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Patient Perspectives on Subcutaneous vs IV Immunotherapies in Oncology Care

Ryan Quigley:
You're listening to *Project Oncology* on ReachMD, and this is an *Audio Abstract*. I'm Ryan Quigley, and today, we're diving into a study published in *Oncology and Therapy* that offers the first real-world U.S. data comparing patient experiences with intravenous and subcutaneous immunotherapies.

Intravenous, or IV, administration has long been the standard in oncology care. But over the past few years, subcutaneous alternatives have become more widely available. As this shift in treatment delivery continues to unfold, understanding how patients experience both routes of administration outside of clinical trials is critical, as it can help inform future adoption by patients and opportunities to advance development.

So to help address that need, investigators conducted a 45-question, web-based survey that enrolled 201 U.S. patients with cancer who received both subcutaneous and IV treatments for the same condition within the last two years. Treatments included daratumumab, trastuzumab, pertuzumab, rituximab, or bortezomib—either as standalone therapies or in combination. Researchers also evaluated darbepoetin alfa, which is a supportive therapy used to manage the side effects of cancer treatment; it could be administered by either route.

As for the participants, roughly two-thirds were female, with an average age of 56.5 years. About 62 percent identified as white and lived in either rural or suburban areas, with nearly half residing in the Mid-Atlantic region of the U.S. Participants reported their educational background as having a college degree followed by some college or certification program. Almost 45 percent of participants reported having private health insurance offered through their employer. Participants were most commonly diagnosed with multiple myeloma, followed by breast cancer.

Shifting from demographics to treatment details, daratumumab with hyaluronidase was the most common subcutaneous therapy, reported in 79 of 201 patients. In fact, 96 percent were currently receiving subcutaneous treatment, with 97 percent having received at least two subcutaneous injections compared to 94 percent for IV infusions.

So what did the investigators find? Nearly 90 percent of participants preferred subcutaneous treatment, while just 5.5 percent preferred IV infusions, and another 5 percent had no preference. Satisfaction with subcutaneous injections was higher across every measured domain, including time spent at treatment, ease of scheduling, convenience, coping ability, and emotional impact. More than half of patients found subcutaneous less painful and disruptive and said it helped them maintain daily routines and relationships, including enjoyment of activities.

While convenience was the top reason cited by 72 percent of participants, it wasn't the only factor driving preference for subcutaneous delivery. Greater independence, less disruptions to their personal and professional lives, better ability to cope with illness, ease of continuing treatment, and decreased emotional distress were also cited.

Interestingly, among the small group of participants who preferred IV infusions, the most common reason was less pain or discomfort. Additionally, participants reported reduced anxiety and less likelihood of discontinuing treatment.

So given these findings, what are the clinical implications from all this? First, this study challenges us to think beyond efficacy and safety when selecting a treatment modality. The patient's experience matters and has real consequences for adherence and, by extension, outcomes. Second, it reframes the conversation around what investigators called "time toxicity," which refers to the idea that the time

patients spend getting care may affect their quality of life just as much as the clinical side effects. Since subcutaneous injections typically take less than an hour to complete compared to multi-hour IV infusions, time savings add up fast, further supporting its appeal to optimize both patient-centered care and clinic efficiency.

While the data are compelling, some limitations apply and are important to note here. The study relied on self-reported experiences and didn't account for differences in disease severity, treatment response, or drug costs. Also, nearly half of participants were from the Mid-Atlantic region, which may not be generalizable to the broader U.S. population. And then lastly, the preference for the subcutaneous administration might have been influenced by the recency of treatment, since all of the participants had received IV therapy within the last two years, but nearly all were currently receiving subcutaneous therapy.

So to sum it all up, not only is subcutaneous treatment clinically equivalent, but it may even be emotionally and practically superior for many patients where time matters most. And as subcutaneous immunotherapy options continue to expand, the oncology community has an opportunity to match clinical evidence with patient voice, guiding treatment not just by tumor type, but by what helps patients live better during care.

This has been an *Audio Abstract* for *Project Oncology*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!

Reference

Epstein R, Krenitsky J, Sarocco P. Real-World Quantitative Insights into the Treatment Experience of Patients with Cancer in the USA with Subcutaneous Versus Intravenous Drug Delivery. Oncol Ther. Published online July 16, 2025. doi:10.1007/s40487-025-00360-4