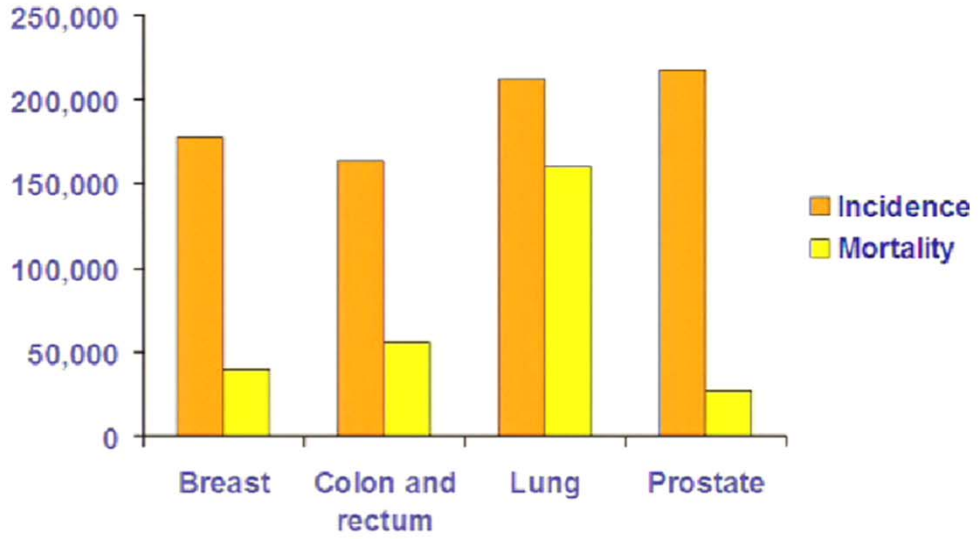
Lungen Ca - Praxis und Gruppenspezifisches Benchmarking im Vergleich zur Studienlage



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Projektgruppe
Internistische Onkologie

Dr. Wilhelm et Dr. Eschenburg, Güstrow

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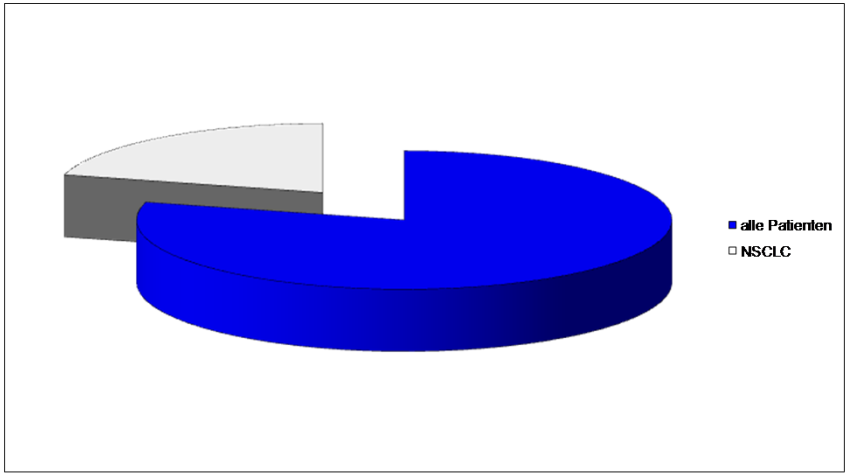
Internistische Onkologie

NSCLC 2003-2011 beteiligte Praxen

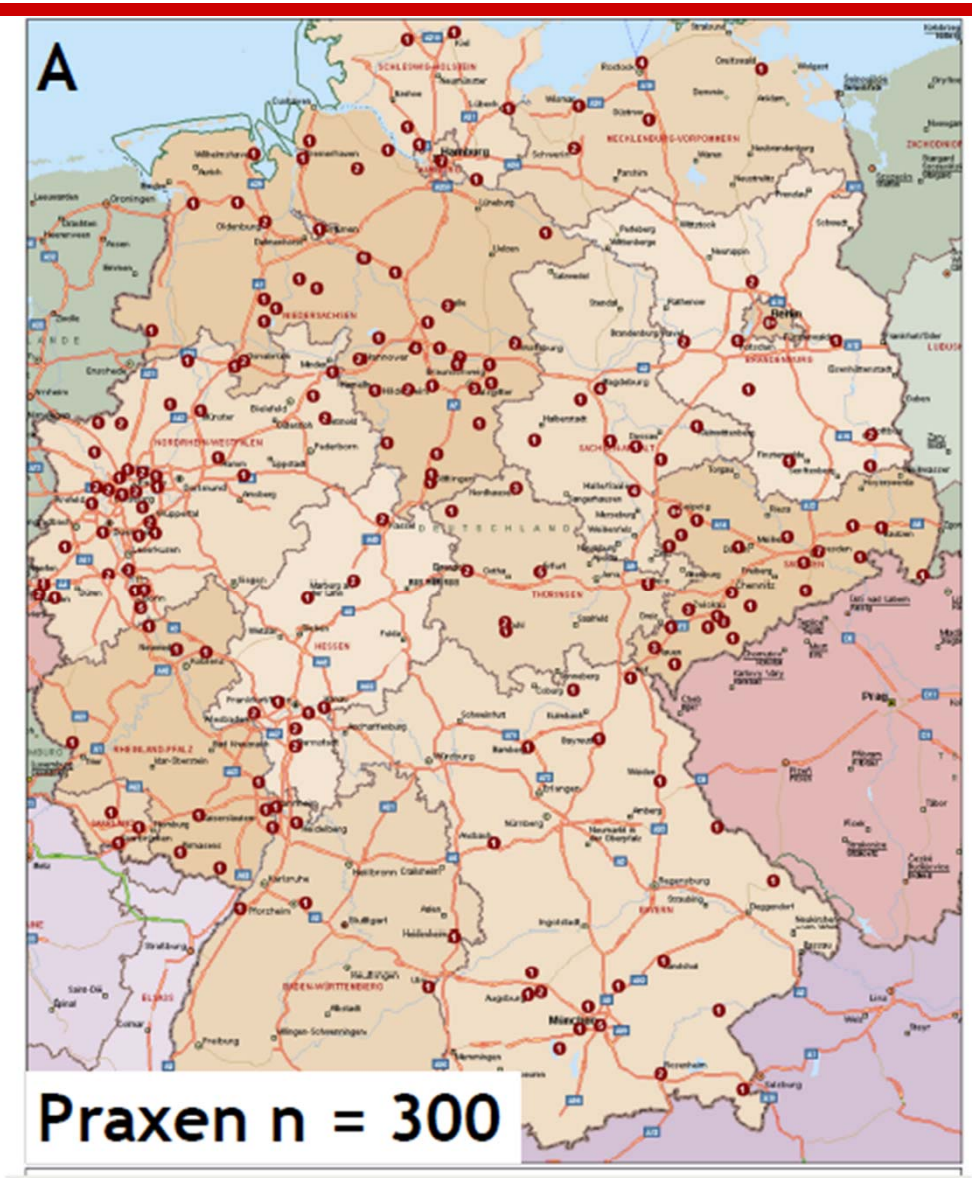


Praxis NSCLC 26,3 %

Praxis Gesamt 300

(2010 – 260)

Praxis NSCLC 79



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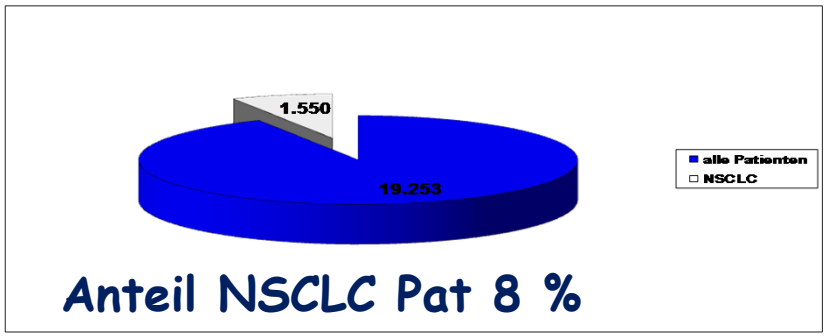
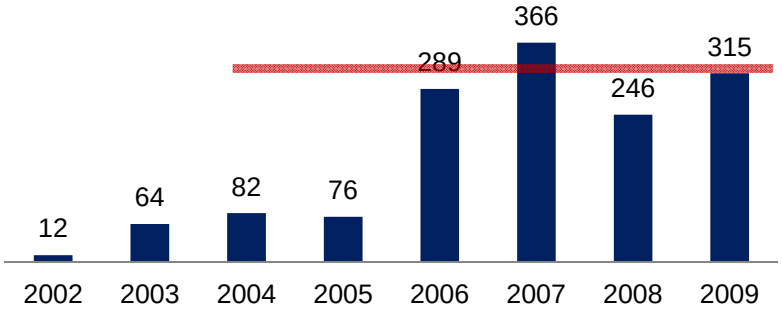
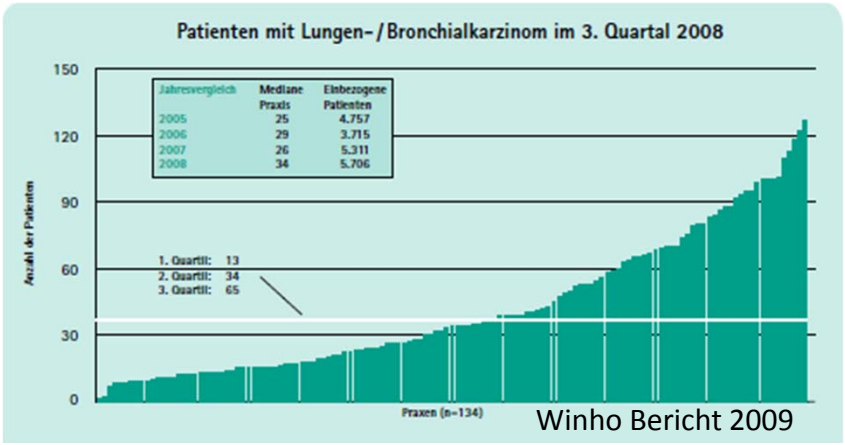
NSCLC 2003-2011
gemeldete Patienten







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NSCLC - adjuvant

adjuvant

236 pts 9 Protokolle

140 pts auswertbar (59,3%)

124 pts (88,5%)
Vinorelbin / Cisplatin

40 Praxen

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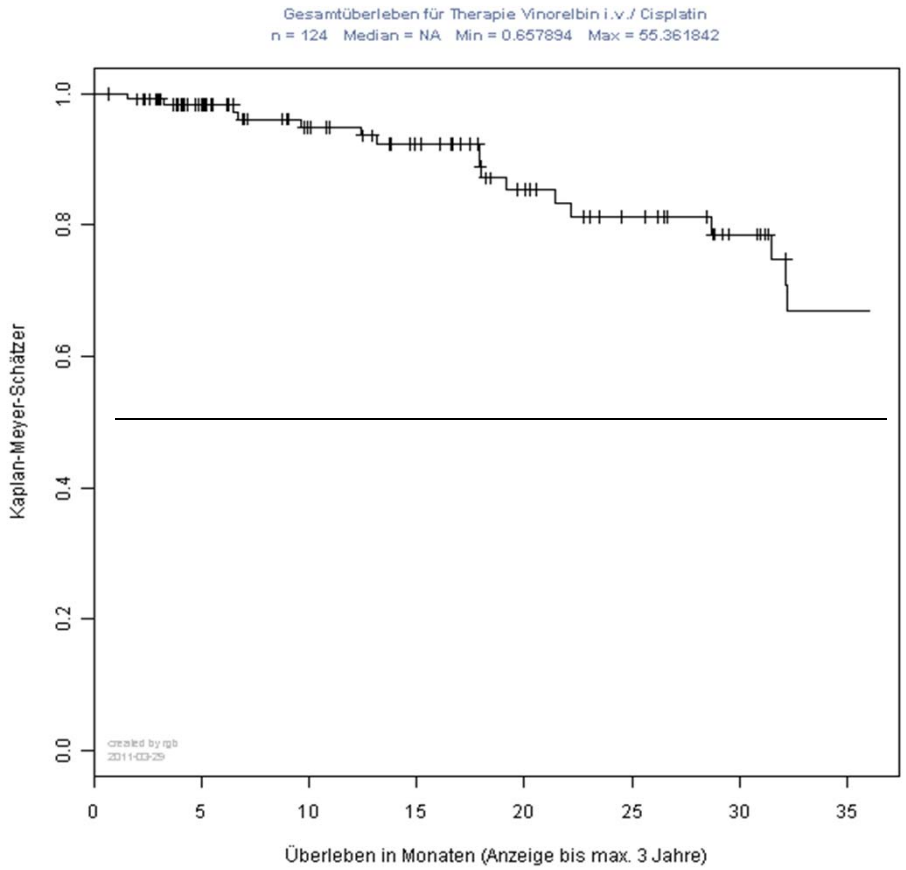
NSCLC - adjuvant



124 pts (88,5%)

Vinorelbin / Cisplatin

Median OS nicht erreicht

22 pts verstorben (17,7%)

Follow up
1y 66 pts
2y 32 pts
3y 17 pts

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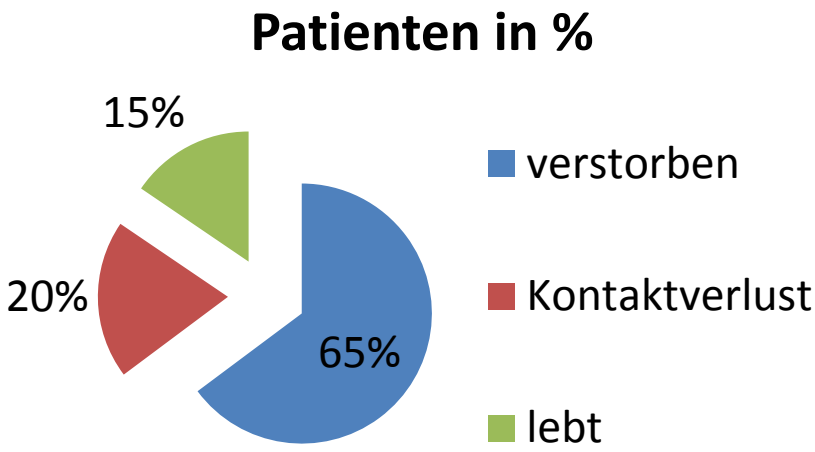
Internistische Onkologie

NSCLC 2003-2011 palliativ

Patienten	gemeldet	1550
	ausgewertet	1212
		78,2%
Alter	median	66 Jahre
	Range	30 – 89 Jahre



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NSCLC 2003-2011
Palliativ n=1212

Chemotherapie	1198 pts	2200 Therapien
	48 verschiedene Therapieprotokolle !!!	
Radiatio	332 pts	
Target Therapie	218 pts	Erlotinib 206 pts (1st 12, 2nd 143, 3th 33, 4th 10)
		Gefitinib 12 pts (1st 1, 2nd 4, 3th 3, 4th 4)
Immuno / Chemo	33 pts	13 verschiedene Protokolle (Chemo + Bev / Cet)
Radiatio / Chemo	53 pts	8 verschiedene Protokolle

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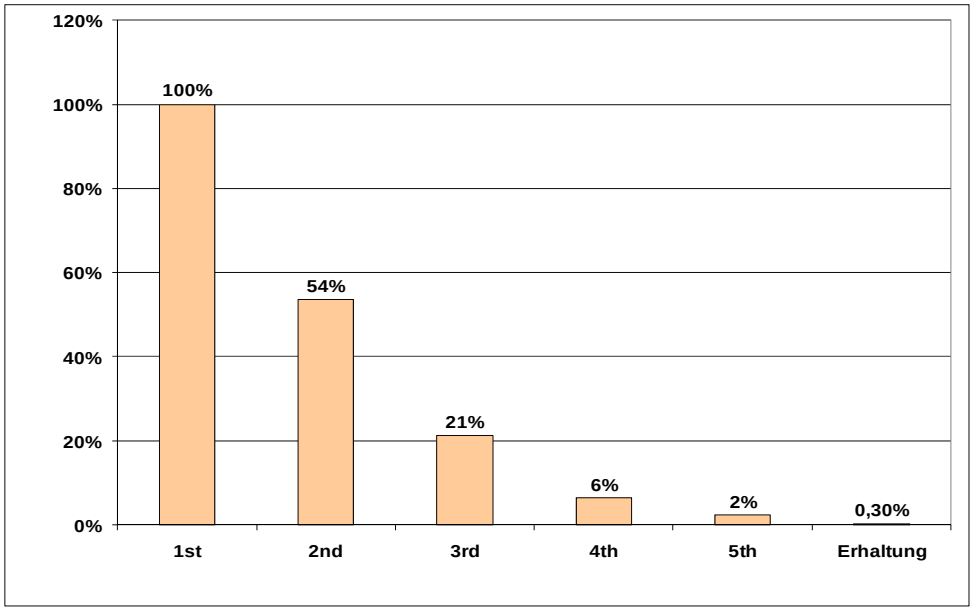
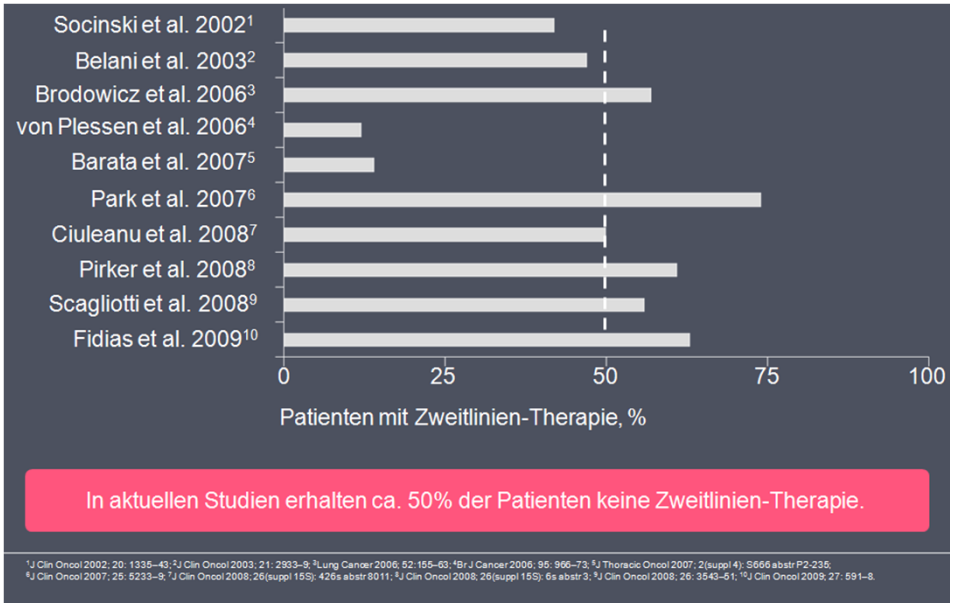
Internistische Onkologie

NSCLC 2003-2011 palliativ

Anteil von Patienten an den Therapienlinien





[1]J Clin Oncol 2002; 20: 1335–43; [2]J Clin Oncol 2003; 21: 2933–9; [3]Lung Cancer 2006; 52: 155–63; [4]Br J Cancer 2006; 95: 966–73; [5]J Thoracic Oncol 2007; 2(suppl 4): S666 abstr P2-235; [6]J Clin Oncol 2007; 25: 5233–9; [7]J Clin Oncol 2008; 26(suppl 15S): 426s abstr 8011; [8]J Clin Oncol 2008; 26(suppl 15S): 6s abstr 3; [9]J Clin Oncol 2008; 26: 3543–51; [10]J Clin Oncol 2009; 27: 591–8.

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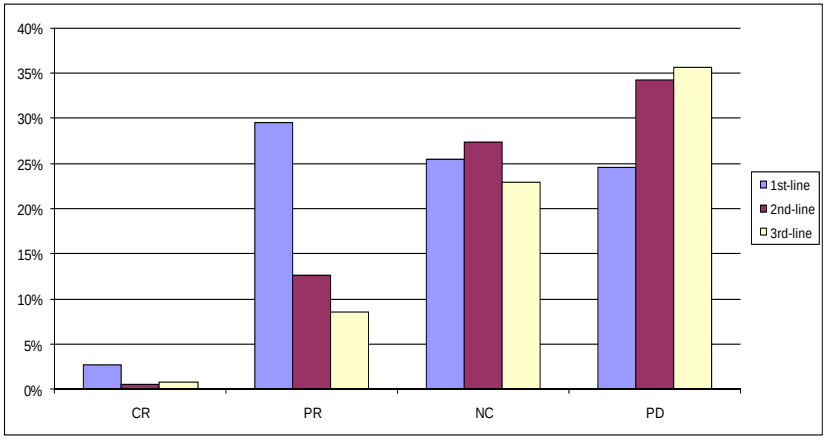
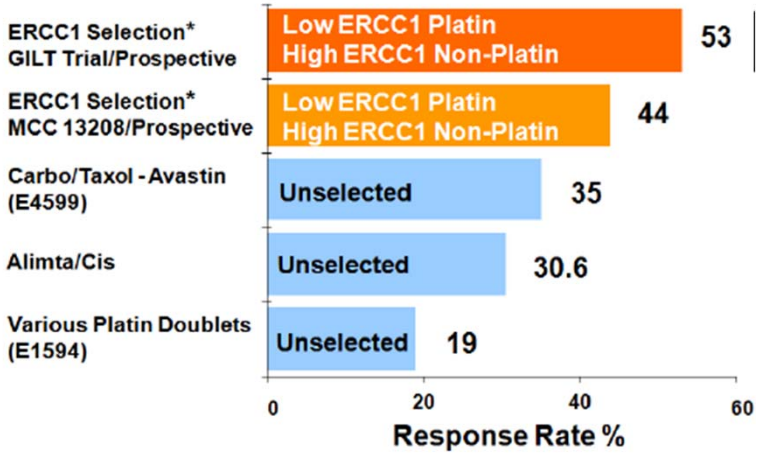
NSCLC 2003-2011 palliativ 1212 pts





Remissions- (CR/PR)	36,6%	Dauer CR 10,7 Mo
Ansprechrate (CR/PR/NC)	74,7%	Dauer PR 6,4 Mo

nimmt mit der Anzahl der Therapien ab

(3th-line: 9,3% bzw. 32,2%).

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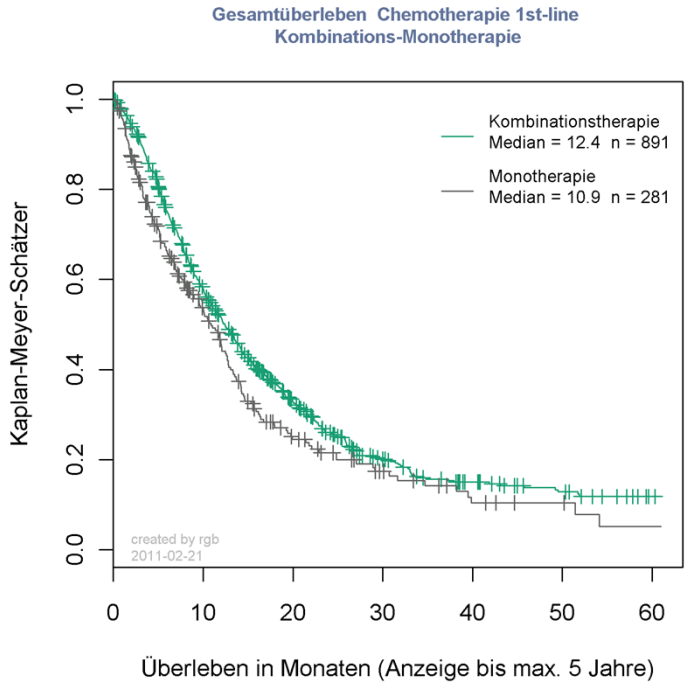
Internistische Onkologie

NSCLC 2003-2011 palliativ

Was können wir erreichen bei nicht selektionierten Patienten?

Ansprechen:	19% - 32%
Progression Free Survival:	4.0 – 5.0 Monate
Mediane Überlebenszeit:	7.9 – 9.9 Monate
1 Jahres Überlebensrate:	33% - 43%

Kelly K et al, J Clin Oncol 2001; 19: 3210-8, Scagliotti GV et al, J Clin Oncol 2002; 20: 4285-91, Schiller J et al, NEJM 2002; 346: 92-8



	No	Chemo	RR	PFS (mo)	OS (mo)	1-JÜR (%)
JMDB Scagliotti JCO 2008	847	Cis/Gem vs. Cis/Pem	25 32	5.0 P=0.12 5.5	10.9 P=0.033 12.6	39 46
Norwegen Gronberg 2009	217	Car/Gem vs. Car/Pem			7.5 P=0.77 7.7	38 40

	No	Chemo	RR	PFS (mo)	OS (mo)	1-JÜR (%)
ECOG 4599	878	Car/Pac Beva 15	15 35 P=0.001	4.5 6.3 P=0.002	10.2 12.5 P=0.003	44 52
AVAIL	1143	Cis/Gem Beva 7.5 Beva 15	20 34 P=0.001 30 P=0.002	6.1 6.8 P=0.003 6.6 P=0.045	13.1 13.6 P=o.43 13.4 P=0.74	53 53 53

	No	Chemo	RR	PFS (mo)	OS (mo)	1-JÜR (%)
FLEX	1125	Cis/ Vino	36 29 P=0.012	4.8 4.8 P=n.s.	11.3 10.1 P=0.04	44 50
BMS	667	Carbo/ Pac	26 17 P=0.07	4.4 4.2 P=0.23	9.7 8.4 P=0.17	

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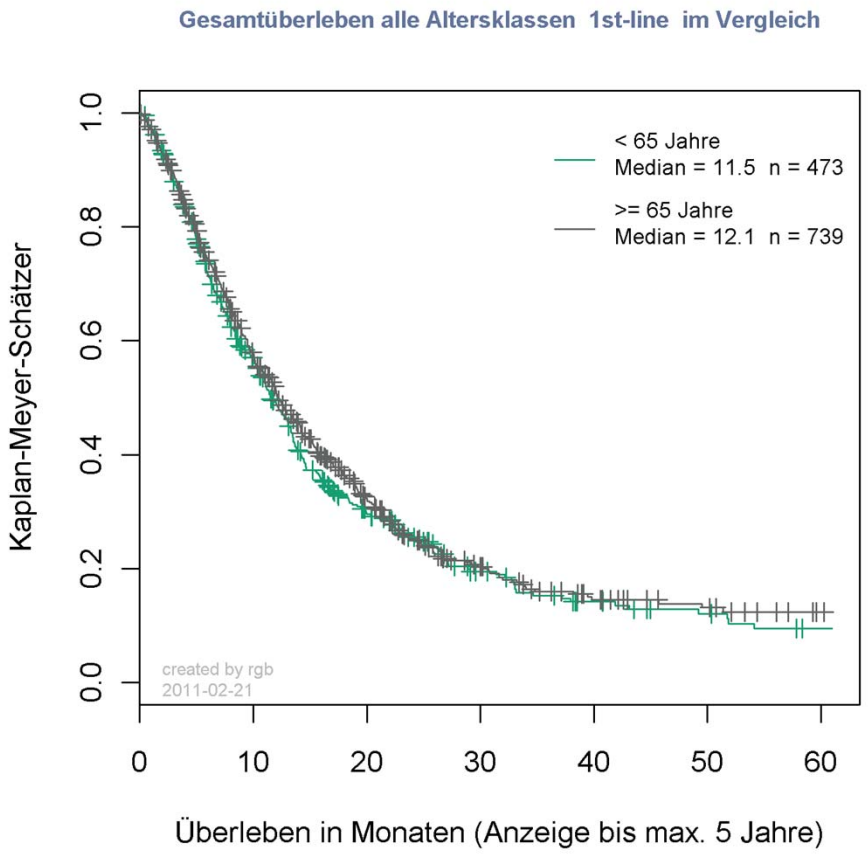
Internistische Onkologie

NSCLC 2003-2011
palliativ - Alter



60% of lung cancer patients are ≥60
35% - 40% of lung cancer patients are ≥70
Elderly representation on N.A. Trials

Study	% ≥70
E5592	15%
S9509/9305	19%
E5594	20%
CALGB 9730	27%
UNC	29%

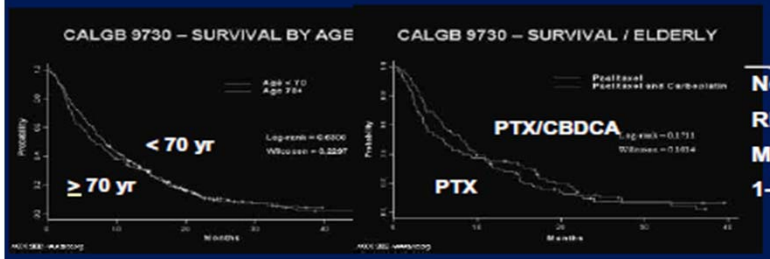
Subset Analysis of "Fit" Elderly Patients with NSCLC in Age-Unspecified Trials

ECOG5592 - ETP/CDDP vs. PTX/CDDP vs. hd-PTX/CDDP+G-CSF -

	No.	RR (%)	TTP (m)	MST (m)	1-Yr (%)
<70 yr	488	22	4.4	9.1	37.7
≥70 yr	86	23	4.3	8.5	29.1

(Langer JNCI 02)

CALGB9730 - PTX vs. PTX/CBDCA -



	P	P/C
No.	78	77
RR(%)	21	36
MST(m)	5.8	8.0
1-Yr(%)	31	35

(Lilenbaum 02

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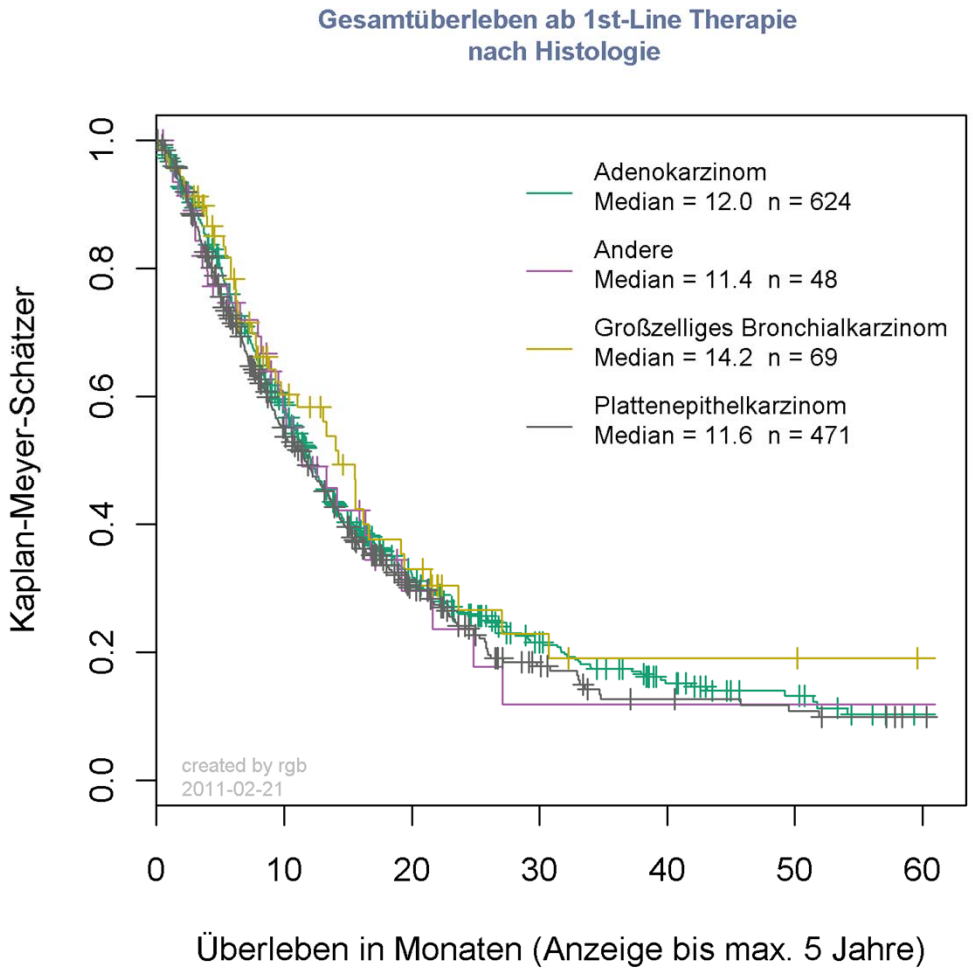
Projektgruppe
Internistische Onkologie

NSCLC 2003-2011
palliativ - Histologie



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Internistische Onkologie

NSCLC 2003-2011 palliativ - Histologie

Adenokarzinom
Median = 12.0 n = 624

Andere
Median = 11.4 n = 48

Großzelliges Bronchialkarzinom
Median = 14.2 n = 69

Plattenepithelkarzinom
Median = 11.6 n = 471

Squamous

	Med Ülz, M		HR (95% CI)	p-value
	Cet + CT	CT		
Total (n=1,125)	11.3	10.1	0.871 (0.762–0.996)	0.0441
Kaukasier (n=946)		9.1	0.800 (0.692 –0.924)	0.0025
mit ADCA (n=413)	12.0	10.2	0.809 (0.644 –1.016)	0.0673
mit PECA (n=347)	10.2	8.9	0.794 (0.626 –1.007)	0.0567
andere Histo (n=185)		8.2	0.807 (0.584–1.115)	
Asiaten (n=121)	17.6	20.4	1.179 (0.730 –1.905)	0.4992

	Regimen	SCC	AC	LCC	Other	p-value
PFS (mos)	Cis-Pac	2.6	3.7	3.5	2.8	0.43
	Cis-Gem	4.4	4.4	4.5	3.4	0.43
	Cis-Doc	3.1	3.7	4.2	3.6	0.54
	Crb-Pac	3.7	3.5	3.9	2.2	0.25
	p-value	0.2	0.19	0.56	0.68	
OS (mos)	Cis-Pac	6.9	9.1	6.1	6	0.09
	Cis-Gem	9.4	8.1	9.7	7.9	0.63
	Cis-Doc	8.1	7.7	6.8	8.2	0.91
	Crb-Pac	9.3	7.6	8.3	6.9	0.37
	p-value	0.018	0.39	0.39	0.82	

WCLC 2009 – Hoang et al., Abstract # PD6.4.1

Non-squamous

	No	Platte	Chemo	Bio neu	PFS (mo)	OS (mo)	1-JÜR (%)
JMDB	847	0	Cis/ Gem	Cis/ Pem	5.0 5.5	10.9 12.6	39 46
ECOG 4599	878	0	Carbo/ Pac	Beva	4.5 6.3	10.2 12.5	44 52
AVAIL	1143	0	Cis/ Gem	Beva	6.1 6.7	13.1 13.6	53 53
FLEX	413	0	Cis/ Vino	Cetux	n.a. n.a.	10.3 12.0	44 50

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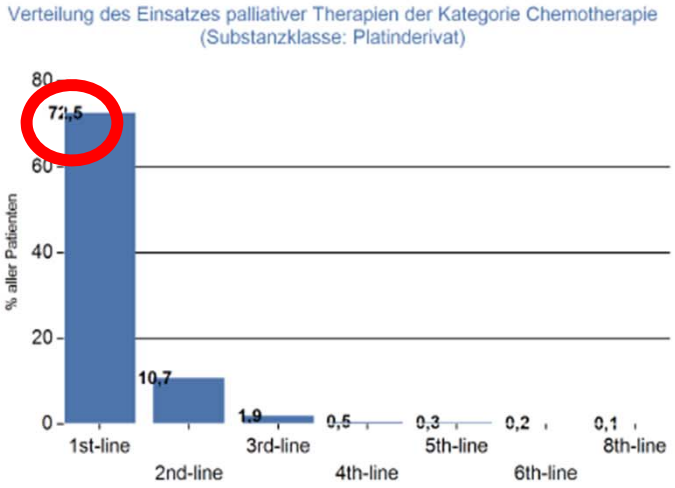
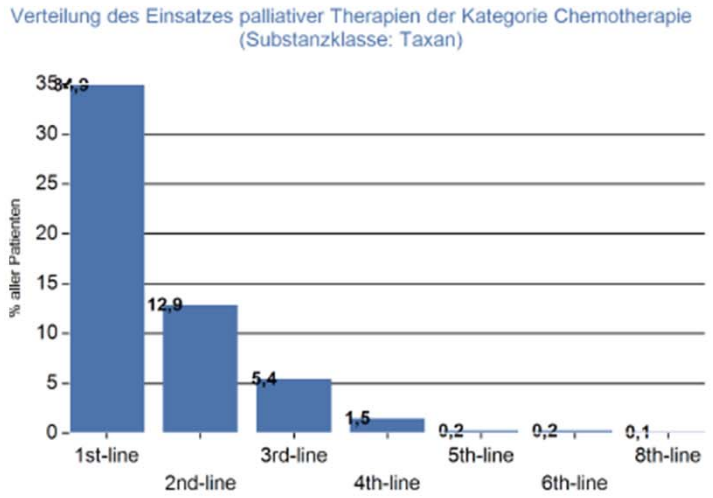
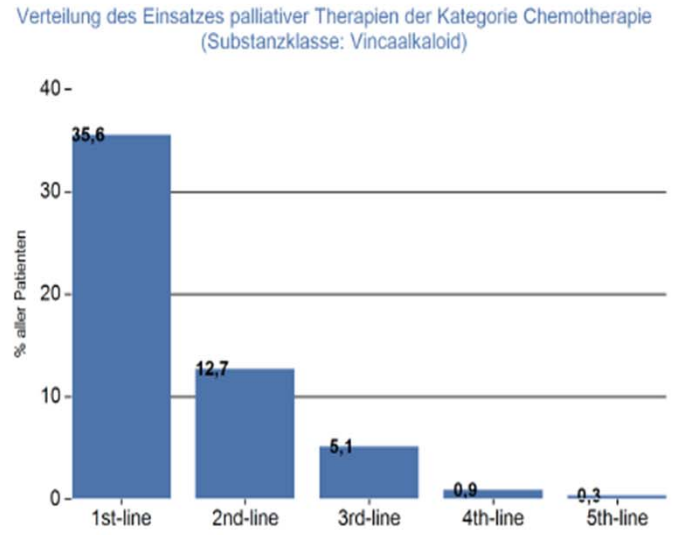
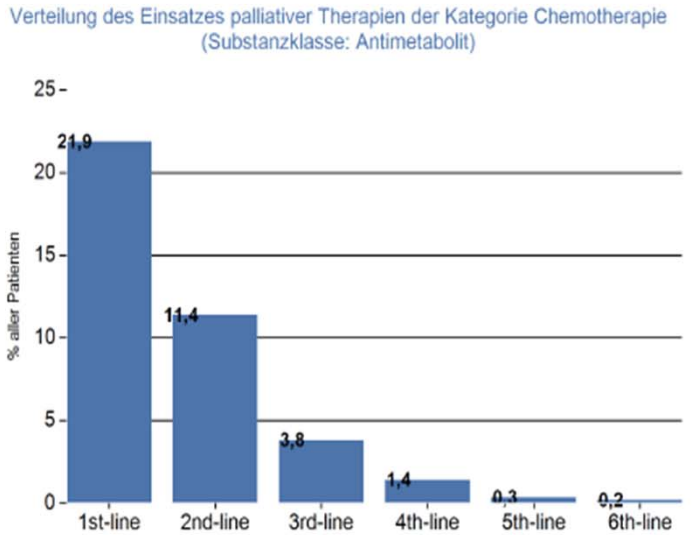
Internistische Onkologie

NSCLC – palliativ









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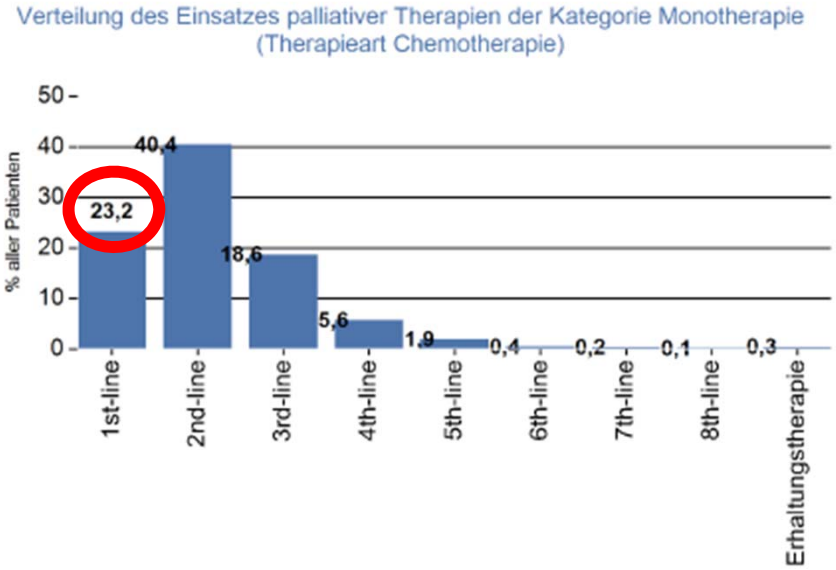
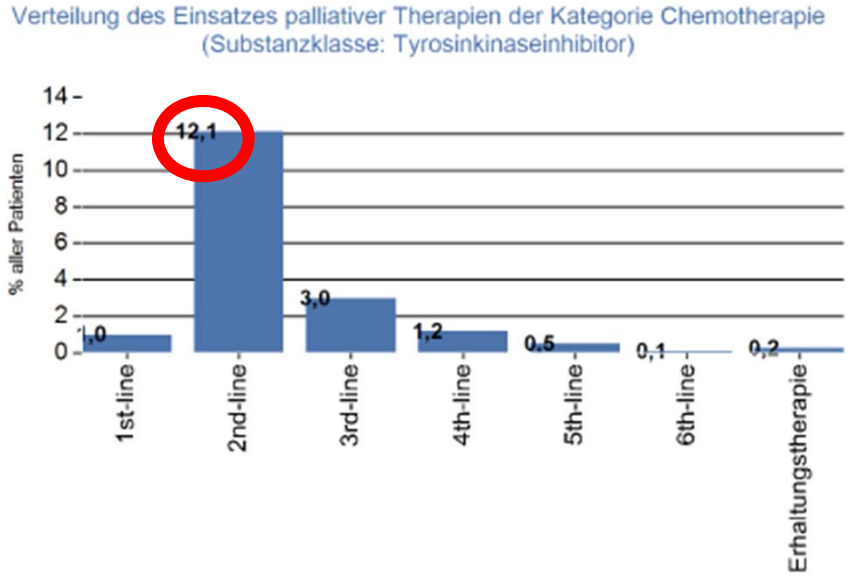
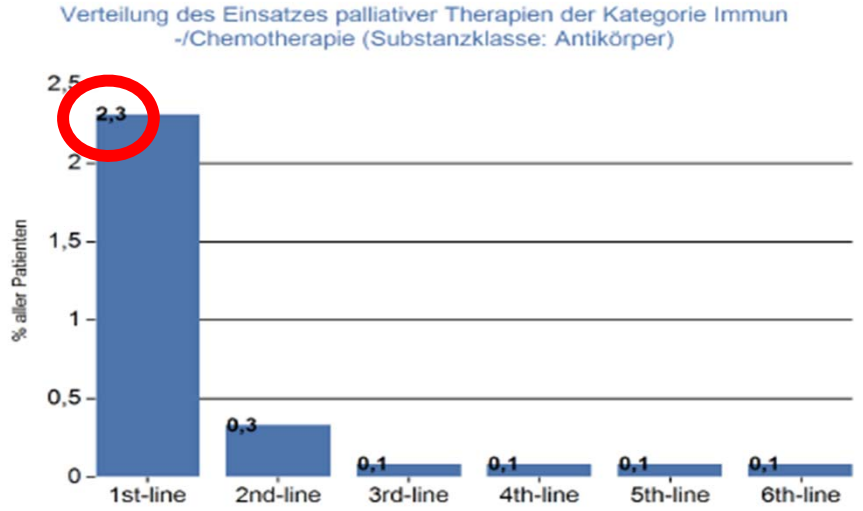
Internistische Onkologie

NSCLC – palliativ







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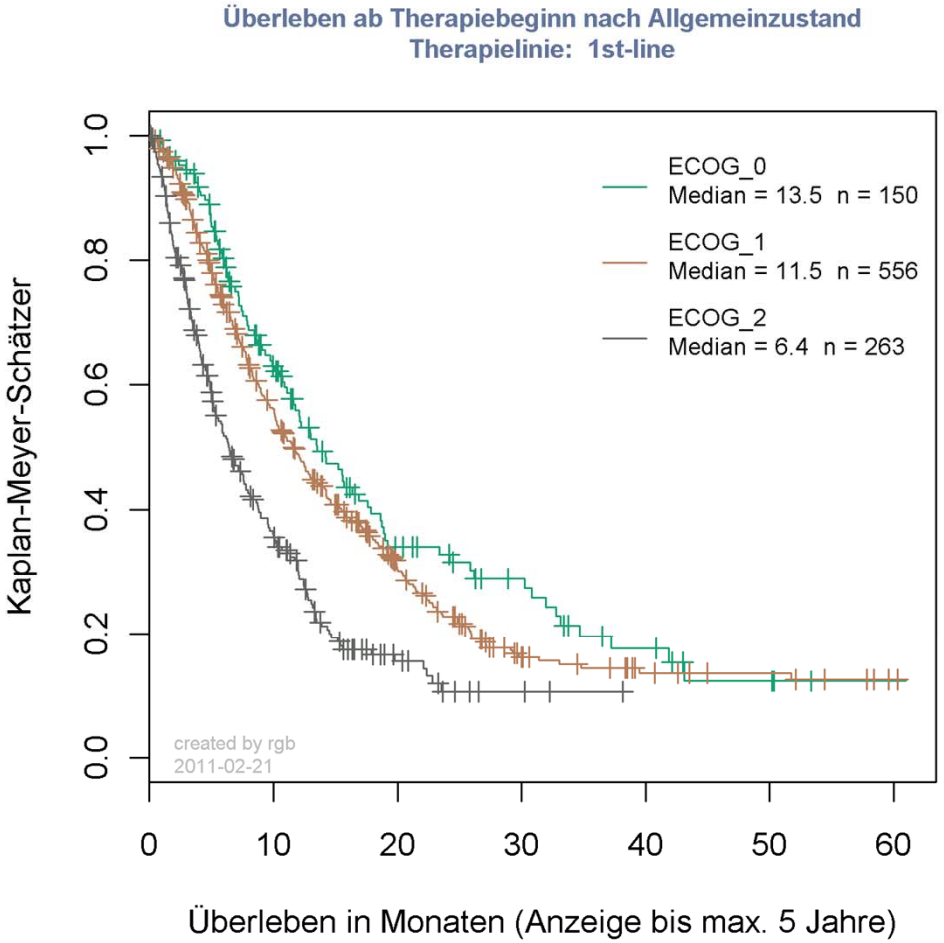
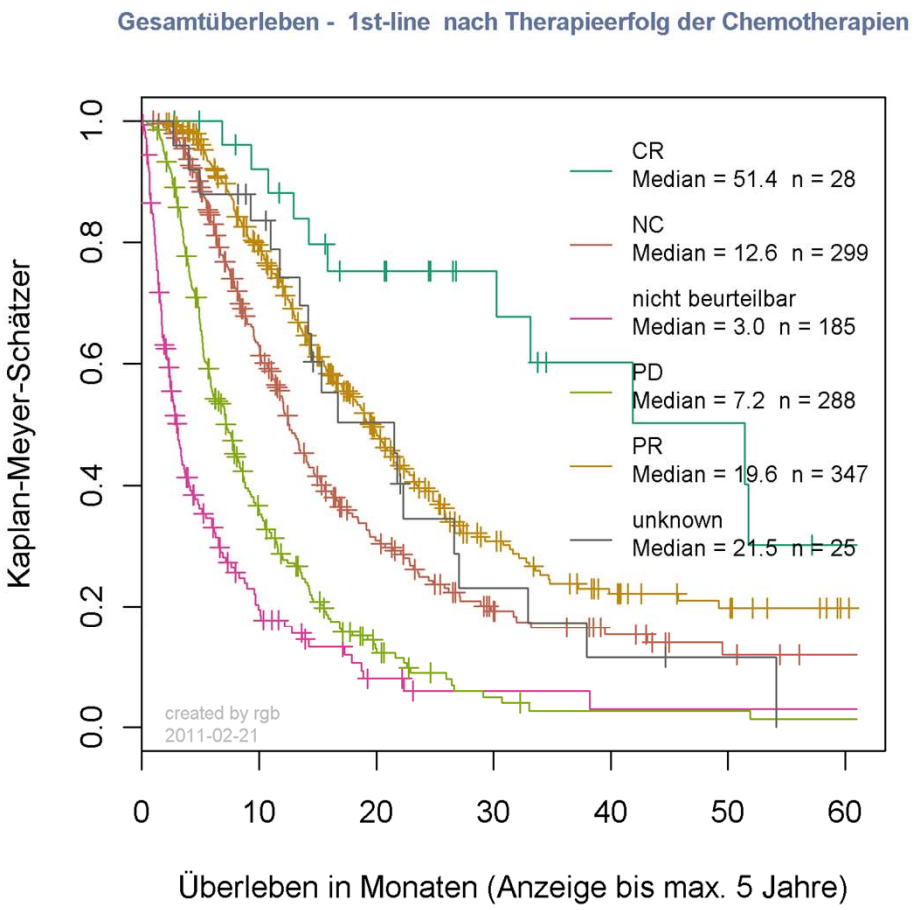
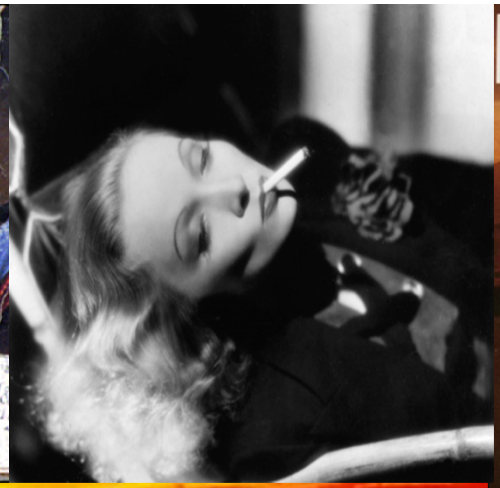
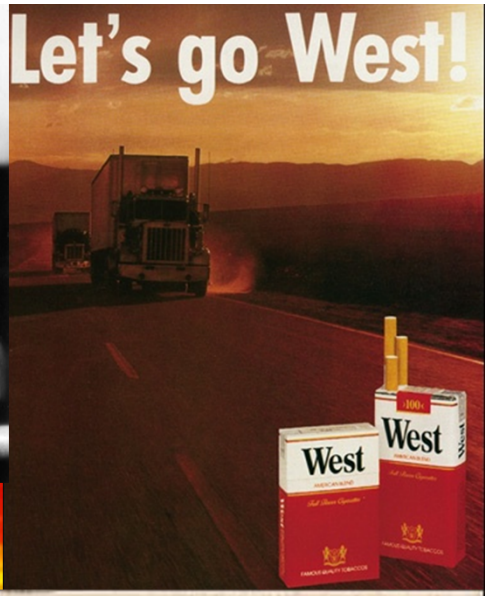
Internistische Onkologie

NSCLC - palliativ



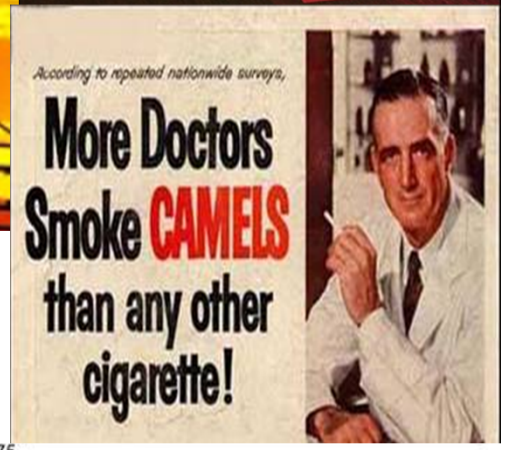


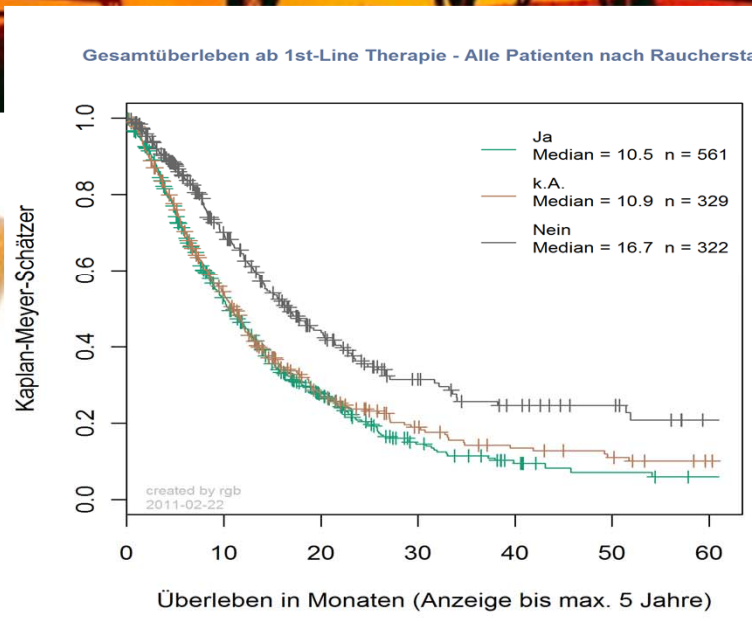


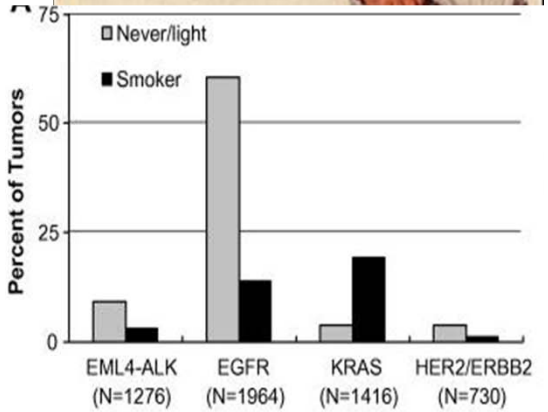

Let's go West!
West
West


Black Death
FILTER
CIGARETTES
I like 'em
and I'm going to
smoke 'em


Bob, I've got cancer.


According to repeated nationwide surveys,
More Doctors
Smoke CAMELS
than any other
cigarette!


Gesamtüberleben ab 1st-Line Therapie - Alle Patienten nach Raucherstatus
Ja
Median = 10.5 n = 561
k.A.
Median = 10.9 n = 329
Nein
Median = 16.7 n = 322
Kaplan-Meyer-Schätzer
0.0
0.2
0.4
0.6
0.8
1.0
created by rgb
2011-02-22
0
10
20
30
40
50
60
Überleben in Monaten (Anzeige bis max. 5 Jahre)


Never/light
Smoker
Percent of Tumors
0
25
50
75
EML4-ALK
(N=1276)
EGFR
(N=1964)
KRAS
(N=1416)
HER2/ERBB2
(N=730)

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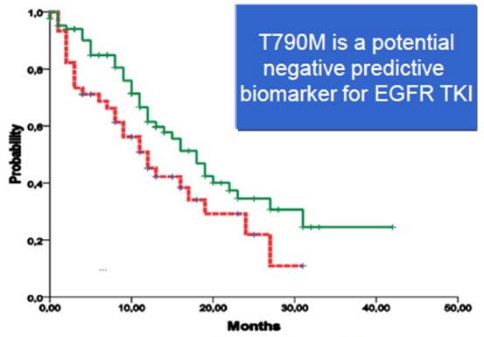
Projektgruppe
Internistische Onkologie

Wünsche - Ergebnisse

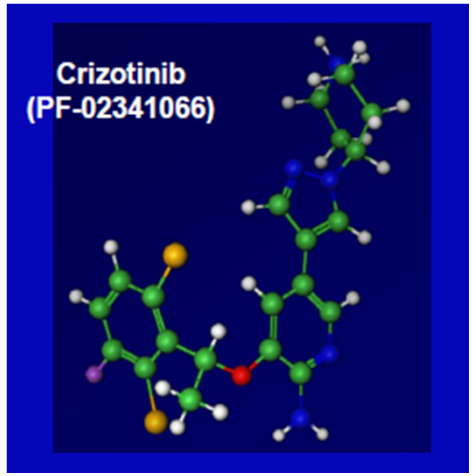
Ergebnisse klinischer Studien lassen sich in die Realität übertragen
Versorgungsforschung und Versorgungsrealität – Benchmarking Praxis

Therapie-Strategie sehr heterogen

Dokumentation von Mutationsanalysen, Behandlungsabläufe

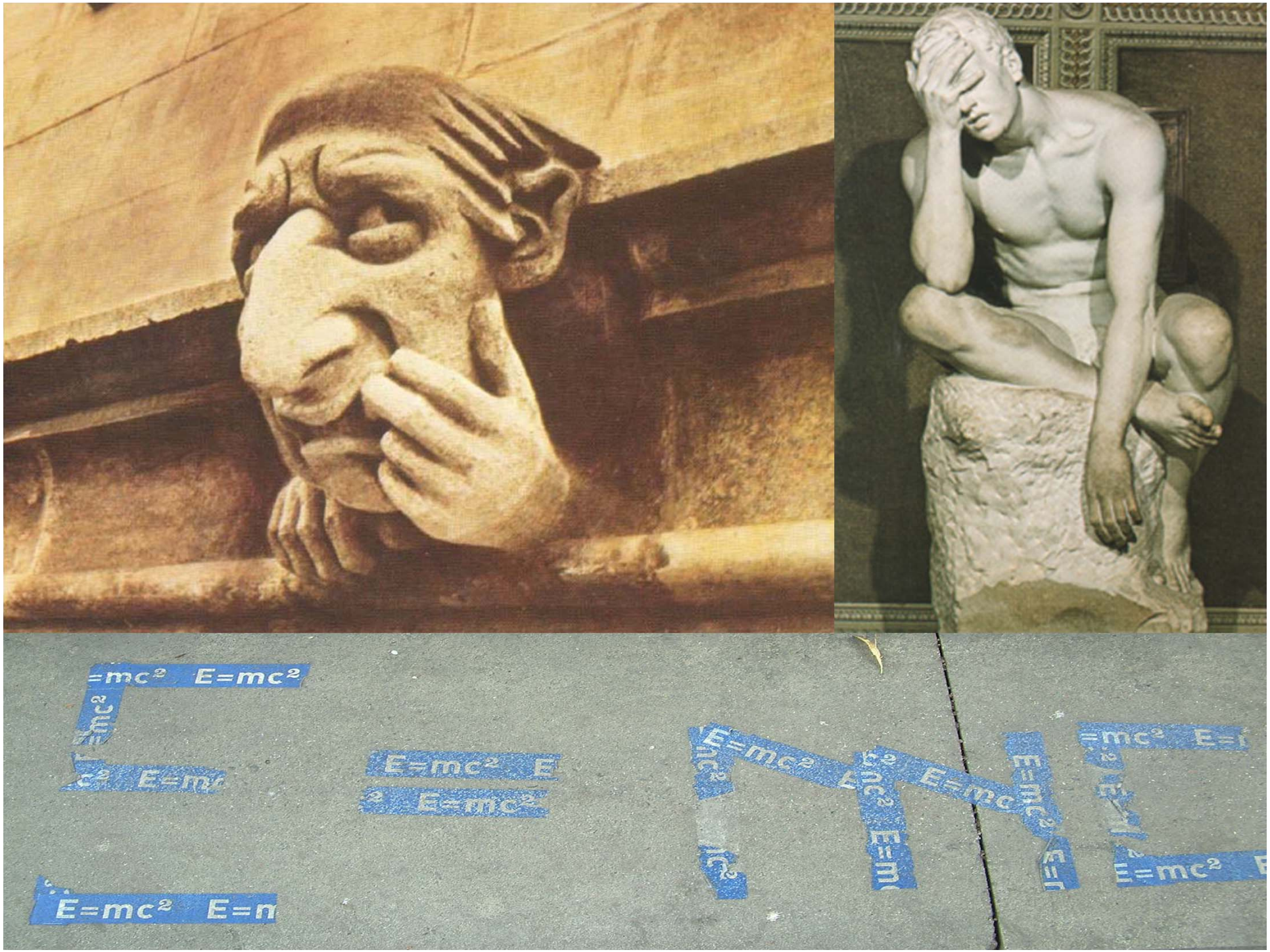


	N	Median	95% CI	P Value
T790M positive	45	12	7.6-16.4	0.05(*)
T790M negative	84	18	14.1-21.9	



Wünsche
Vergleich Praxen / Klinik
alle NSCLC Pat. im Register zu dokumentieren
Gruppe – Veröffentlichung der Daten

Datenpräsentation: 2010 DGHO Poster, 2010 OSHO
2011 Hannover Meeting
2011 ASCO Daten eingereicht


E=mc²
E=mc²
E=mc²
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E=mc²
E=mc²
E=mc²

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Projektgruppe
Internistische Onkologie

NSCLC 2003-2011