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Evaluating real-world caregiver involvement from a survey of patients with metastatic urothelial cancer (mUC) receiving systemic anticancer treatment in France, Germany, Italy, Spain, and the UK (Eu5)

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SCOPE



 This study evaluated the involvement of caregivers for patients with mUC in Eu5 countries (France, Germany, Italy, Spain, and the UK); the study specifically examined the relationship of the caregiver with the patient, the time spent caring, and symptoms experienced by patients who have ≥1 caregiver

CONCLUSIONS



- This multinational, real-world, cross-sectional, point-in-time study highlighted the role of caregivers in supporting patients with mUC as reported by patients
- Patients with a caregiver reported having a higher symptom burden than those without caregivers
- Caregivers dedicate a substantial amount of time to supporting patients; this was highest among professional/ paid caregivers, indicating that healthcare systems and patients are impacted economically
- Further research is needed to examine the economic burden of mUC, including loss of productivity and impact on quality of life, from a caregiver perspective

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BACKGROUND

- Urothelial cancers are the fourth most common tumors in developed countries¹ and are the 10th most common cancer type worldwide²
- To date, there are limited published data on caregiver burden, the challenges faced by caregivers, and the importance of caregivers in patient treatment access and experience within the mUC setting
- Real-world data were drawn from the Adelphi mUC Disease-Specific Programme (DSP)™,³ a real-world point-in-time study conducted between November 2020 and April 2021 across Eu5
 Oncologists and urologists completed patient record forms for their next eight consecutive eligible patients with mUC;
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Following their physician's completion of medical chart extraction, the patients were invited to complete a voluntary questionnaire independent of their physician. The questionnaire asked patients about their symptoms and caregiver status, including relationship to the caregiver, hours spent receiving care,

and the type of support received

Eligibility Criteria

Physician inclusion criteria:

- Specialty in medical oncology or urology
- See at least eight patients with mUC per month
- Personal responsibility for prescribing decisions

Patient inclusion criteria:

- Adults (aged ≥18 years) with confirmed diagnosis of mUC who were receiving treatment or best supportive care for mUC
- Not involved in a clinical trial at the time of data collection
- The following patient quota was also applied: 3 first-line: 2 second-line: 3 third-line+ patients

Ethic

 An ethics exemption was obtained from the Western Institutional Review Board for this research

Statistical Analysis

 Descriptive analyses were conducted and any missing data were excluded; statistical comparisons were not conducted

RESULTS

 Of the 614 patients with mUC who completed the patient self-completion questionnaire and had matched chart review data, 48% (n=296) had ≥1 caregiver (Table 1)

METHODS

Data Source

the data collected included patient

and treatment patterns

demographics, clinical characteristics,

Patient Characteristics

- The proportion of patients with ≥1 caregiver was highest in Germany (145/250, 58%), and lowest in France (37/107, 35%)
- The mean age (SD) of patients with a caregiver was 71.4 (7.4) years at time of data collection compared with 66.7 (7.0) years for those without a caregiver. Most patients were retired (83% with a caregiver, 69% without a caregiver)
- Patients with ≥1 caregiver were most often reported to be living with a partner/spouse (56%) or with relatives (35%)

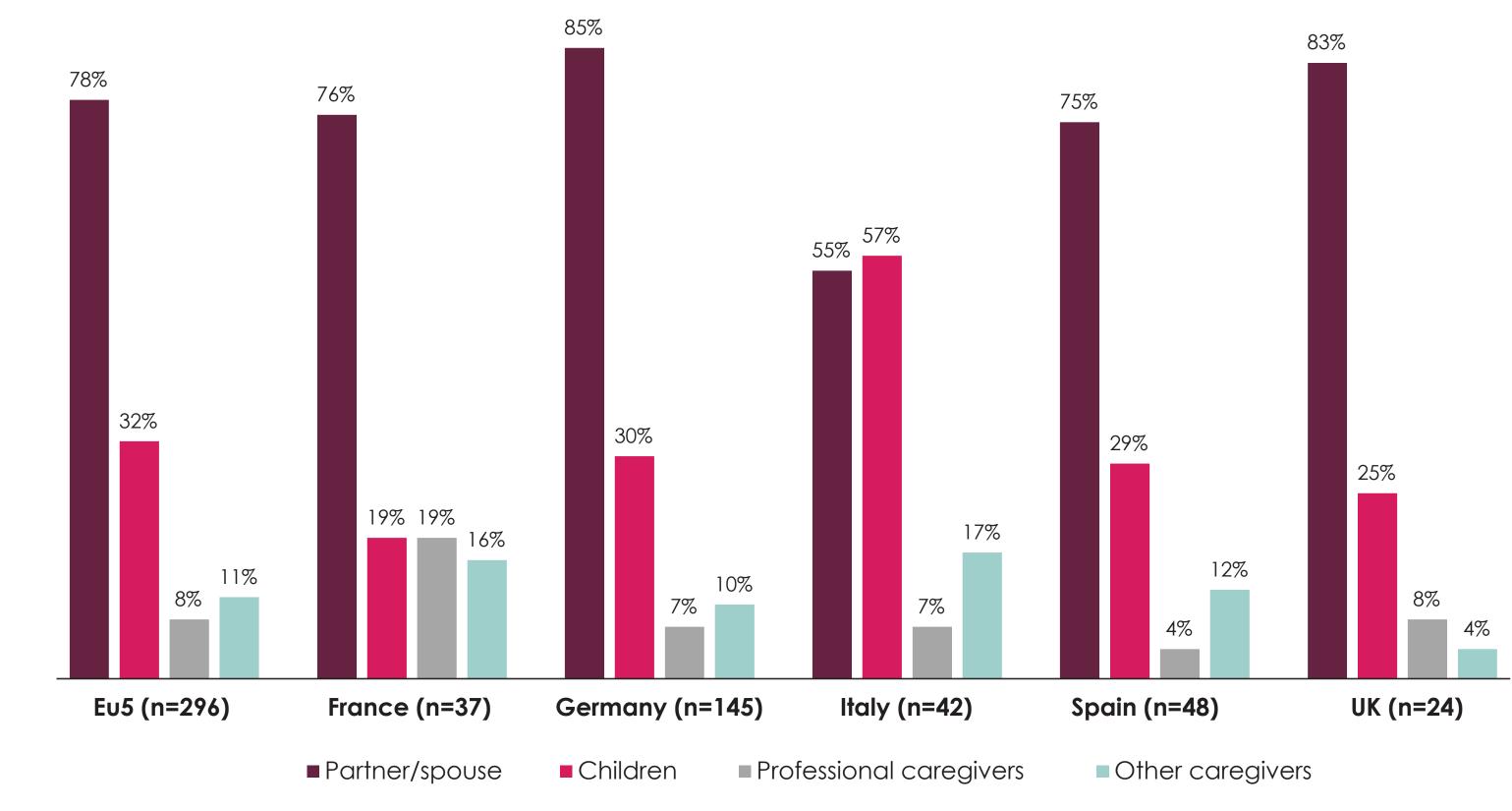
Table 1. Patient demographics in relation to caregiver support

	Patients with caregiver support (n=296)	Patients without caregiver support (n=318)
Sex, n (%)		
Male	231 (78)	233 (73)
Age at time of data collection, years		
Mean (SD)	71.4 (7.4)	66.7 (7.0)
ECOG performance status at time of data	collection, n (%)	
0-1	149 (50)	251 (79)
2+	147 (50)	67 (21)
Employment status at time of data collect	ion, n (%)	
Retired	247 (83)	218 (69)
On long-term sick leave	26 (9)	32 (10)
Working part/full time	4 (1)	29 (9)
Unemployed	5 (2)	16 (5)
Other	15 (5)	23 (7)
Current home circumstances, n (%)		
Lives with partner/spouse	166 (56)	201 (63)
Lives with relatives	103 (35)	60 (19)
Lives alone	16 (5)	54 (17)
Other	14 (5)	6 (2)
Current treatment by line of therapy, n (%)	
1L	106 (36)	147 (46)
2L	102 (34)	98 (31)
3L+	88 (30)	73 (23)

1L, first-line; 2L, second-line; 3L+, third-line or later; ECOG, Eastern Cooperative Oncology Group.

- At the time of data collection, partner/spouse was the most common type of caregiver (78%), followed by children (32%), professional caregivers (8%), and other caregivers (11%) (**Figure 1**)
- Italy was the only country where partner/spouse was not the most common type of caregiver (55%), with children (57%) being slightly more likely to be a caregiver
- Professional caregivers were reported most frequently in France (19%); fewer than 10%
 of patients in other countries reported having professional caregivers

Figure 1. Relationship of caregivers to patients in Eu5



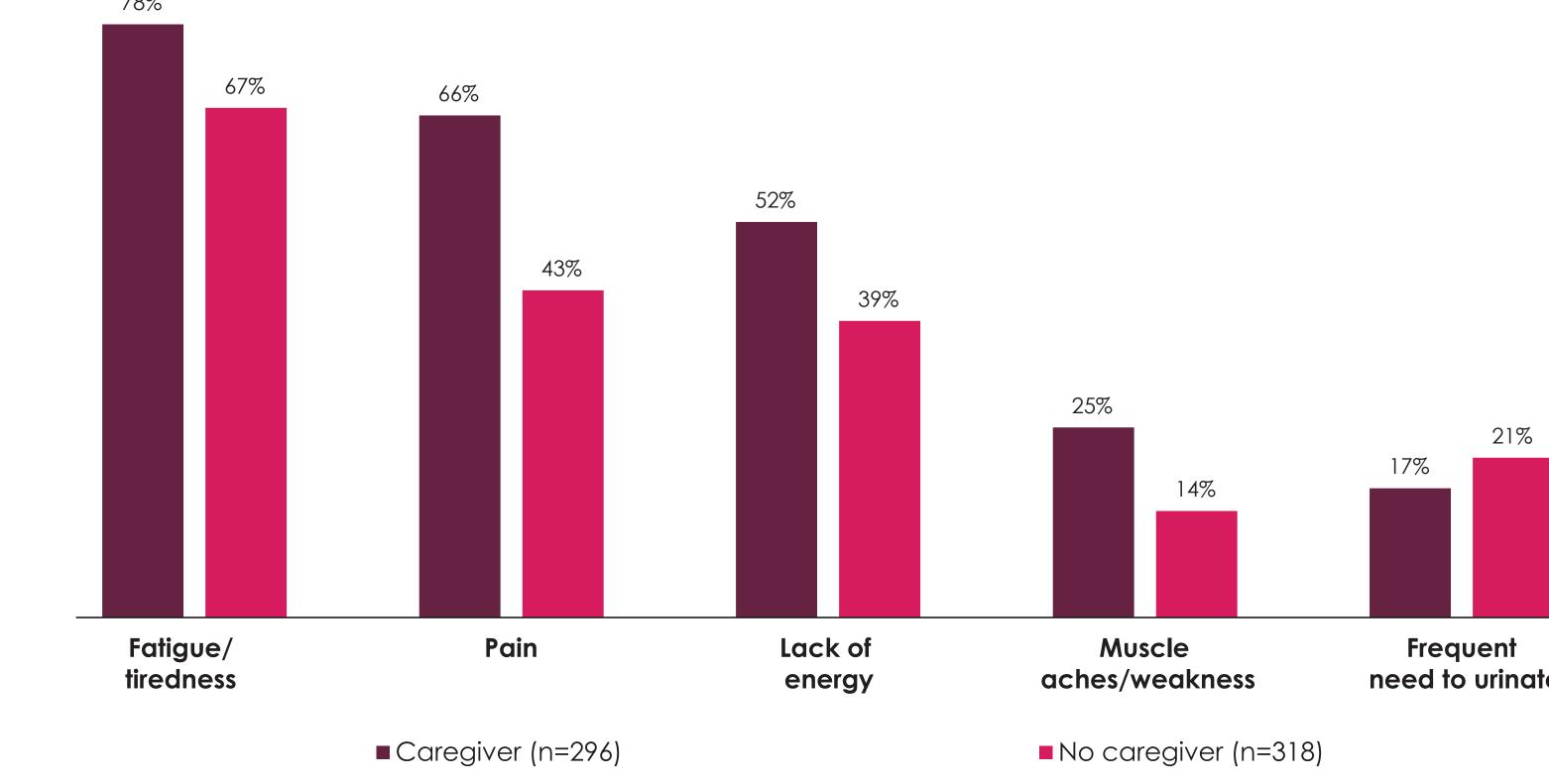
Eu5, France, Germany, Italy, Spain, and the UK.

Other caregivers includes other relatives, friends, other non-professional caregivers, and unknown. Categories are not mutually exclusive; patients could baye had >1 caregiver.

Symptoms Experienced at the Time of Data Collection (Figure 2)

- Among patients with a caregiver (n=296), the most common symptom reported was fatigue/tiredness (78%), followed by pain (66%), lack of energy (52%), muscle aches/weakness (25%), and frequent need to urinate (17%)
- Patients without a caregiver (n=318) reported the following symptoms at lower proportions than those with a caregiver: fatigue/tiredness (67%), pain (43%), lack of energy (39%), and muscle aches/weakness (14%)

Figure 2. Top 5 symptoms experienced at the time of data collection by caregiver status in Eu5



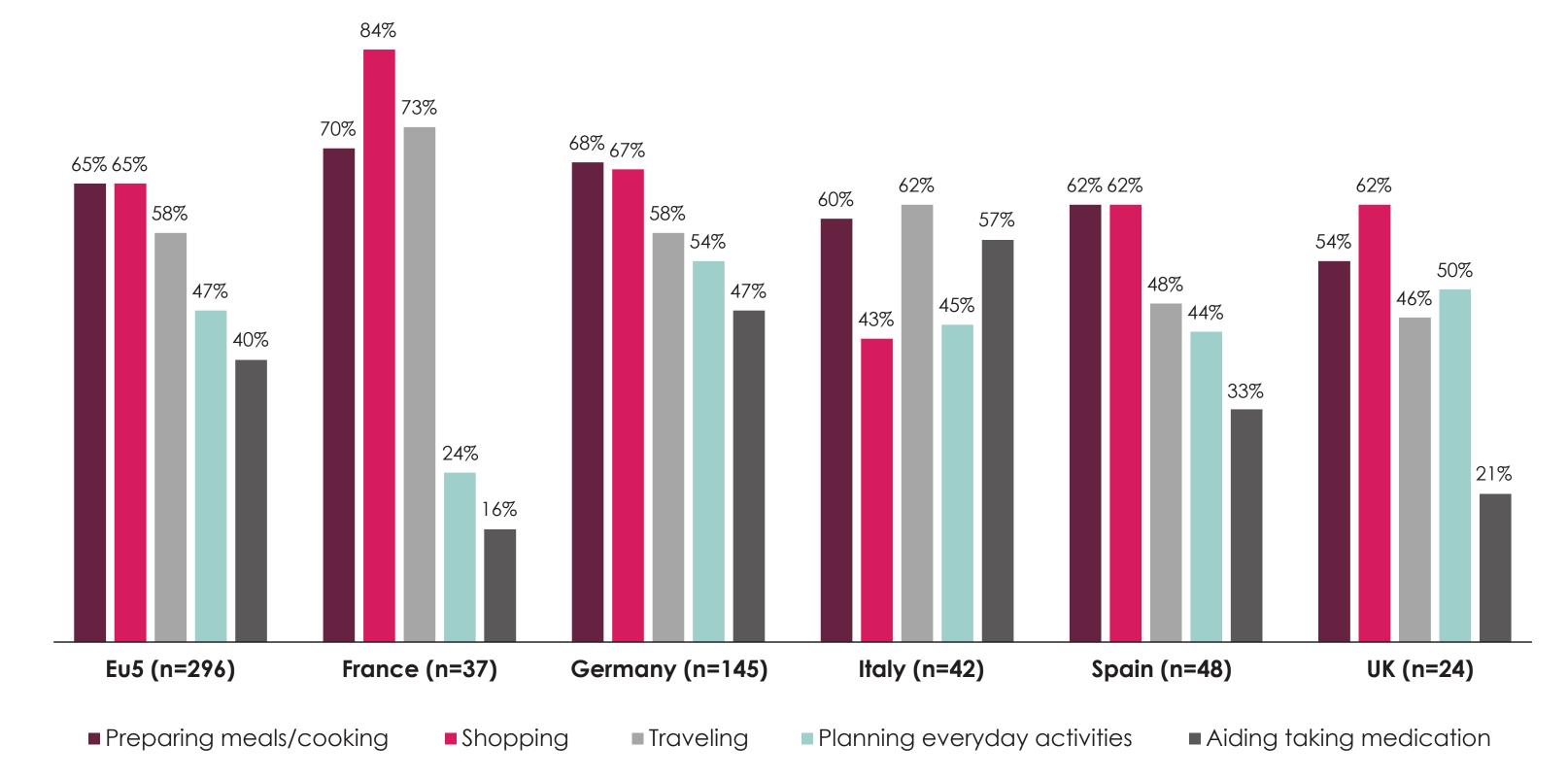
Pain includes flank pain/pressure, back pain/pressure, bladder pain, pelvis pain, and urinary dysuria (pain or irritation during urination).

- Across the Eu5 countries, professional caregivers spent the highest median time (per week) caring for patients (28 hours)
- Professional caregivers spent more time per week caring for patients in Spain (50 hours),
 Italy (38 hours), Germany (35 hours), and the UK (21 hours) than in France (10 hours)
- Partners/spouses spent the next highest amount of time per week giving care, particularly in Germany, Italy, and Spain (20 hours), followed by France (10 hours) and the UK (8 hours)
- Overall, children and other caregivers spent a median of 10 hours per week providing care

Caregiver Support Provided

• The most common support provided by caregivers was with preparing meals/cooking food (65%), shopping (65%), traveling out of the home (58%), planning and organizing everyday activities (47%), and aiding taking medication when required (40%)

Figure 3. Caregiver support provided



Limitations

- The point-in-time design of the DSP prevents any conclusions about causal relationships in the analysis
- The patients surveyed represent a unique population and may not be representative of all patients globally
- The DSP is more likely to collect data on patients who consult with their physician more frequently and may be more severely affected than those who do not consult with their physician as frequently

REFERENCES 1. Sung H, et al. CA Cancer J Clin. 2021;71(3):209-49. 2. Powles T, et al. Ann Oncol. 2022;33(3):244-58. 3. Anderson P, et al. Curr Med Res Opin. 2008;24(11):3063-72. DISCLOSURES M. Lapuente reports an advisory/consulting role for Pfizer, Merck, and MSD. N. Milloy and M. Berry are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of and holds stocks/shares in AstraZeneca. C. Bleasdale and C. Kluth are employees of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is an employee of Adelphi Real World. R. Montgomery is