BACKGROUND

Treatment decision-making based on molecular alterations instead of defined tumor types is becoming increasingly important in oncology and hematology. Particularly in situations where no standard treatment is available, patients are often treated with a targeted therapy matched to a potentially actionable molecular alteration outside of the labelled indication. However, outcome of this treatment approach is not systematically collected, analyzed, and reported. Results from several clinical trials on precision oncology have suggested improved outcome of matched compared to conventional therapies. 

RESULTS

FROM 30.04.2020 TO 30.06.2021, 440 PATIENTS WITH ADVANCED SOLID TUMORS OR HEMATOLOGIC MALIGNANCIES WERE REGISTERED AT 69 SITES. DATABASE CUT FOR THIS SECOND INTERIM ANALYSIS WAS ON 30.06.2021.

METHODS

INFINITY is a retrospective, observational study conducted at 100 sites in Germany (onco-based oncologists/hematologists and hospitals). 500 patients with advanced solid tumors or hematologic malignancies were registered at 69 sites. Database cut for this second interim analysis was on 30.06.2021. From 30.04.2020 to 30.06.2021, 440 patients were registered at 69 sites. Database cut for this second interim analysis was on 30.06.2021. 333 patients qualified for analysis in the full analyses set (Figure 1). Patient characteristics are shown in Table 1. Median age was 62.2 years, median time from primary diagnosis to start of first documented NSTT was 22.5 months. Most patients were treated by office-based onco-based/oncologists/hematologists and hospitals). 500 patients with advanced solid tumors or hematologic malignancies were registered at 69 sites. Database cut for this second interim analysis was on 30.06.2021. From 30.04.2020 to 30.06.2021, 440 patients were registered at 69 sites. Database cut for this second interim analysis was on 30.06.2021. 333 patients qualified for analysis in the full analyses set (Figure 1). Patient characteristics are shown in Table 1. Median age was 62.2 years, median time from primary diagnosis to start of first documented NSTT was 22.5 months. Most patients were treated by office-based

CONCLUSION

INFINITY provides real-world precision oncology data, focusing on specific drug class / alteration matches used outside their approved indications. In this second interim analysis, most common molecular alterations driving targeted therapies included PD-L1 expression, MSI status and BRAF gene alterations. Preliminary outcome results suggest a treatment benefit of molecularly targeted therapies over previous therapy for more than a quarter of patients achieving a PFS ratio ≥ 3. Precision oncology registries are feasible and provide access to real-world data generated by clinics as well as office-based practitioners.