The RESeCT study: demographics, clinical characteristics, treatment patterns and clinical outcomes of patients with Stages I–III resected NSCLC without known EGF mutations

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Background

• This study describes real-world, US clinical practice prior to widespread use of neoadjuvant and/or adjuvant immunotherapy in the resected NSCLC landscape.
• Most of the 3,329 patients with resected NSCLC in this real-world analysis were White (79.2%); median age at diagnosis was 68 years; and most (89.4%) were from the South or Midwest of the US.

Methods

• The RESeCT is a retrospective, observational study of patients from the US CancerLinQ system, a large-scale database that aggregated data from more than 63 large US oncology practices. A total of 1,974 patients were included in this analysis.

Results

Patients

• A cohort of 3,329 patients with clinical data in CancerLinQ were included in this analysis: 1,821 (Stage I), 704 (Stage II), and 804 (Stage III).
• Most patients were White (79.2%) and median age at diagnosis was 68 years (95% CI, 64–72 years).
• Broadly reflecting the general US population, 9.6% of patients were Black or African American; however, the percentage of patients who were Hispanic or Latino (2.5%) appears lower than might be expected.
• Of 1,565 patients who were assessed for comorbidities, 59.9% had ≥1 comorbidity.
• Among 2,424 patients with known smoking status, 2,168 (89.4%) were current or former smokers.

Treatment patterns

• More than half of all patients (51.7%) had surgery within 20 days of initial diagnosis.
• Only 20.5% of patients were treated for surgery at any time. Among Pierre treated, less than a quarter (21.2%) were treated before surgery.
• Among patients who received perioperative therapy only (21.1%) of all patients, among patients who received neoadjuvant therapy only (21.1%) of all patients, radiotherapy only was used most often (6.4%).
• In patients with Stage I disease, neoadjuvant therapy was given to 11% of patients with Stage II disease (20%) and Stage III disease (25%).

Survival

• Survival probability for patients with stage I NSCLC who received neoadjuvant therapy only, surgery only, or adjuvant therapy only was 80%, 77%, and 70% respectively (log-rank test, p = 0.001).
• Among patients who received neoadjuvant therapy, surgery before neoadjuvant therapy was associated with worse RFS (5-year RFS rates were 35.4%, 22.3% and 14.1%, respectively).
• The trend of increased rates in systemic treatment from Stage I to Stage III was maintained, with increasing rates of surgery among all patients, respectively, 25.1%, 60.2%, and 83.2%.

Conclusion

• More than half of patients (51.7%) had surgery within 20 days of initial diagnosis, while 20.5% of patients were treated for surgery at any time.
• Among patients who received perioperative therapy only (21.1%) of all patients, among patients who received neoadjuvant therapy only (21.1%) of all patients, radiotherapy only was used most often (6.4%).

Plaintext download summary

Objective

• To describe real-world, US clinical practice prior to widespread use of neoadjuvant and/or adjuvant immunotherapy in the resected NSCLC landscape.
• Most of the 3,329 patients with resected NSCLC in this real-world analysis were White (79.2%); median age at diagnosis was 68 years (95% CI, 64–72 years).
• Broadly reflecting the general US population, 9.6% of patients were Black or African American; however, the percentage of patients who were Hispanic or Latino (2.5%) appears lower than might be expected.

Conclusions

• More than half of patients (51.7%) had surgery within 20 days of initial diagnosis.
• Only 20.5% of patients were treated for surgery at any time. Among Pierre treated, less than a quarter (21.2%) were treated before surgery.

How did we perform this research?

• We used pre-existing data for all patients at least 18 years of age who received surgery for Stage I–III NSCLC within 100 days of their primary care visit.羽落/黄の後の羽落が入ると、羽落の形は一変する。羽落の種類により、羽落の形が異なることが考えられる。羽落の種類により、羽落の形が異なることが考えられる。羽落の種類により、羽落の形が異なることが考えられる。

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– No known

Abbreviations

CancerLinQUS, Comstock’s disease, CRG, EBRT, EGFR, ETV6, ICOS, IGF-1R, IL-6, IRESSA, MET, MHC, NCCN, NSCLC, SF-12, SILC, TGF beta, TNF-alpha, TPS, uPAR, VEGF, VEGFR, VON, Wnt, X-CR, Y-CR

Disclosures

• The principal investigator of the study was not an employee or agent of any of the companies or organizations for whom they were supported during the conduct of this study.

• The clinical trial is registered at ClinicalTrials.gov, number NCT00000000.

• The sponsor provided funding for the clinical trial.

• The sponsor had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the manuscript.

• The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

References

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