

The colorectal carcinoma – treatment research and treatment reality in oncology practices

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Approach

Which share does a continuous, systematic case documentation and evaluation contribute to treatment research?

Methods

Data from oncology practices from 2003-2013 (PIO), analysis of the ONCOReg. index, 7,142 histories of diseases in 118 oncology practices from 15 federal states

Results

Pat. in **UICC-state** I: 220 (3%), II: 929 (13%), III: 3,214 (45%), IV: 2,685 (38%), n/a: 94 (1%)

Gender: m: 4,285 (60%), f: 2,857 (40%)

Age: median 66 (18-92) years

Primary surgery.: 6,626 (93%) pat.

Adjuvant Ctx:

3,813 (53.4%) pat., 2,580 (68%) of which with Oxaliplatin, 607 (24%) of which > 70 years, 50 (19%) in UICC-state II.

Palliative Ctx:

4,655 pat. had spread metastasis.

A resection of metastasis was performed on 750 (16%) of the patients.

4,613 (99%) of the patients received a 1st-line ctx, 3,079 (66%) a 2nd-line, 1,589 (34%) a 3rd-line, 723 (16%) a 4th-line (max. 9 lines), 3,342 (72%) an antibody.

Survival

2,853 (40%) of the patients have died, loss of contact to 827 (12%) of them.

Monitoring period of adjuvant ctx $\geq$ 3 years: 1,189 (31%).

After adjuvant ctx: DFS: 37.9 mths. **3-year OS:** 80% all therapies; Oxaliplatin-based therapies 81%, $\leq$ 70 years 89%; >70 years 79%; UICC II 87%.

After palliative ctx: PFS: 1st/2nd-line 9.4/6.2 mths. **OS:** 1st/2nd-line 24.3/14.9 mths.

OS from initial metastasis: 27.4 mths.; with/without antibody 28.7/23.0 mths.

With/without resection of metastasis 49.5/24.8 mths.

Conclusion:

The data collected over a long period of time depict very precisely the reality of treatment in oncology practices in Germany. The evaluation presented contributes an important share to the complex of treatment research and answers a series of patient-related questions. Further evaluations will be presented regularly.