Outcomes for Patients Diagnosed With Small Cell Lung Cancer

Treatment Patterns, Healthcare Resource Utilization, and Patient-Reported

Eligibility

To measure the HCRU and cost of treatment for the first three lines of therapy.

The Food and Drug Administration (FDA) recently granted accelerated approval to nivolumab.

The oncology landscape has evolved in the recent years, with immunotherapy showing the potential to change the treatment paradigm in small cell lung cancer (SCLC).

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Data Source

1L treatment option followed by maintenance durvalumab for patients with eSCLC from the most extensive-stage SCLC (eSCLC).3 The National Comprehensive Cancer Network (NCCN) panel recommended an initial chemotherapy and at least one other line of therapy.1,2 The FDA later approved atezolizumab in combination with chemotherapy and at least one other line of therapy.1,2 The FDA also approved pembrolizumab for patients with metastatic SCLC with progression following platinum-based chemotherapy and at least one other line of therapy.

In 196 patients with systemic therapy in 3L, 53 (27.0%) received topotecan and 32 (16.3%) received pelvic RT with carboplatin and etoposide.

In 87 patients with systemic therapy in 3L, 32 (35.3%) received topotecan and 16 (17.5%) received pelvic RT with carboplatin and etoposide.

To describe the demographic and clinical characteristics of patients diagnosed with eSCLC.

To document the treatment patterns through the end of the first three lines of therapy from diagnosis to death or last follow-up.

To measure the HCRU and cost of treatment for the first three lines of therapy.

To evaluate the quality of the using PRO data for patients diagnosed with eSCLC.

RESULTS

Demographic and Clinical Characteristics by Performance Status

Table 1.

Table 2.

Table 3.

Table 2. Healthcare Resource Utilization by Line of Therapy

- 80% of patients were hospitalized, 31.0% used infused supportive care drugs (Table 2).
- There were no significant differences between improved and nonimproved groups across HCRU or cost in 3L.
- 8.0% of patients were hospitalized, 3.4% had ED visits, and 31.0% used infused supportive care (Table 2).

The average cost of treatment during 2L therapy was $13,214. Costs of selected categories are shown in Table 2.

The average cost of treatment during 3L therapy was $10,818. Costs of selected categories are shown in Table 2.

Table 3. Monthly Healthcare Costs by Line of Therapy

- Of 346 patients with systemic therapy in 1L, 63 (18.2%) received carboplatin and etoposide.
- In 87 patients with systemic therapy in 3L, 22 (25.3%) received topotecan and 16 (18.4%) followed by cisplatin and etoposide.
- In 196 patients with systemic therapy in 3L, 32 (35.3%) received topotecan and 16 (17.5%) received pelvic RT with carboplatin and etoposide.

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