To treat or watch? Identifying drivers of decisions for patients with GEP-NET using reflective Multi-Criteria Decision Analysis

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ABSTRACT

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CONCLUSIONS

• The criteria with the highest contributions to RBRB in favor of treatment with lanreotide were Progressiveness/seriousness (0.1 ± 0.13) and Disease complications (0.06 ± 0.09). Watchful waiting was favored with respect to the criteria Non-medical costs and constraints (0.02 ± 0.02) and Non-medical costs and constraints and non-modular cost and curvilinear favoring watchful waiting (mean: -0.07 ± 0.06).

• Among clinicians, Disease severity (0.10 ± 0.15) and Type of therapeutic benefit (0.07 ± 0.09) revealed the highest mean contributions favoring treatment with lanreotide. The intervention of the intervention favored watchful waiting (mean: -0.10 ± 0.07).

• Among patients, Comparisons effectiveness obtained the highest mean contribution (0.31 ± 0.11), favoring treatment with lanreotide. The variance of the intervention favored watchful waiting (mean: -0.14 ± 0.12).

• Clinicians indicated System capacity (0.03 ± 0.02), Non-medical costs (0.02 ± 0.02) and Professional autonomy (0.02 ± 0.02) as the top three criteria. The variance of the intervention revealed the highest mean in favor of patients (0.1 ± 0.02).

• Overtime indicated the criterion. Opportunity costs are favorable in favor of watchful waiting in the first scenario and of the second scenario. Pairwise of the quality criteria revealed breastfed.

Figure 1. Mean Modulated RBRB contributions* of each criterion (using lanreotide as reference case) vs. watchful waiting

Figure 2. Mean Modulated RBRB contributions* of each criterion (using watchful waiting as reference case) vs. lanreotide

BACKGROUND

Neuroendocrine tumors (NETs) are rare slow-growing tumors arising in the endocrine system. In the United States, the prevalence is estimated to be 103,132 cases or 35 per 100,000. GEP-NET symptoms are often nonspecific and mimic a variety of disorders, obstructing and delaying diagnosis. Diagnosis typically occurs at an advanced stage, often inadvertently and after metastases have developed.

RESULTS

• For patients with progressive and not resectable disease, neuroendocrine tumors (NETs) are rare slow-growing tumors arising in the endocrine system. In the United States, the prevalence is estimated to be 103,132 cases or 35 per 100,000.

• GEP-NET symptoms are often nonspecific and mimic a variety of disorders, obstructing and delaying diagnosis. Diagnosis typically occurs at an advanced stage, often inadvertently and after metastases have developed.

METHODS

• An extended panel (5 patients, 6 physicians) explored drivers of decision using two scenarios (SSA [reference case lanreotide] versus watchful waiting). Participants assigned weights to two techniques. For each criterion, participants were prompted to share insights and knowledge and assign a score (−5 [Much in favor of option 1] to +5 [Much in favor of option 2]). Sensitivity analyses were performed.

• Development of the decision support tool

• At group level, an overall mean modulated RBRB of 0.12 (±0.4) favored treatment with lanreotide over watchful waiting (see Figure 1).

• For qualitative criteria, participants shared insights and knowledge and assigned a score (+5 [Much in favor of option 1]) multiplied by score for each criterion (theoretical range from -1 to +1).

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