Criteria used to determine platinum eligibility and first-line (1L) treatment patterns among platinum-eligible (PE) and -ineligible (PI) patients with metastatic urothelial cancer (mUC) in France, Germany, Spain, Italy, and the UK (Eu5)

N. Milloy,¹ M. Kirker,² M. Berry,¹ M. Kostikas,¹ R. Montgomery,¹ M. Kearney,³ N. Costa,⁴ J. Chang² ¹Adelphi Real World, Bollington, UK; ²Pfizer, New York, NY, USA; ³the healthcare business of Merck KGaA, Darmstadt, Germany; ⁴Pfizer, Porto Salvo, Portugal

SCOPE



 The aim of this study was to summarize the criteria used in the real world to determine platinum eligibility of patients with mUC and 1L treatments prescribed based on eligibility status in France, Germany, Italy, Spain, and the UK (Eu5)

CONCLUSIONS



- Renal function impairment, age, and Eastern Cooperative Oncology Group (ECOG) score were the most common criteria used in determining platinum eligibility status
- The majority of platinum-eligible (PE) patients were treated with platinum-based chemotherapy in the 1L, as recommended by European Association of Urology (EAU) guidelines. 1-2 Overall, there was limited use of immunotherapies in the 1L, with use observed primarily among the small proportion of platinum-ineligible (PI) patients
- Some guideline deviations were observed, including the receipt of platinum-based chemotherapy by patients deemed Pl. This pattern varied across countries and may be related to access and reimbursement of immunotherapy agents in each country
- Since the conclusion of this study, European Society for Medical Oncology (ESMO)³ guidelines were updated to include avelumab for 1L maintenance therapy in PE patients⁴; therefore, future studies should evaluate concordance with updated guideline recommendations in PE patients and rationale for guideline deviations

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Correspondence: Neil Milloy, neil.milloy@adelphigroup.com



BACKGROUND

- Urothelial cancers are the fourth most common tumours in developed countries⁵
- The prognosis of patients with metastatic disease is poor, with few approved therapeutic options⁶
- The ESMO and EAU guidelines recommend treatment for mUC should be based on platinum eligibility status, and state that platinum containing chemotherapy is the standard of care for eligible patients¹⁻³
- To date, physician-confirmed eligibility status has not been included in real world analyses
- This study evaluated platinum eligibility in patients with mUC and the treatment patterns carried out in both PE and PI patients at 1L, in accordance with EAU guidelines 1-2

patient record forms for their next 8 patients with mUC, which included collection of their demographic, clinical characteristic, platinum-based eligibility, and treatment pattern data

between November 2020 and April 2021⁷

Real-world data were drawn from the Adelphi mUC

Disease-Specific ProgrammeTM, a real-world point-in-

time study conducted by oncologists and urologists

Oncologists (n=203) and urologists (n=34) completed

METHODS

- Descriptive analyses were conducted
- Physicians eligible for inclusion were:
- Personally responsible for treatment and management of patients with mUC*
- Spending ≥50% of time in management of patients
- Seeing ≥8 patients with mUC per month

*The inclusion criteria for physicians to participate in the survey included the management of patients with mUC only. Nonetheless, some questions referred to the management of both patients with locally advanced UC and patients with mUC.

RESULTS

- Oncologists and urologists gathered data from a total of 1,868 patients with mUC who were receiving or had completed 1L treatment and had a known platinum eligibility status as determined by a physician prior to 1L treatment
- Patients' PD-L1 statuses were captured and analysed alongside PE; most patients were either not tested or had unknown status. Among both PE and PI patients with known PD-L1 status, most patients had a positive PD-L1 status (23% and 38%, respectively). The mean (SD) age was 69 (7.9) years; 73% men and 84% had an ECOG score of 0-1 (Table 1)

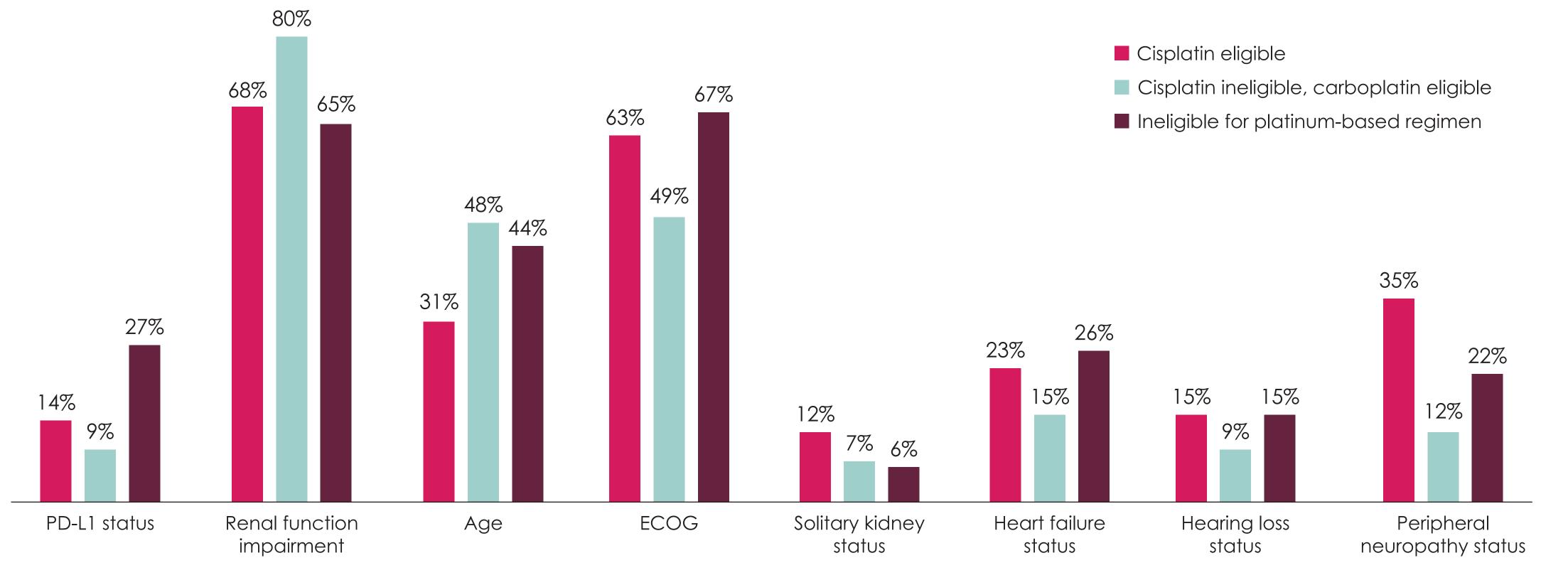
Table 1. Patient demographics by platinum-based eligibility

| | Patient eligibility for platinum-based treatments | | | |
|--|---|-------------------------------|--|--|
| | All patients N=1,868 | Cisplatin eligible n=1,036 | Cisplatin ineligible, carboplatin eligible (CI) n=584 | Ineligible for platinum-based regimens n=248 |
| Sex, n (%) | | | | |
| Male | 1,371 (73) | 762 (74) | 425 (73) | 184 (74) |
| Female | 497 (27) | 274 (26) | 159 (27) | 64 (26) |
| Age at time of data collection, y | | | | |
| Mean (SD) | 69.1 (7.9) | 66.6 (7.4) | 71.9 (6.9) | 73.1 (8.2) |
| PD-L1 status, n (%) | | | | |
| Positive | 462 (25) | 243 (23) | 124 (21) | 95 (38) |
| Negative | 325 (17) | 218 (21) | 81 (14) | 26 (10) |
| Unknown or not tested | 1,081 (58) | 575 (56) | 379 (65) | 127 (51) |
| Metastases at initial mUC diagnosis, n | | | | |
| Mean (SD) | 1.8 (0.9) | 1.7 (0.9) | 1.8 (0.9) | 2 (1) |
| ECOG score at diagnosis of mUC, n (%) | | | | |
| 0-1 | 1,578 (84) | 952 (92) | 460 (79) | 166 (67) |
| 2+ | 276 (15) | 75 (7) | 121 (21) | 80 (32) |
| Unknown or not assessed | 14 (1) | 9 (1) | 3 (1) | 2 (1) |

PD-L1, programmed death-ligand 1; ECOG, eastern cooperative oncology group; mUC, metastatic urothelial carcinoma.

- Renal function impairment, ECOG score >2, and age >65 years were the 3 most common reasons that patients were deemed PI (Figure 1)
- Renal function impairment and ECOG score were the most common characteristics used to determine cisplatin eligibility (renal function 68%, ECOG 63%) (Figure 1)

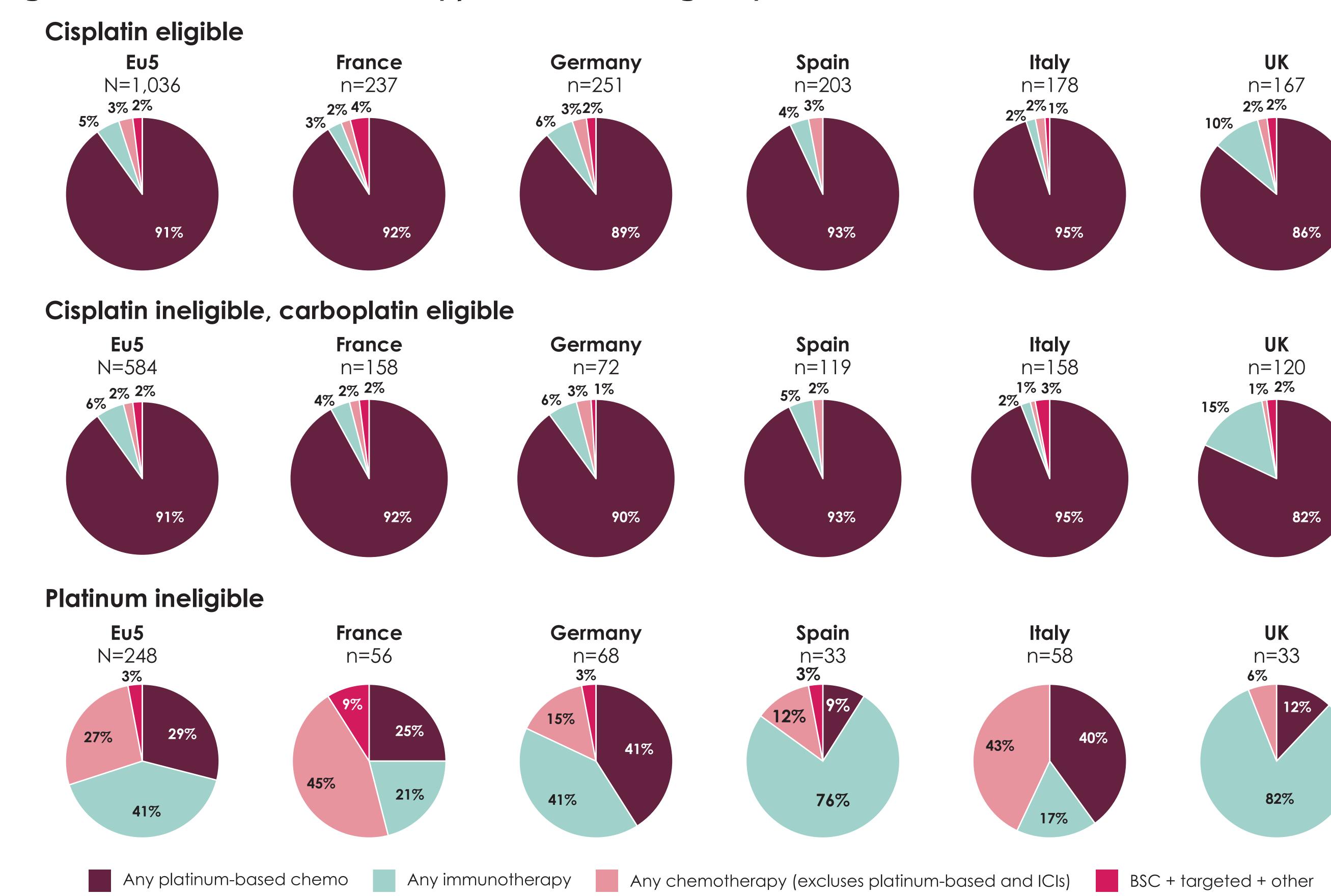
Figure 1. Proportion of patients for which criteria were used to determine platinum-based eligibility*



*Multiple selections were allowed. Categories are not mutually exclusive.

- Both PE patients and cisplatin-ineligible, carboplatin-eligible (CI) patients primarily received platinum-based treatments as 1L in all Eu5 countries
- 91% of PE patients received platinum-based therapy. 91% of CI patients received platinum-based therapy, with 86% of CI patients receiving a carboplatin-based regimen
- Patients in the UK and Spain who were PI, primarily received immunotherapies (82% and 76%, respectively). In France and Italy, non-platinum-based chemotherapies were most commonly used (45% and 43%, respectively). Even though patients were determined to be PI, platinum-based treatments were still used, particularly in Germany and Italy (41% and 40% respectively) (Figure 2)

Figure 2. Treatments received at 1L by platinum-based eligibility



ICI, immune checkpoint inhibitor; BSC, best supportive care.

LIMITATIONS

- These data were collected via a point-in-time chart review conducted by physicians, and access to the source records was not provided. Although efforts were made to reduce inconsistences, missing data or discrepancies could not be verified with source chart information
- The rationale for receiving platinum chemotherapy even if deemed ineligible is not available

 In liguidelines and metastatic bladder cancer: summary of the 2020 guidelines and metastatic bladder cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up.† Ann Oncol. 2021;80923-7534(21)04827-4. 4. Pfizer.com. European Association of Urology guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on muscle-invasive and metastatic bladder cancer: ESMO Clinical Practice Guidelines on (317;66:7. 6.1):e2297. 7. Anderson P, et al. Real-world physician and patient behaviour across countries: Disease-Specific Programmes – a means to understand. Curr Med Res Opin. 1:017;66:7. 6.20 Cancer J Clin. 2015;94(51):e2297. 7. Anderson P, et al. Real-world physician and patient behaviour across countries: Disease-Specific Programmes – a means to understand. Curr Med Res Opin. 1:017;66:7. 6.20 Cancer J Clin. 2015;94(51):e2297. 7. Anderson P, et al. Real-world physician and patient behaviour across countries: Disease-Specific Programmes – a means to understand. Curr Med Res Opin. 1:017;66:7. 6.20 Cancer J Clin. 2015;94(51):e2297. 7. Anderson P, et al. Real-world physician and patient behaviour across countries: Disease-Specific Programmes – a means to understand. Curr Med Res Opin. 1:017;66:7. 6.20 Cancer J Clin. 2017;66:7. J Chang is an employee of Pfizer and owns stock and other ownership interests from Pfizer and the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945).