

Mark Saunders,¹ Filomena Servidio-Italiano,² Barry D. Stein,³ Amy Mulvey,⁴ Kathy Steinberg,⁴ Ashley Geiger,⁵ Scott Campbell,⁵ Sharlene Gill⁶

¹The Christie NHS Foundation Trust, Manchester, UK; ²Colorectal Cancer Resource & Action Network, Toronto, Ontario, CA; ³Colorectal Cancer Canada, Westmount, QC, CA; ⁴The Harris Poll, Chicago, IL, USA; ⁵Takeda Development Center Americas, Inc. (TDCA), Cambridge, MA, USA; ⁶BC Cancer & University of British Columbia, Vancouver, BC, CA

Background

- Colorectal cancer (CRC) is the third most diagnosed cancer worldwide and the second leading cause of cancer-related mortality.¹ According to ESMO clinical practice guidelines published in 2023, ~15–30% of patients present with metastases at initial diagnosis, and ~20–50% of patients initially diagnosed with Stage I–III CRC go on to develop metastatic CRC (mCRC)²
- Treatment decision-making for mCRC is a global challenge and can vary between geographic regions due to differences in factors such as healthcare systems, clinical guidelines, access to treatment, and patient/healthcare provider (HCP) involvement^{3–7}
- Patients' experiences through the mCRC diagnosis and treatment journey can be complex and burdensome⁸
- When developing treatment strategies for mCRC, shared decision-making between physicians and patients is important, not only to optimize outcomes, but also to consider the risks and benefits of treatment alongside individualized patient-centered care^{9,10}
- To gain a deeper understanding of patient preferences, we conducted an online survey to explore the treatment experiences of patients with mCRC, including their involvement in the treatment decision-making process

Methods

- Adults (≥18 years) with stage IV mCRC participated in an online self-reported survey conducted in Canada, the United Kingdom (UK), Germany, Spain, and Portugal by The Harris Poll between April 29th and November 19th, 2024 (**Summary Panel**)
- Most questions in the survey were asked as either picklist questions or on a Likert scale (e.g. strongly agree, somewhat agree, somewhat disagree, strongly disagree)
- For some questions, certain response options were not included for every country
- Patients were recruited through online panels and patient organizations (POs)
- POs that were partners for and involved in the co-creation of this survey, but did not necessarily recruit patients, are shown in the **Summary Panel**
- Raw data were not weighted at the individual country level and are therefore only representative of the individuals who completed the survey
- The sampling precision of Harris online polls is measured by using a Bayesian credible interval. Total sample data are accurate to within 3.4 percentage points using a 95% confidence level
- All surveys are subject to multiple sources of error, which are most often not possible to quantify or estimate, including coverage error, error associated with non-response, and error associated with question wording and response options

Results

Respondents

- Of 814 respondents, 752 were recruited from online panels and 62 were recruited from POs (**Summary Panel**)
- The mean age of respondents ranged from 47.3–53.5 years across countries and most respondents were male; respondent profiles by country are included in **Table 1**

Table 1: Respondent profile by country

	Canada (n=199)	UK (n=165)	Germany (n=150)	Spain (n=150)	Portugal (n=150)
Mean age, years (SD)	47.3 (12.5)	53.5 (9.1)	50.2 (7.8)	52.2 (8.2)	48.9 (13.5)
Male, %	59	82	91	85	67
Overall physical health, %					
Poor	49	76	75	86	37
Fair	22	13	13	7	51
Good	21	11	11	7	11
Excellent	8	0	0	0	1
Concern about health, %					
Very concerned	60	73	73	61	66
Somewhat concerned	33	24	24	37	29
Not very concerned	6	3	3	1	5
Not at all concerned	1	0	0	1	0

SD, standard deviation.

Respondents' treatment experience

- Most respondents in each country reported that they were currently receiving or had previously received mCRC treatment (Canada: 72%; UK: 84%; Germany: 89%; Spain: 92%; and Portugal: 89%)
- Chemotherapy was the most frequently reported treatment type in all countries (Canada: 79%; UK: 80%; Germany: 70%; Spain: 68%; and Portugal: 75%); more information on the types of mCRC therapies respondents reported that they were currently receiving or had previously received is available in the supplement (**Supplemental Figure 1**; accessible via the **QR code** at the bottom of this poster)
- Most respondents felt that it was really discouraging to not have access to all mCRC treatment options, especially those in Portugal (Canada: 74%; UK: 81%; Germany: 71%; Spain: 75%; and Portugal: 91%)
- To improve treatment experience, the highest proportion of respondents receiving/deciding on treatment were interested in better understanding their diagnosis in the UK, Germany, and Spain, and their treatment options, including access to clinical trials, in Canada and Portugal (**Figure 2**)

From the respondents' perspectives, what are their lived treatment experiences and involvement in the treatment decision-making process for mCRC?

Question

Methods

Respondents aged ≥18 years with mCRC (N=814)

Online 60-question survey, conducted in Canada, the UK, Germany, Spain, and Portugal April 29–November 19, 2024

Scope of questions covered: patient profile, diagnosis experience, general resources and the role of POs, the impact of mCRC on life, access to care, culturally competent care and discrimination, and treatment experience

Key conclusion

To optimize mCRC care, it is crucial to foster strong communication between patients and their HCPs, as well as their support networks, ensuring patients feel heard, and have access to the resources they need in order to better understand their condition and the treatment options available to them

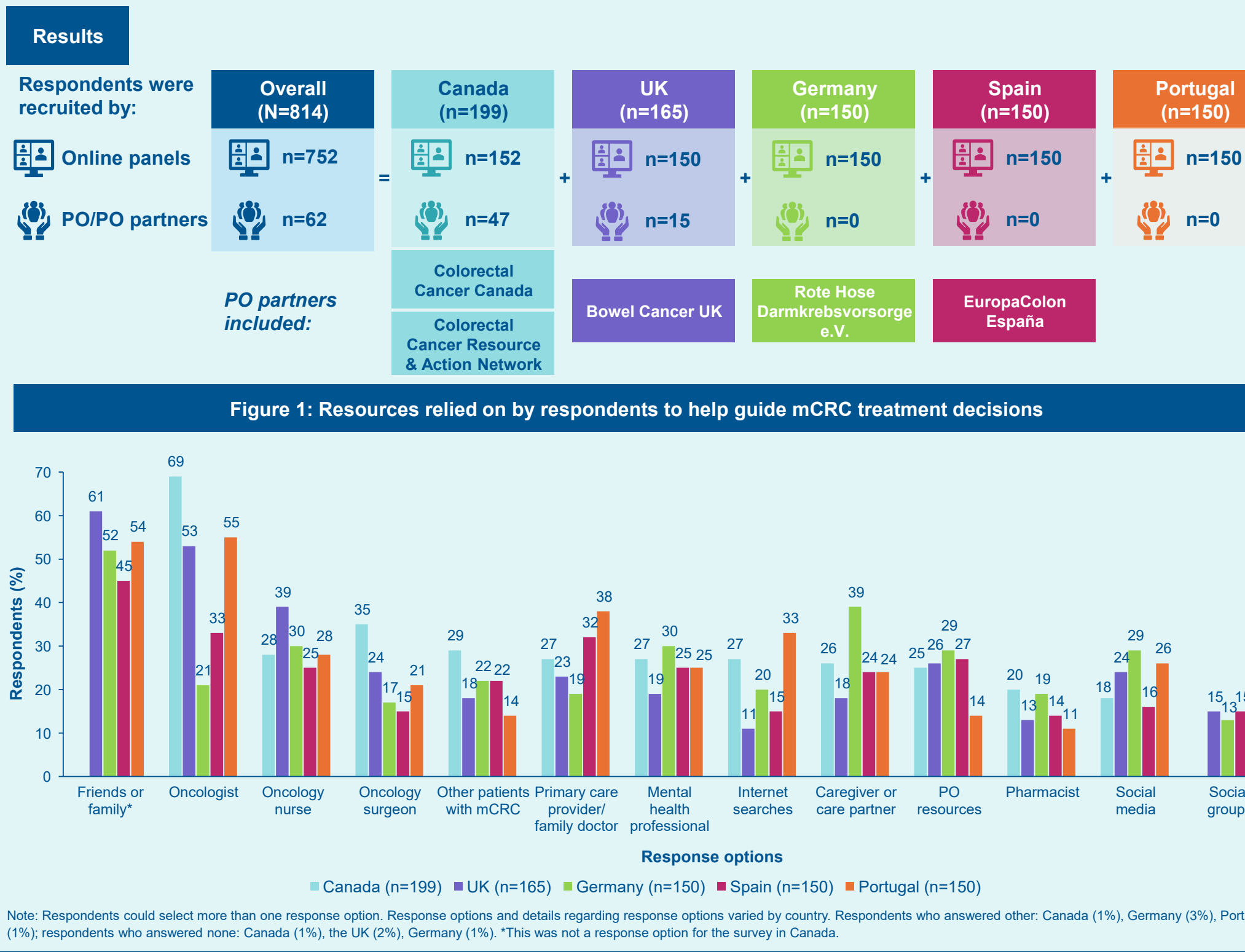
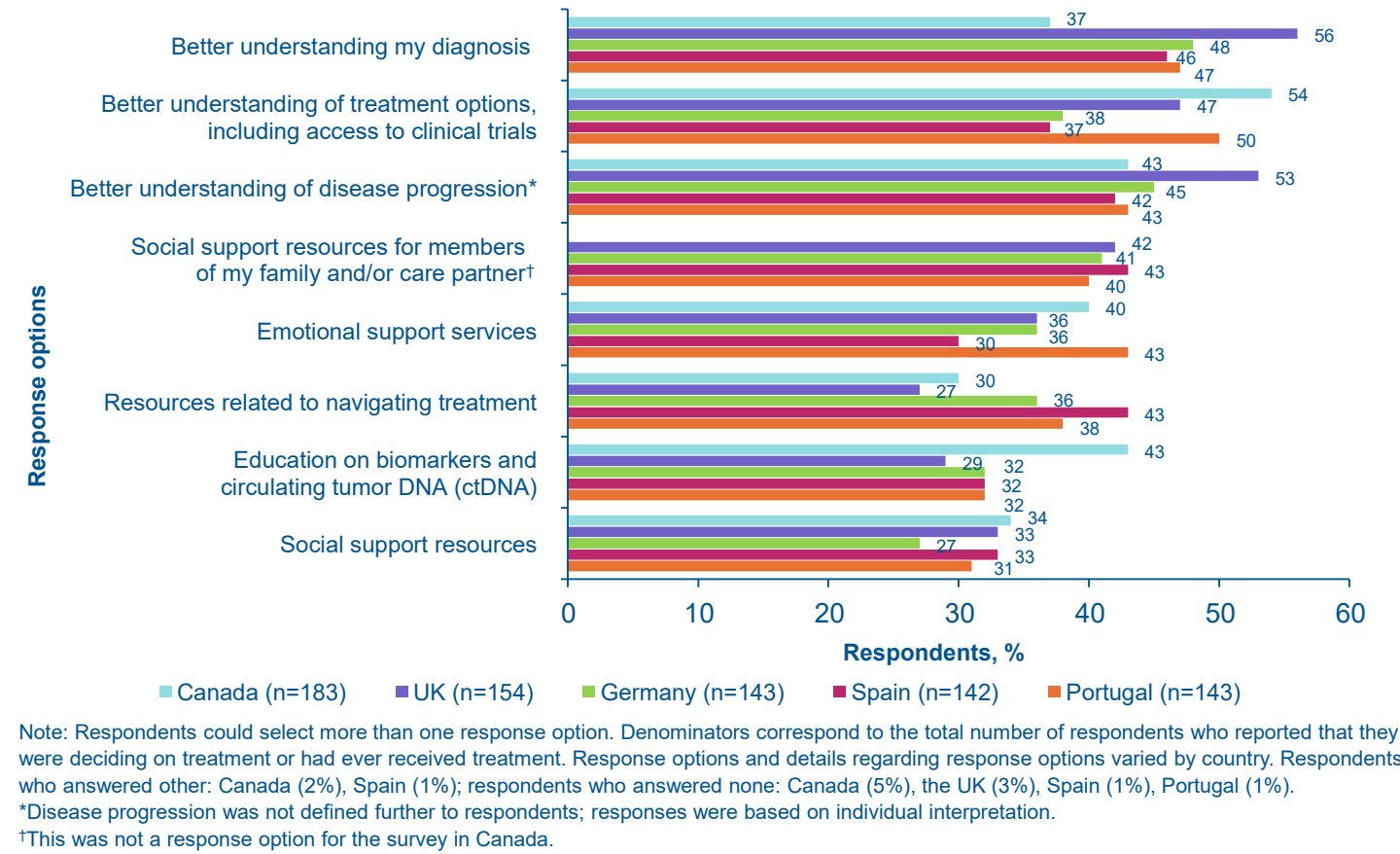


Figure 2: Topics of interest that respondents reported would improve mCRC treatment experience



References

- Sung H, et al. *CA Cancer J Clin*. 2021;71:209–49
- Cervantes A, et al. *Ann Oncol*. 2023;34(1):10–32
- Yan X, et al. *J Comp Eff Res*. 2025;14(4):e240226
- Dos-Santos-Silva I, et al. *Commun Med (Lond)*. 2022;2:31
- Bouvier AM, et al. *Dig Liver Dis*. 2021;53(5):639–45
- Maravic Z, et al. *ESMO Open*. 2020;5(5):e000850
- Alessy SA, et al. *EClinicalMedicine*. 2022;47:101405
- Ciardello F, et al. *CA Cancer J Clin*. 2022;72(4):372–401
- Rodriguez Castellis M, et al. *Front Oncol*. 2023;13:1272561
- Fu AZ, et al. *J Cancer Res Clin Oncol*. 2016;142(3):699–706

Acknowledgments

This study was funded by Takeda Pharmaceuticals U.S.A., Inc., Cambridge, MA. The authors would like to thank all patients and their families, as well as patient advocacy groups/patient organizations for their valuable contributions to this study. Medical writing support for the development of this poster, under the direction of the authors, was provided by Esher Nandra, MSc, of Ashfield MedComms, an Inizio Company, funded by Takeda Pharmaceuticals U.S.A., Inc., Cambridge, MA, and complied with the Good Publication Practice (GPP) guidelines (DeTora LM, et al. *Ann Intern Med*. 2022;175:1298–304).

Disclosures

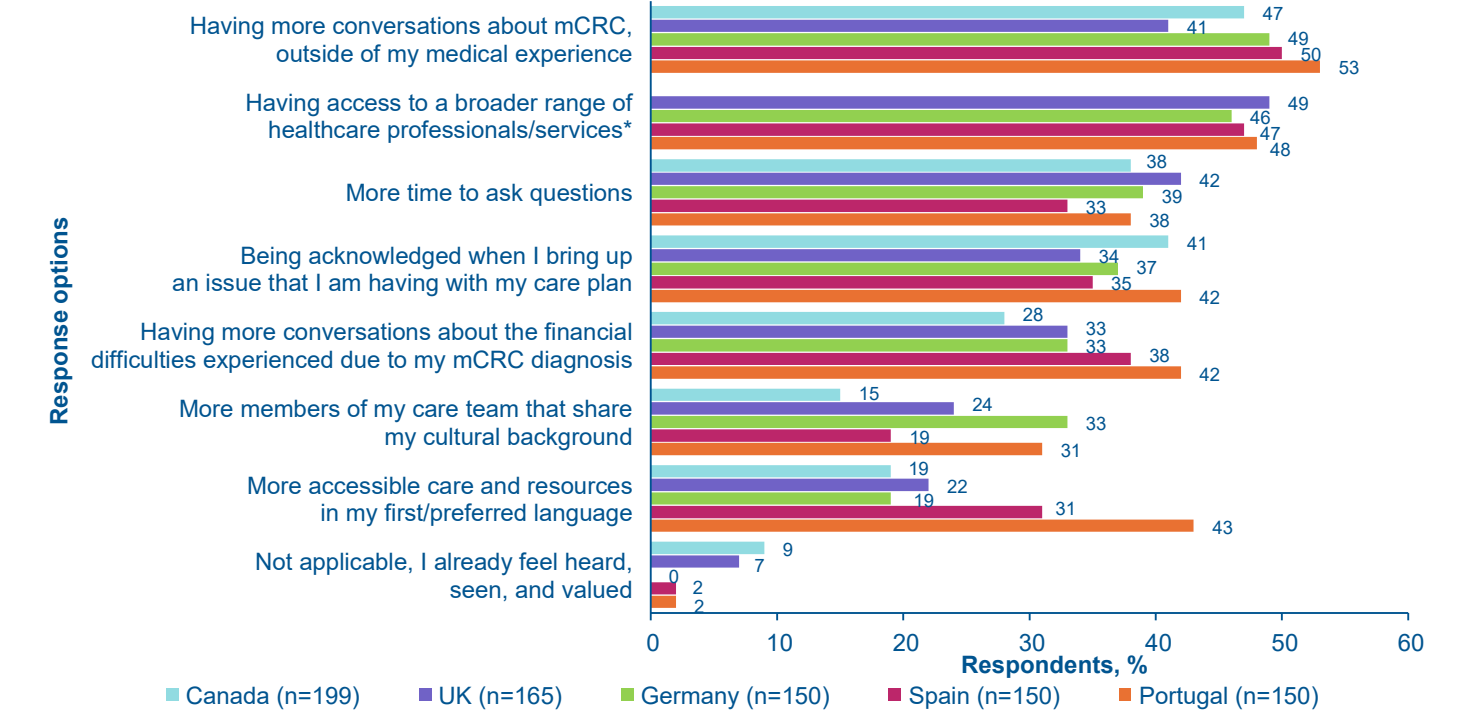
MS: payments for ad boards and meetings from Takeda, Servier, MSD, Bayer, GSK, Incyte, and Nordic. **FS-I:** sponsor/financial support from Takeda Canada. **BDS:** sponsor/funding (institutional) from Takeda Canada. **AM, KS:** employment with The Harris Poll which was commissioned by Takeda to conduct the research and analyze the results. **AG:** full or part-time employment, sponsor/funding (institutional), and stocks/shares with Takeda. **SC:** previous employee of Takeda at time of study. **SG:** payments for ad boards and meetings from Roche Canada, Eisai, Taiho Canada, Merck Canada, Pfizer, Bristol-Myers Squibb, Ipsen Canada, AstraZeneca, and Takeda; leadership role with Canadian Association of Medical Oncologists and project lead at Canadian Clinical Trials Group.

Table 2: Factors that impacted respondents' mCRC treatment decisions

Respondents, %	Canada (n=199)	UK (n=165)	Germany (n=150)	Spain (n=150)	Portugal (n=150)
Impact on physical health	43	50	42	39	38
Fear of being a burden on family	40	38	38	29	37
Side effects	38	44	47	49	41
QoL implications	35	42	44	40	31
Time in hospital for treatments	26	18	16	23	23
Housing stability	25	13	31	17	16
How the treatment would be administered	23	20	27	17	20
Location of services	22	22	24	18	19
Insurance coverage	18	23	32	24	34
Transportation costs	15	26	20	23	21
Childcare coverage	15	25	21	24	16
Impacts on family planning	15	12	18	30	31
Access to specialist centers/HCPs*	NA	23	22	17	35
Other	4	2	0	1	1

Note: Respondents could select more than one response option. Response options and details regarding response options varied by country. Only items reported in the majority of markets (3+) are shown. *This was not a response option for the survey in Canada. NA, not available.

Figure 3: Factors that would make respondents feel heard, seen, and valued when interacting with their mCRC care team



Conclusions

Limitations and key learnings from this survey

- As this survey was based on patient self-reporting, questions and response options were open to individual interpretation by each respondent
- Due to the multi-country nature of the survey, it was challenging to ensure certain questions/response options were easily understood by patients across different healthcare systems
- This survey was independently reviewed in each country; as such, updates/clarifications were made for specific market(s). For example, for types of treatment that respondents had ever received, the details regarding response options differed by country
- To address limitations and improve data generation of self-reported patient surveys, it may be helpful to pilot questions with a smaller group, ensure clear guidance is provided to respondents, and ensure HCPs are involved earlier in the survey design process

Overall findings

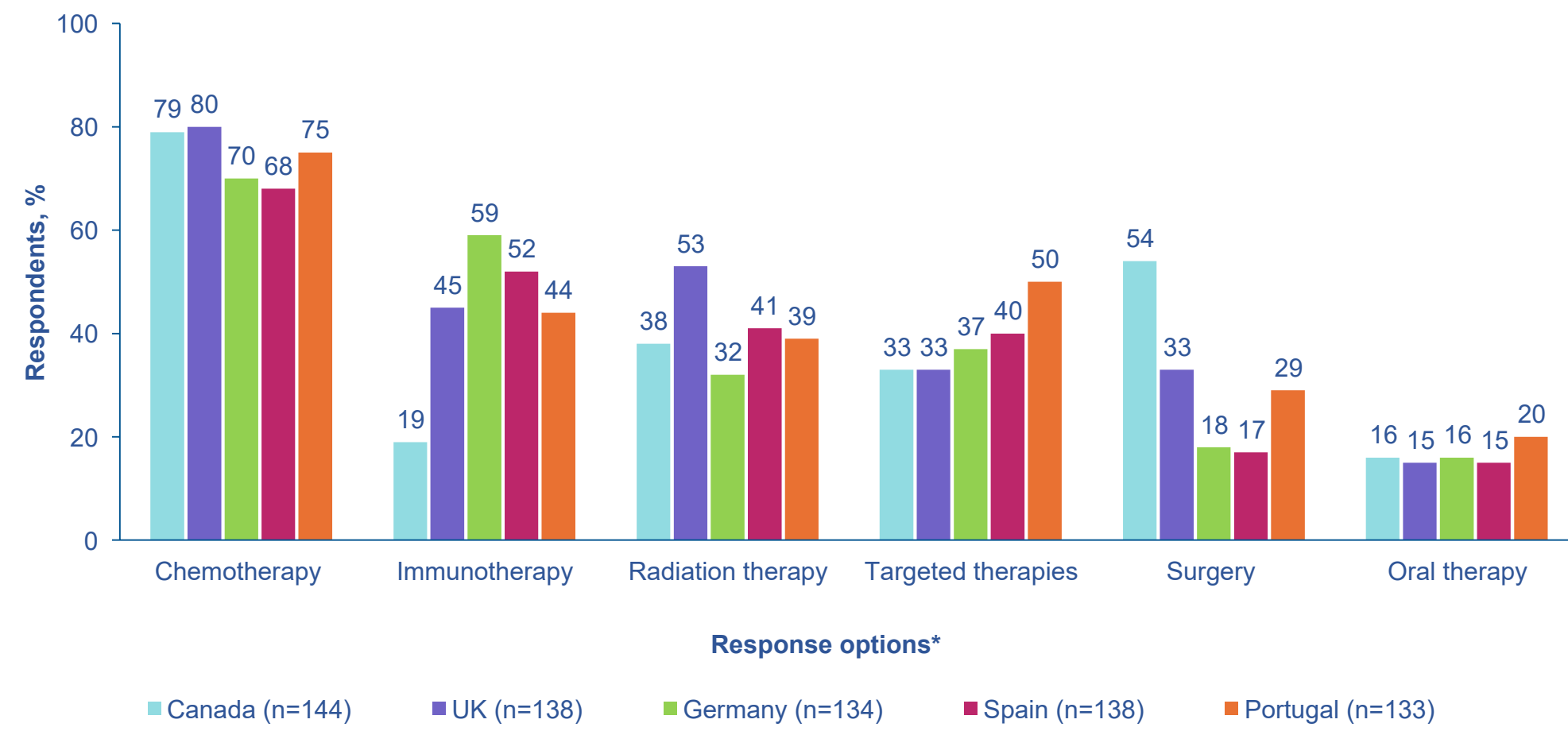
- Patients with mCRC who responded to this survey wanted a better understanding of their disease and treatment options
- This survey found that the most common factors that impacted mCRC treatment decisions were side effects, impact on physical health, QoL implications, and fear of being a burden on family
- When making treatment decisions, patients with mCRC relied not only on their HCPs, by whom they would like to feel more heard, but also family/friends
- While POs exist across Europe and Canada, approximately half of the respondents were unfamiliar or had not heard of them; these resources appear to remain underutilized
- To optimize mCRC care, it is crucial to foster strong communication between HCPs, patients, and their support networks, ensuring patients feel heard, seen, and valued when interacting with their mCRC care team, and have access to the resources they need in order to better understand their condition and the treatment options available to them

Mark Saunders,¹ Filomena Servidio-Italiano,² Barry D. Stein,³ Amy Mulvey,⁴ Kathy Steinberg,⁴ Ashley Geiger,⁵ Scott Campbell,⁵ Sharlene Gill⁶

¹The Christie NHS Foundation Trust, Manchester, UK; ²Colorectal Cancer Resource & Action Network, Toronto, Ontario, CA; ³Colorectal Cancer Canada, Westmount, QC, CA; ⁴The Harris Poll, Chicago, IL, USA; ⁵Takeda Development Center Americas, Inc. (TDCA), Cambridge, MA, USA; ⁶BC Cancer & University of British Columbia, Vancouver, BC, CA

Supplement

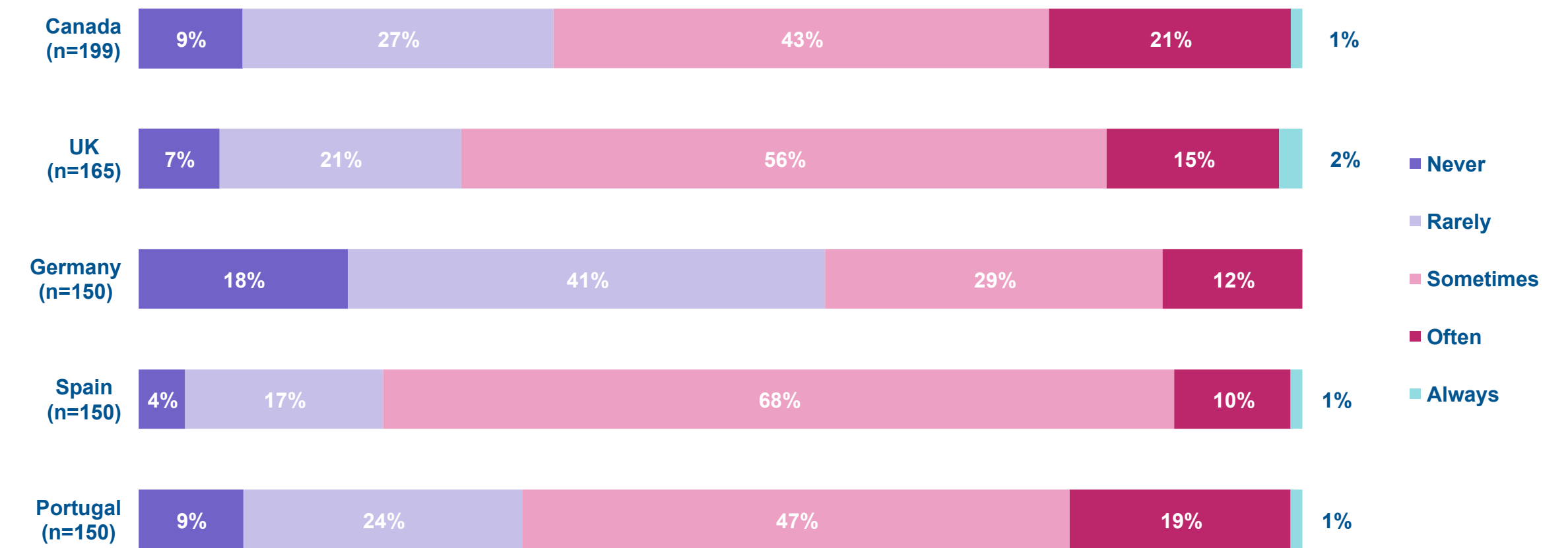
Supplemental Figure 1: Self-reported types of mCRC therapies that respondents were currently receiving or had previously received (among those who had ever received treatment)



Note: Respondents could select more than one response option. Respondents who answered other: Canada (1%), Spain (1%), Portugal (2%).
 *Response options and details regarding response options varied by country; responses were based on respondents' perception of the treatment class they received.

- Details regarding the response options varied between the Canadian and European surveys; respondents in Canada were provided with more detailed examples of what drugs were classified as immunotherapy, targeted therapy, and oral therapy. As such, responses in Europe were more likely based on respondents' interpretation of treatment classes
 - For example, as respondents in Canada were given examples of drug names for each treatment option, only 19% reported currently or previously receiving immunotherapy, versus 44–59% across Europe

Supplemental Figure 2. How often respondents felt unheard/dismissed in relation to their mCRC care



Note: Total values for each country may not sum to 100% due to rounding.

- Most respondents in Canada (65%), the UK (73%), Spain (79%), and Portugal (67%) felt unheard/dismissed by their HCPs at least sometimes; conversely, most respondents in Germany (59%) felt that they were rarely or never unheard/dismissed by their HCP