REAL-WORLD EVIDENCE OF NSCLC PATIENTS TREATED WITH RADIOCHEMOTHERAPY IN GERMANY

BACKGROUND

Lung cancer is the most common cancer diagnosis and the leading cause of cancer death worldwide. In Germany it is the second most common cancer diagnosis in men and the third most common in women. Non-small cell lung cancer (NSCLC) accounts for 80% of all lung cancers.

CRISP (Clinical Research platform into Molecular Testing, Treatment and Outcome of Non-Small Cell Lung Carcinoma Patients (CRISP) – AIO-TRK-0315)

METHODS

Since August 2018, 1,000 sites in Germany (cancer centres, hospitals and office-based oncologists) have recruited more than 1,600 patients diagnosed with NSCLC stage I, II or III. Detailed patient and tumour characteristics, treatment strategies, outcome and PRO (patient-reported) outcome data are collected and analysed. This analysis includes data on 270 patients treated with RTCTx for locally advanced NSCLC followed until June 30, 2021.

Type of radiochemotherapy

Sequential RTCTx is defined as no overlap in timing between chemotherapy and radiotherapy (the chemotherapy starts and ends before the radiotherapy). Induction chemotherapy with simultaneous RTCTx is defined when the chemotherapy starts before the radiotherapy and continues during the radiotherapy. Simultaneous RTCTx (without induction chemotherapy) is considered as a radiotherapy treatment with chemotherapy starting on the same day or later.

RESULTS

Out of 810 evaluable patients enrolled in CRISP until 30 June 2021, 270 were treated with RTCTx, either as definitive RTCTx or in a neoadjuvant/adjunct setting.

Type of radiochemotherapy

The frequency of each type of RTCTx and the number of patients who had already started receiving an immune checkpoint inhibitor as consolidation treatment is shown in Figure 1. Overall, most of the patients treated with RTCTx received simultaneous RTCTx, either with (n = 119, 44%) or without (n = 118, 44%) induction chemotherapy. 12% (n = 30) of the patients were treated with sequential RTCTx. Basic demographic characteristics and testing of PD-L1 expression for patients receiving each type of RTCTx are shown in Table 1.

CONCLUSION

CRISP presents comprehensive current real-life data of patients with NSCLC in stage I, II or III covering all treatment settings in Germany.

Treatment options for patients with NSCLC in stage III are diverse. Definitive radiochemotherapy was the treatment of choice for a higher proportion of patients with tumours in stage IIIA/B than in stage IIIB. In line with guidelines recommendations, most of the patients received platin-based doublet and simultaneous radiochemotherapy. In routine care almost half of the patients are treated with a carboplatin-containing therapy. Median OS (95% CI) was 21.5 months [15.1-29.6] and 22.9 months [19.7-29.4] for real-world patients with stage IIA and IIIB, respectively, who had been treated with radiochemotherapy.

With a longer recruitment and follow-up time, CRISP will allow to study the efficacy of consolidation therapy after radiochemotherapy in a real-world setting in Germany.

Table 1

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Patients (N)</th>
<th>Age at primary diagnosis (years)</th>
<th>Sex</th>
<th>Total patients</th>
<th>0-24 months</th>
<th>25-75 months</th>
<th>75% months</th>
<th>1 year</th>
<th>2 years</th>
<th>3 years</th>
<th>4 years</th>
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Table 2

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<th>Patients (N)</th>
<th>PD-L1 treated</th>
<th>No PD-L1 treated</th>
<th>Total patients</th>
<th>0-24 months</th>
<th>25-75 months</th>
<th>75% months</th>
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<th>2 years</th>
<th>3 years</th>
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