Abstracts

Evaluating a real-world perspective of treatment patterns in recurrent or advanced endometrial cancer (aEC) patients was of great interest when choosing between adjuvant therapy vs surveillance in patients with otherwise low-risk disease.

Disclosures The authors have nothing to disclose.

#894 REAL-WORLD TREATMENT PATTERNS IN RECURRENT OR ADVANCED ENDOMETRIAL CANCER PATIENTS WHO INITIATED SECOND-LINE SYSTEMIC THERAPY IN 5 EUROPEAN COUNTRIES: A RETROSPECTIVE CHART REVIEW STUDY

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Introduction/Background In European clinical practice, historically there has been no consensus on the second-line standard of care for recurrent or advanced endometrial cancer (aEC) patients, and differences in real-world treatment patterns with conventional treatments across European countries are not well documented. Through a real-world perspective, we aimed to evaluate treatment patterns in recurrent or advanced endometrial cancer (aEC) patients in 5 European countries and identify differences in third-line treatment patterns.

Methodology Endometrial Cancer Health Outcomes-Europe (ECHO-EU) is a multicenter, retrospective, chart review study in recurrent or aEC patients across the United Kingdom (UK), France (FR), Germany (GE), Italy (IT), and Spain (SP). Physicians extracted de-identified data from medical records of adult female patients diagnosed with recurrent or aEC who progressed between 1/Jul/2016 - 30/Jun/2019 following prior systemic therapy. Data collected included demographics, clinical characteristics, and treatment patterns. Ethics approval and informed consent waivers were obtained in respective countries.

Results Overall, 103 physicians provided data for 475 patients (UK=101, FR=96, GE=88, IT=100, SP=90) with a median age of 69 years at aEC diagnosis, 57.7% with endometroid carcinoma, and 45.9% with ECOG ≥2 at second-line treatment initiation. In second-line, the use of non-platinum-based chemotherapy varied by country (UK=36.6%, FR=68.8%, GE=46.6%, IT=73.0%, SP=52.2%); other patients received platinum-based chemotherapy (UK=35.6%, FR=10.4%, GE=13.6%, IT=9.0%, SP=21.1%), taxane monotherapy (UK=7.9%, FR=5.2%, GE=10.2%, IT=8.0%, SP=1.1%), or endocrine therapy (UK=6.9%, FR=15.6%, GE=27.3%, IT=10.0%, SP=23.3%). In second-line, physicians prescribed >40 different regimens. Overall, 90.3% of patients discontinued second-line treatment (UK=94.1%, FR=90.6%, GE=92.0%, IT=86.0%, SP=88.9%), primarily due to disease progression (UK=45.3%, FR=70.1%, GE=56.8%, IT=50.0%, SP=63.8%). Median time to discontinuation was 4.9 months (95% confidence interval: 4.3-5.5) (UK=4.2, FR=5.0, GE=4.2, IT=6.0, SP=5.7). Only a small proportion of patients (<10%-20%) initiated third-line therapy.

Conclusion For pre-treated European recurrent or aEC patients prior to mid-2019, our study found no consensus on a standard of care in second-line, substantial differences in treatment regimens across countries, and a high rate of discontinuation. Recently approved novel therapies may streamline treatment options for this patient population.