

# Precision Medicine Market Research: Exploring the Need for Education and Identifying Themes

## × Approach

- + Interview community oncologists about the emerging use of Precision Medicine, and gauge how this novel approach will impact the care of patients in the community

# Example Case Study:

## The Community Oncologist



### Medical Oncologist

Philadelphia, PA

*I'm a hospital-based community oncologist. I'm in a group, we go to two hospitals. I'm the Director of Medical Oncology at the Hospital where I'm at, which is the smaller of the two.*

- × Does your practice ever use Precision Medicine services?
  - + *We do it in a very limited way. I've only done it a few times.*
  - + *I have no way to assess whether the information they're giving me is correct or accurate. I mean, I'm satisfied in that I do get a result, and I do this knowing in advance that it's unlikely it's going to be making a difference for the patient.*

# Case Study: The Community Oncologist

- × How comfortable are you with the concept of Precision Medicine?
  - + I'm comfortable with the theory, but I'm uncomfortable with the practice
  - + I think that the marketplace has become increasingly chaotic. There doesn't seem to be as much supervision as I would like there to be. And sometimes, it's just like a bazaar: you know, you really don't know who to believe and which one to choose. So that makes you uncomfortable.
  - + A "big company in this area" will send out brochures and they'll have speakers who talk about how they find what's called "actionable mutations", meaning mutations that you can then do something to help the patient.
    - × But then, you see the mutations they're talking about; they're not actionable.
    - × So when they say that they find a TP53 mutation and it's actionable, it's like, what are you talking about? And this is from the company that is supposed to be like the leader in the field. Maybe they should say potentially actionable in the future.

# Case Study: The Community Oncologist

- × Can you provide an example that reflects your feelings?
  - + *One patient, it was a young woman with a young family with lung cancer who was failing everything. And I actually got a result that said that she was HER2 positive.*
  - + *So this was encouraging to be HER2 positive. We wanted to offer her Herceptin, which is used for patients who are HER2 positive with breast and gastric cancer, and we actually got it approved. It was not easy, but we got it approved, and she received two doses of the medicine.*
  - + *But the cancer quickly grew through the treatment, and she ended up passing away. So that was very disappointing, but I mean, it's not anyone's fault.*
  - + *But this is a case where we actually found something that potentially was going to be very informative and helpful, but it turned out not to make a difference.*

# Themes Identified During Our Market Research

- × **While oncologists love the concept of Precision Medicine, they're uncertain about the utility and implementation of next generation sequencing technologies in daily practice**
  - + *Broadly speaking, I am very comfortable with the idea of Precision Medicine, that we are actively thinking about personalized therapy*
  - + *I would like to have this type of approach done in every patient with advanced disease at some point in time, if not at the outset.*
  - + *With Precision Medicine, I think we come up with a lot of questions that we don't have answers for.*
  - + *We get a lot of information about a tumor that really doesn't have any therapeutic intervention. These panels find all different kinds of biomarkers that we don't necessarily have any therapeutics for.*
  - + *Precision Medicine, I guess, is mostly really helpful for sending patients to clinical trials.*