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Treatment and outcome of patients with locally advanced / metastatic non-small cell lung cancer (NSCLC) in routine care 1995–2016

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Introduction: Standard of care of patients suffering from NSCLC has rapidly evolved over the past two decades. Hence we evaluated treatment reality in routine care.

Method: All consecutive NSCLC patients who were treated between 06/95 and 12/16 in an oncology group practice were analysed retrospectively using SPSS.

Results: 683 patients with a median age of 65 (37–88) could be evaluated. 68% were male, 32% female. 22% suffered from a locally advanced inoperable tumour, 78% had metastatic disease at diagnosis. Histology distribution was: adenocarcinoma (61%), squamous carcinoma (28%), others (11%). 639 patients (94%) received one or more palliative treatment lines, 6% best supportive care only. Therapy consisted of chemotherapy in 82%, radiation in 14% and radiochemotherapy in 4%. 1,497 medical therapy lines were applied to 608 patients resulting in a mean number of 2.5 lines per patient (1–9). Most often used regimens were: carboplatin/paclitaxel (15%), gemcitabine mono (10%), erlotinib (8%), docetaxel/carboplatin (7%), gemcitabine/vinorelbine (6%) and trofosamid (6%). Toxicities grade 3 or 4 according to CTC criteria could be observed in 9% of all medical therapies. 84% of patients died in the observation period, mostly due to the tumour (76%). The median overall survival (OS) was 13.6 months (0.5–194.6). One, three and five year survival probabilities were 55%, 16% and 6% respectively. Patients with locally advanced disease had an OS of 17.2 months (1.1–188.5) compared to 12.0 months (0.5–194.6) for patients with metastases ($p = 0.004$). One, three and five year survival probabilities in locally advanced disease were 70%, 21% and 7% as compared to 50%, 14% and 6% in stage IV disease.

Conclusion: Survival of patients with advanced NSCLC in routine care is comparable to survival achieved in clinical trials.