A series of exploratory questions assessed patient tradeoffs between (1) the chance of longer PFS (2+ years) and (2) dosing schedules.

Patients were presented with choices between medicines with different characteristics and asked to indicate the preferred medicine. The survey was conducted online, with patients being randomly allocated to one of the two possible survey conditions. In total, 378 respondents completed the survey, of whom 32% were diagnosed within the last 3 years. The survey included 57.3% male respondents, with a mean age of 55.7 years (standard deviation 16.4 years) and a mean country of residence of 24.5 years (standard deviation 11.7 years).

In addition, the study investigated the effect on preferences when patients were provided with information about potential correlations between treatment-related toxicity and efficacy. Patients were asked to indicate their preference if they were provided with this information. The study also investigated the effect on preferences when patients were provided with a description about potential correlations between treatment-related toxicity and efficacy.

Based on the logistic regression analysis, patients with multiple characteristics associated with a higher willingness to accept a medicine with more severe toxicity while on the medicine had a higher chance of selecting the medicine with more intense side effects (Table 2). Compared with patients without metastatic disease, respondents with mRCC who were currently on targeted treatment were more willing to accept medicines with more severe side effects while on the medicine (OR 1.686, 95% CI 1.073–2.657). This is consistent with earlier studies in which patients were found to be willing to make such tradeoffs.

Additional discrete choice experiment (DCE) analysis is underway and will provide more results on patients’ preferences. Our findings suggest that patients with mRCC are more willing to accept medicines with more severe side effects during targeted treatment (Figure 1) and (2) continuous daily dosing versus intermittent dosing (Table 2).

The responses to the dosing schedule questions suggested that patients with mRCC who were currently on targeted treatment were more willing to accept medicines with more severe side effects during targeted treatment (Table 2). Half of the respondents were provided with information about a potential correlation between toxicity and efficacy. Patients were asked to indicate their preference if they were provided with this information. The study also investigated the effect on preferences when patients were provided with a description about potential correlations between treatment-related toxicity and efficacy. Patients were asked to indicate their preference if they were provided with this information. The study also investigated the effect on preferences when patients were provided with a description about potential correlations between treatment-related toxicity and efficacy.