Real-world treatment pattern and drop-off among recurrent or metastatic cervical cancer patients: a US community oncology-based analysis

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BACKGROUND

• There is no current real-world data on the proportion of eligible second-line (2L) recurrent or metastatic cervical cancer (r/mCC) patients who received treatment following progression on first-line (1L) chemotherapy doublet +/- bevacizumab.1,2
• These data are needed to inform clinical trials and treatment algorithms as novel therapies following front line therapy become available for the r/mCC patient population, which historically has had poor outcomes characterized by poor overall survival under conventional treatments.3,4

OBJECTIVE

• This study aimed to understand the real-world treatment patterns and drop-off following 1L r/mCC therapy.

RESULTS

• Univariate and multivariable logistic regressions were utilized to assess prognostic factors for patients who received 2L therapy.

METHODS

Study Design and Data Source

• Retrospective observational cohort study using The US Oncology Network (USON) KnowMed (KM) electronic health records (EHRs) and chart review data.

Study Population

• Adult women who received 1L therapy for r/mCC between 01 September 2014 and 31 December 2019.
• The final study population included 262 eligible patients with data accessible for research purposes who were not diagnosed with another primary cancer during the identification period (Figure 1). Patients were followed through 31 December 2020 or until the last date of record, whichever occurred first.

Statistical Analysis

• Patient demographic and clinical characteristics, treatment patterns, and clinical outcomes were assessed descriptively.
• Kaplan-Meier methods were used to evaluate time-to-event outcomes, stratified by treatment patterns.
• Time to treatment discontinuation (TTD) from the start of 1L to the end of the last regimen of 1L.
• Treatment-free interval (TFI) from the end of the last regimen of 1L to the start of 2L.
• Univariate and multivariable logistic regressions were utilized to assess prognostic factors for patients who advanced to 2L treatment.

RESULTS

• Majorities of patients in 1L received chemotherapy doublet plus bevacizumab (66%), or chemotherapy doublet alone (24%).
• Nearly half of the patients (48%) completing 1L received 2L therapy.
• Of the patients who did not initiate 2L therapy, n=55 dying following 1L, n=31 progressing on 1L but did not receive 2L, and n=23 completed 1L without documentation of progression. Some patients were lost to follow up (n=25) or had ongoing 1L at the end of the study period (n=3).
• Among patients receiving 2L, there was no consistent treatment of choice in this setting.

Clinical Outcomes (Figure 3A-3B)

• Median overall TTD was 5.5 months (IQR 2.1, 4.7 months) from initiation of 1L treatment.
• Median TTD was longest for chemotherapy doublet plus bevacizumab (3.5 months) and shortest for chemotherapy doublet alone (3.0 months).
• Median overall TFI was 2.1 months (IQR 1.0, 4.7 months) from end of 1L to initiation.