The Problem

Methods

Results



n 2020, **57,000** people died



Adjuvant immunotherapy has revolutionized resectable melanoma, lowering the risk of recurrence but may result in immune-related adverse events (AE)

Purpose



To quantify stage III resected melanoma patient preferences and trade-offs for adjuvant immunotherapy



Stage III resected melanoma patients completed online surveys (DCE)



Two alternatives: observation +/- adjuvant immunotherapy presented 6 factors (regimen, chance of recurrence, mild, permanent or fatal AE, costs (exclude drug) with 2-3 levels varied across 2 options



Trade-offs were calculated, and \$\$ willing to pay to avoid risk, e.g. reduction in risk of recurrence

116 mm stage III melanoma 53% O Median age 60

Unreported

III B Patients' melanoma substage III C 3%

70% prefer adjuvant immunotherapy over no adjuvant immunotherapy

More likely to choose immunotherapy if it reduces the chance of recurrence, fatal or permanent AE



chose immunotherapy less often, odds ratio 0.1, p=0.02

Patients accepted a 2% increased chance of recurrence to reduce the chance of fatal AE by 1%

Those with higher versus lower-income willing to pay US\$595 and US\$1,638 per year for immunotherapy to reduce the 3-yr risk of recurrence by 1%

Almost 34 of stage III resected melanoma patients chose adjuvant immunotherapy over no adjuvant immunotherapy

Women were 90% less likely to choose adjuvant immunotherapy than males

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Abstract 9558: Preferences for Adjuvant Immunotherapy in Patients with Resected Stage III Melanoma: A Discrete Choice Experiment (DCE)



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23%

28%