City of Hope®

Controversies in Cancer Care: Evidence, Interpretation, & Clinical Decision Making

Navigating Controversies in Modern Cancer Care When Evidence Meets Clinical Judgment

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We Have A Good Problem To Have

THE TREATMENT LANDSCAPE

01 More effective systemic therapies

02 Earlier lines of treatment

03 Multiple treatment combinations

04 Biomarker-driven decisions

05 Cellular therapies

06 Immunotherapy

07 Maintenance strategies

08 Increasingly sophisticated clinical trials

MORE

options

≠ **easier decisions**

Where Do Controversies Come From?

FOUR LENSES. ONE DECISION.

Controversy doesn't mean evidence is poor.

Often controversy exists because the evidence is strong but... doesn't answer the entire clinical question.

The Clinical Trial Patient vs My Patient

THE EVIDENCE–APPLICABILITY GAP

CLINICAL TRIAL

- Selected eligibility
- Defined disease characteristics
- Protocol-mandated treatment
- Prespecified endpoints
- Controlled follow-up

≠

APPLICABILITY?

How far can we extrapolate?

MY PATIENT

- 78 y/o
- Renal dysfunction and COPD
- Frail
- Personal goals
- Limited caregiver support

The question isn't whether the trial is valid but whether its results are applicable to the patient sitting in front of us.

Evidence is Not a Yes/No answer

FROM PROBABILITY TO DECISION

EVIDENCE

provides probability

MAGNITUDE OF

Potential Benefit

UNCERTAINTY

Potential Harm

CLINICAL JUDGMENT

↓

DECISION

WHAT DOES

HR 0.50

mean for an 82 y/o with CAD, HTN, DMII, who's living by himself?

Relative risk reduction is not the same as absolute benefit.

Some of the Most Important Questions Have No Single Right Answer

EXAMPLES WE'LL EXPLORE TODAY

01 "Should we treat? Should we observe?"

02 "CAR T vs bispecific antibodies?"

03 "Do we need intense chemotherapy, really?"

04 "Is more, more benefit or more toxicity?"

05 "So many options, and so little time..."

The Danger of Practicing by Slogan

FAMILIAR PHRASES ≠ A TREATMENT PLAN

- “The trial showed…”
- “The guideline recommend…”
- “The biomarker is positive…”
- “The patient is high risk…”
- “This is the standard of care…”

NONE OF THESE STATEMENTS, BY THEMSELVES, IS A TREATMENT PLAN.

Guidelines are essential.
Clinical trials are essential.

But none of them eliminates the need for judgment.

A Framework for Difficult Decisions

FIVE QUESTIONS

1. **What does the best evidence actually show?**

   Not what we think it shows.

2. **What is the absolute benefit?**

   Not just the relative benefit.

3. **Who was actually studied?**

   How similar is my patient?

4. **What are the trade-offs?**

   Toxicity, quality of life, cost, logistics, competing risks.

5

What matters to this patient?

Because the “best treatment” isn’t necessarily the treatment with the best Kaplan-Meier curve.

Thank You