

Stakeholder Preferences

Embodying the voice of the patient and other stakeholders to generate stronger evidence

Why patient preference?

The evolving healthcare market is placing an increased focus on patient preference as part of regulatory submission packages. Both the U.S. Food and Drug Administration (FDA) and European Medicines Agency (EMA) have incorporated benefit-risk and patient preference assessments into their approval frameworks. The National Institute for Health and Care Excellence (NICE) is investigating the best method of gathering patient preference for incorporation into future decision making. Patient preference evidence leads to a deeper understanding of patients' tolerance for risk and their perspective on benefit.

From a business perspective, documentation of patient preference can help manufacturers incorporate the views of patients and caregivers in drug or device development, and such evidence can be communicated more widely via peer-reviewed publications. It also serves as strong supporting evidence for in-licensing decisions.

Valuable application throughout the product lifecycle

Incorporating stakeholder preferences can support your business across the product lifecycle, providing strategies for driving:

- Clinical guidance and development
- Development of decision-making tools for physicians to use with patients
- Development of marketing/communications materials
- Helping to optimize clinical trial Endpoints
- Submission to regulatory agencies
- Development of educational materials for physicians and other health professionals

We help our clients determine:

- What are the benefit/risk trade-offs for patients and HCPs make when choosing treatments?
- Which product attributes matter most to patients? Healthcare providers (HCPs)?
- What do patients and/or HCPs value?
- What are patients willing to pay?
- How do patients' and physicians' preferences compare?
- How do selected stakeholders prioritize treatment goals or attributes?
- What is patients' likelihood to choose a product over the alternatives?

At a glance

Understanding the preferences of key stakeholders, such as the patient, physician, and/or caregiver, is critical to generating the right evidence for your product. It has applications in clinical development, patient engagement, physician communication and education, and patient-physician decision making.

Our experienced team can help you integrate stated preference methodologies to meet your specific objectives, leveraging:

- More than 100 750 stakeholder preference studies
- More than 200 health outcomes publications in the past two years
- Global access to patients, physicians, nurses and other key stakeholders with local expertise

Oracle Life Sciences will recommend the optimal stated preference methodology, e.g, Discrete Choice Experiment (DCE), Best-Worst Scaling (BWS), etc., to meet the project objectives.

The right expertise to help you reach the right patients and/or other key stakeholders

Our team is able to leverage various recruiting methods, utilizing established panels and physician/site recruiting, to ensure the right respondent and right degree of precision for identifying participants, sites and investigators to meet the goals of your specific study.

Additionally, Oracle Life Sciences has access to a large breadth of proprietary patient sources including the National Health and Wellness Survey (NHWS), Electronic Health Records (EHR), claims databases and others to meet your goals.

We are well equipped to serve your needs in stakeholder preference, with senior multidisciplinary teams in advanced methods, health economics and outcomes research, fielding and research, all certified in cognitive interviewing (method of survey testing that provides uniformity of understanding and clear study results). Your Oracle Life Sciences team will be composed of researchers, methodologists and statisticians who bring extensive experience across a multitude of therapeutic areas.

Our comprehensive strategy is customizable to suit your needs and identify target populations.

Preparation 	Exploratory qualitative interviews 	Instrument and protocol development 	Cognitive interview pilots 
Main study 	Analysis and deliverables 	Publication strategy and implementation 	

Examples of stakeholder preference publications

Treatment benefit/risk tradeoffs

Schwedt TJ, Martin A, Kymes S, Talon B, Lee XY, Cady R, Asher D, Karnik-Henry M, Mulvihill E, Bates D, Beusterien K. Patient preferences for attributes of injected or infused preventive migraine medications: Findings from a discrete choice experiment. *Headache*. 2023 Feb 8. doi: 10.1111/head.14476. Epub ahead of print. PMID: 36753057

Amin S, Tolane SM, Cambron-Mellott MJ, Beusterien K, Maculaitis MC, Mulvihill E, Shinde R, McLaurin K. Benefit-risk trade-offs in treatment choice in advanced HER2 negative breast cancer: patient and oncologist perspectives. *Future Oncol*. 2022 Mar 7. doi: 10.2217/fon-2021-0761. Epub ahead of print. PMID: 35249366.

Beusterien KM, Law A, Kopenhafer L, Maculaitis MC, Olsen P, Will O, Hauber B, Vietri JT, Yacisin K, Cappelleri JC, Coulter J, Shea K. US healthcare providers' preferences and willingness to recommend novel RSV preventives to protect infants: a discrete choice experiment. Poster presented at

7th Respiratory Syncytial Virus Foundation Conference (RSVWF); February 22-24, 2023; Lisbon, Portugal

Yong C, Cambron-Mellott MJ, Seal B, Will O, Maculaitis MC, Clapp K, Mulvihill E, Cotarla I, Mehra R. Patient and Caregiver Preferences for First-Line Treatments of Metastatic Non-Small Cell Lung Cancer: A Discrete Choice Experiment. *Patient Prefer Adherence*. 2022 Jan 15;16:123-135. doi: 10.2147/PPA.S338840. PMID: 35068928; PMCID: PMC8769053.

Joko T, Nagai Y, Mori R, et al. Patient Preferences for Anti-Vascular Endothelial Growth Factor Treatment for Wet Age-Related Macular Degeneration in Japan: A Discrete Choice Experiment. *Patient Prefer Adherence*. 2020;14:553-567. Published 2020 Mar 12. doi:10.2147/PPA.S228890

Multi-country preference studies: King-Concialdi K, Beusterien K, Senglaub SS, Will O, Jaffe DH, Patel MY, Harrison MR. Patient Preferences for Adjuvant Treatment in Musclesive Urothelial Carcinoma: A Multi-Country Discrete Choice Experiment. *Patient Prefer Adherence*. 2023 Sep 8;17:2237-2248. doi: 10.2147/PPA.S411751. PMID: 37706208; PMCID: PMC10497056.

Gennari A, Jackisch C, McCutcheon S, et al. Factors influencing patient treatment decisions in early breast cancer (eBC): discrete choice experiment (DCE findings in Germany, Italy, and Japan. *ESMO Breast Cancer 2022*; Berlin, Germany Comparison of patient vs physician preferences

Stone RL, Cambron-Mellott MJ, Beusterien K, Maculaitis MC, Ritz S, Mulvihill E, Monberg M, Szamreta EA, Amin S, McLaurin K. Patients' and oncologists' preferences for second-line maintenance PARP inhibitor therapy in epithelial ovarian cancer. *Future Oncology*. 2021 Dec 8. doi:10.2217/fon-2021-0567. Epub ahead of print.

Tencer T, Will O, Kumar J, Cambron-Mellott MJ, Mackie DS, Beusterien K. Patient and neurologist preferences in the UK for relapsing-remitting multiple sclerosis treatments: findings from a discrete choice experiment. *Curr Med Res Opin*. 2021 Jul 8;1-10. doi: 10.1080/03007995.2021.1940911. Epub ahead of print. PMID: 34129418.

Beusterien K, Maculaitis MC, Hallissey B, Gaschler MM, Smith ML, Law EH. Patient, Oncologist, and Payer Preferences for Adjuvant Endocrine Therapy and CDK4/6 Inhibitor Regimens in Early-Stage Breast Cancer: A Discrete Choice Experiment. *Patient Prefer Adherence*. 2021 Mar 18;15:611-623. doi: 10.2147/PPA.S298670. PMID: 33776424; PMCID: PMC7987325.

Le H, Ryan K, Wahlstrom SK, Maculaitis MC, Will O, Mulvihill E, LeBlanc TW. Oncologist and Patient Preferences for Novel Agents in First-Line Treatment for Chronic Lymphocytic Leukemia: Commonalities and Disconnects. *Patient Prefer Adherence*. 2021 Jan 22;15:99-110. doi: 10.2147/PPA.S289139. PMID: 33519195; PMCID: PMC7837542.

Latent class analysis Collins SP, Maculaitis MC, Hauber B, Hunsche E, Kopenhafer L, Nwokeji E, Beusterien KM. Identifying prostate cancer patient subgroups based on their preferences for key attributes of androgen deprivation therapies. Poster presented at ASCO Genitourinary Cancers Symposium; February 16-18, 2023; San Francisco, CA.

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Cambron-Mellott MJ, Mikl J, Matos JE,

et al. Adult Patient Preferences for Long-Acting ADHD Treatments: A Discrete Choice Experiment. *Patient Prefer Adherence*. 2021; 15:1061-1073. doi:10.2147/PPA.S311836

Prioritization of factors in decision making

Olsen P, Kopenhafer L, Mercadante AR, Dunbar MS, Gandhi-Patel B, Way N, Beusterien K. Understanding Treatment Packaging Preferences to Optimize Use and Daily Adherence: Qualitative Research with People with HIV (PWH) in the U.S. Poster presented at APha Annual Meeting 2023; March 24-27, 2023; Phoenix, AZ.

Jackisch C, Mulvihill E, Flood E, et al. How patients prioritize features of different potential treatment pathways in early

breast cancer: a Best-Worst Scaling study. 18th St. Gallen International Breast Cancer Conference; March 2023; Vienna, Austria

Qualitative research informing preference survey

Broughton EI, Steinberg G, Harrison M, Braverman J, Alhasani H, Beusterien K, King-Concialdi K, Wayser GR. Attributes Influencing Choice of Adjuvant Treatment for Muscle-Invasive Urothelial Cancer: Qualitative Research. *Virtual ISPOR 2021*; May 17-20, 2021.

Hollin IL, Craig BM, Coast J, et al. Reporting Formative Qualitative Research to Support the Development of Quantitative Preference Study Protocols and Corresponding Survey Instruments: Guidelines for Authors and Reviewers. *Patient*. 2020;13(1):121-136.

doi:10.1007/s40271-019-00401-x

Tencer T, Will O, Nguyen J, Cambron-Mellott MJ, Berk A, Beusterien K. Neurologist and Patient Preferences in Multiple Sclerosis: UK and US Qualitative Research Findings. Poster presented at ISPOR Europe, Copenhagen, Denmark; November 2019.

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