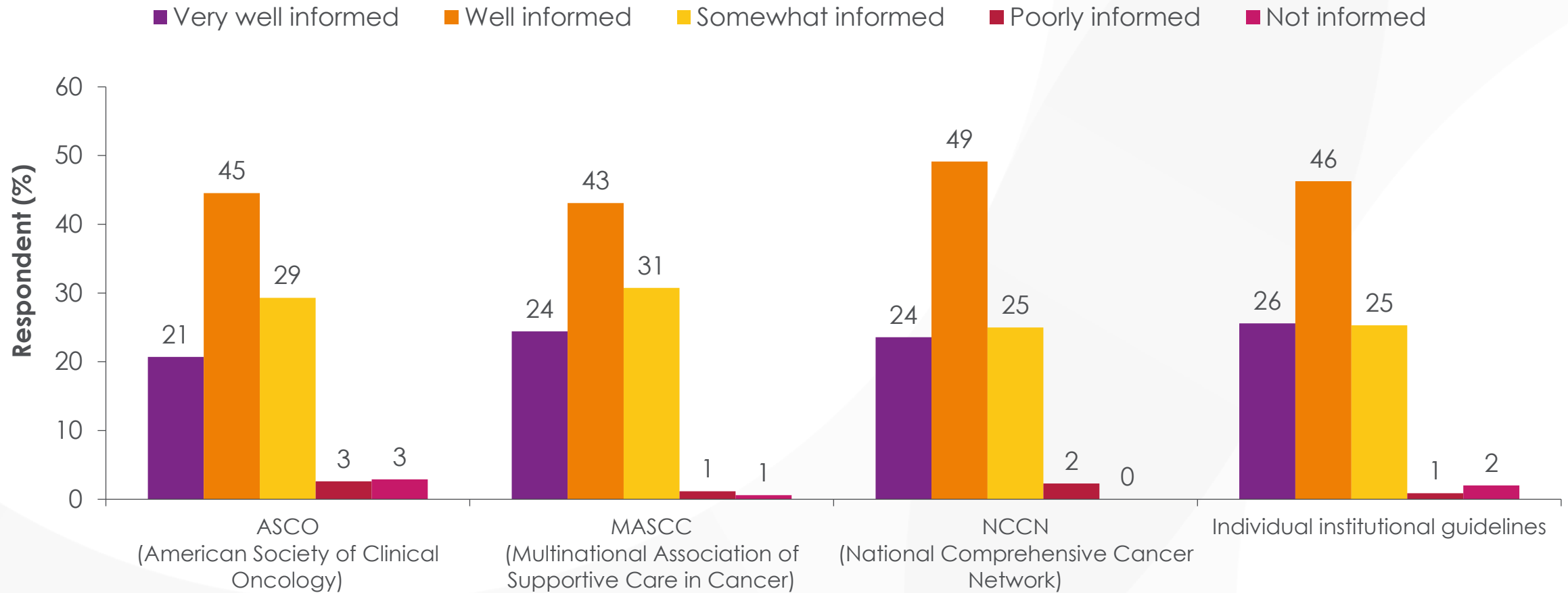
## Intravenous:

- Vomiting/CINV/non-swallowed (13)
- Faster/quicker (8)
- Low risk/less risk/minimal risk/low emetic risk (4)
- Easy/convenient (4)
- Bloodstream/goes in system/in-body (3)
- Used more/more info/recommended (3)
- Patient-dependent (3)
- Effective/higher efficacy (3)
- Overuse (2)
- Compliance (2)
- Monitor
- Data-based
- Reliable
- Quality
- Mental issues
- Adults
- Physical burden
- Specific indication

# Results – Educational gaps

Data gathered from N=348 completers

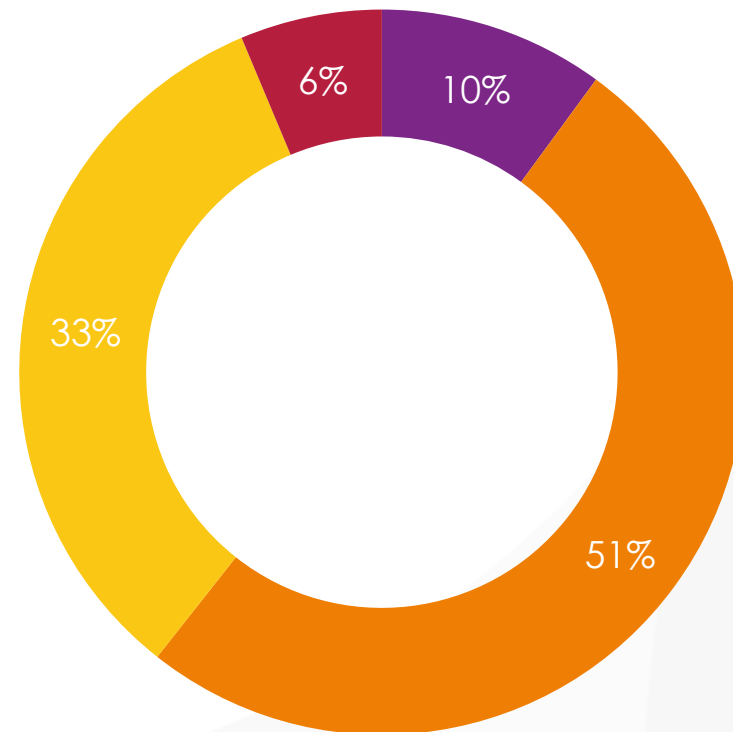
# How familiar are you, and in your opinion the HCPs in your institution, with the current guidelines for CINV for patients receiving high-dose chemotherapy for SCT?



# How do you wish to be adequately and timely informed about clinical-practice-changing care updates to CINV strategies?



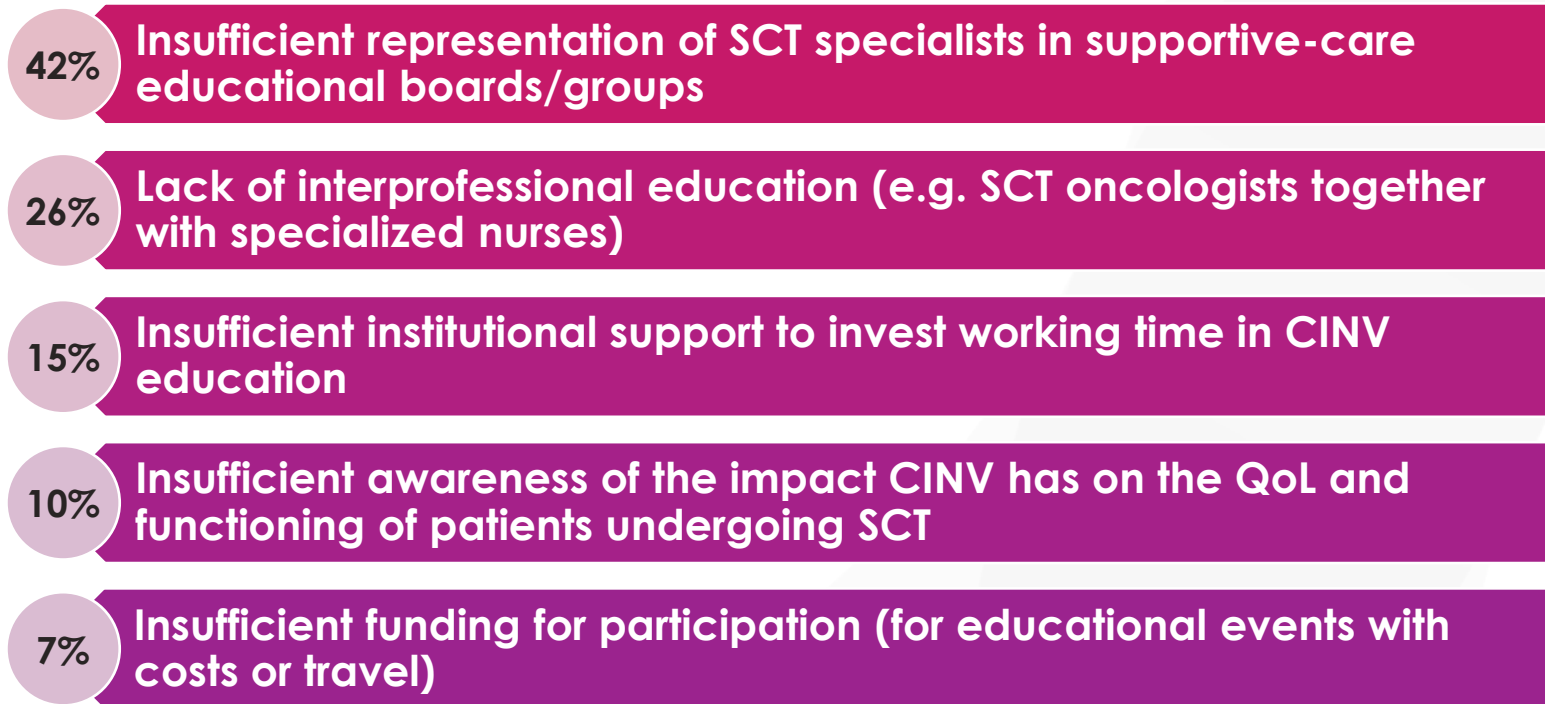
# In your opinion, how well are the latest CINV strategies for patients undergoing SCT implemented in haemato-oncology societies' standard-of-care guidelines?



- Not at all: the guidelines do not have a supportive-care section
- Not well: the guidelines are too unspecific to be useful in clinical practice
- Not well: the guidelines are not state-of-the-art (as defined by CINV guidelines)
- Other\*

\*One respondent provided additional input: "Not great, they don't differentiate SCT".

# What do you think are the major gaps in medical education on CINV management for patients undergoing SCT?



# Audience generation

The program has been advertised via an e-blast campaign



# E-blasts



## We need your opinion on CINV treatment



### Survey of the HCP perspective on CINV in SCT

#### Your expert insight needed

We are inviting you to provide us with your professional insight by completing a web-based questionnaire, developed by expert faculty, on chemotherapy-induced nausea and vomiting (CINV) in patients undergoing stem-cell transplant (SCT). This short questionnaire features multiple choice and free-text questions; we hope that responses from haemato-oncologists in Europe, such as yourself, will provide us with information on:

- Unmet needs in CINV in patients undergoing SCT
- The healthcare professional's (HCP) perspective on CINV in patients undergoing SCT
- Educational gaps in CINV in patients undergoing SCT, as identified by HCPs

[START SURVEY](#)

#### Chair

Karin Jordan, MD, University Hospital Heidelberg,  
Heidelberg, Germany

#### Faculty

Nicola Di Renzo, MD, Vito Fazzi Hospital,  
Lecce, Italy

Florian Strasser, MD, Cantonal Hospital St. Gallen,  
St. Gallen, Switzerland



Provided by Ology Medical Education.

This survey is made possible by an unrestricted educational grant from Helsinn Healthcare SA.

This is an independent survey designed by expert faculty and does not meet the criteria for adverse event reporting. Please do not include details of specific adverse events, and ensure any such events are reported separately through the appropriate channels.



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