DISTINCT CARE PATHWAYS AND ECONOMIC IMPACT IN TREATED GEP-NET: A U.S. CLAIMS ANALYSIS OF METASTATIC VS NON-METASTATIC DISEASE

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SUMMARY & OBJECTIVES

- Gastroenteropancreatic neuroendocrine tumors are rare malignancies that arise from neuroendocrine cells in the gastrointestinal tract and pancreas, and its management involves a broad spectrum of therapeutic approaches, including somatostatin analogs,, peptide receptor radionuclide therapy , chemotherapy, targeted therapy and immunotherapy.
- The objective of this study is to characterize and compare real-world healthcare resource utilization and costs among patients with metastatic versus non-metastatic GEP-NET tumor, using claims data to identify stage-specific care pathways and cost drivers that can guide clinical decision-making and inform resource planning.

METHODS

Data Source and Cohort Selection

A retrospective, descriptive claims analysis was conducted using Komodo Healthcare Map™ cost-of-care data. Patients with ≥2 primary diagnoses of GEP-NET tumor recorded at least 30 days apart between Jan 2016 and June 2025 were eligible for inclusion. Incident Treated patients were identified between Jan 2021 and Dec 2024. All patients were required to have continuous enrollment for 12 months before and after the index date to ensure complete baseline capture and follow-up observation. The index date was defined as the 1st treatment date.

Health care resource utilization and costs were measured from index through 12 months post-index, and cost analyses were limited to claims with complete cost information.

Patients were stratified into metastatic and non-metastatic cohorts using claims evidence of distant metastases prior to the index date, and the distribution of metastatic and non-metastatic patients

DISCUSSIONS

- Finding indicates metastatic patients have greater inpatient and outpatient visits, non-metastatic patients show higher pharmacy engagement and slightly more ER use
- Patients are predominantly older adults, with most aged 65+ and a peak 65-84 age group. Non- metastatic patients skew older than metastatic patients, suggesting age-related difference in disease patterns

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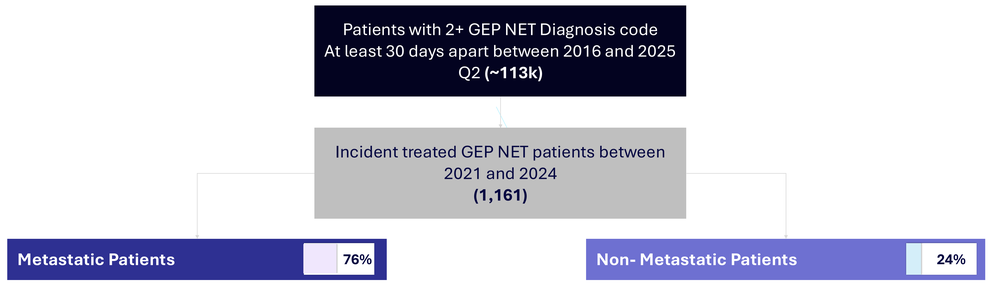
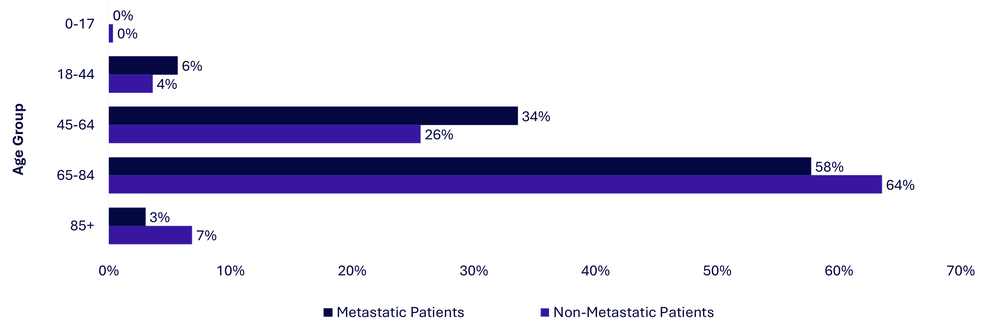
Figure 1 | Study Population Comparator Cohort Design & Methodology



Among 1,161 incident treated GEP-NET patients (2021–2024), 878 (76%) were metastatic and 283 (24%) were non-metastatic; this large predominance of metastatic cases within the treated cohort signals a concentration of clinical activity on advanced disease and implies urgent priorities: accelerate early detection and referral to reduce metastatic presentations

Figure 2 | Age Distribution for metastatic vs non- metastatic Patients

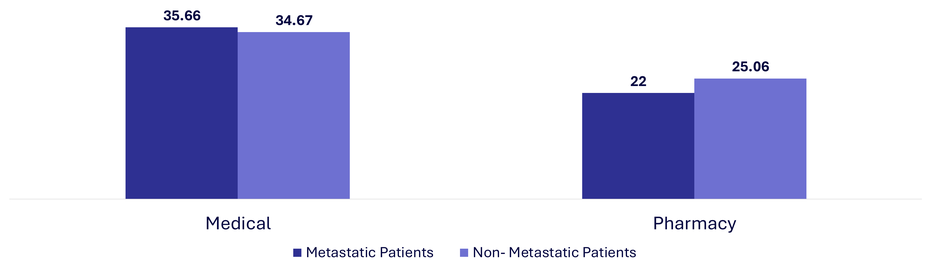


Non-metastatic patients are more concentrated in the oldest age bins (65+: total 71%) while metastatic patients have a relatively larger share in middle age (45–64: 34%) and slightly more in 18-44 (6%) with metastatic 65+ totaling 61%. This pattern suggests different clinical priorities by group- older non-metastatic patients may need intensified comorbidity management and survivorship planning whereas the higher middle-age representation among metastatic cases points to opportunities for earlier detection and expedited referral in adults 45-64.

CONCLUSION

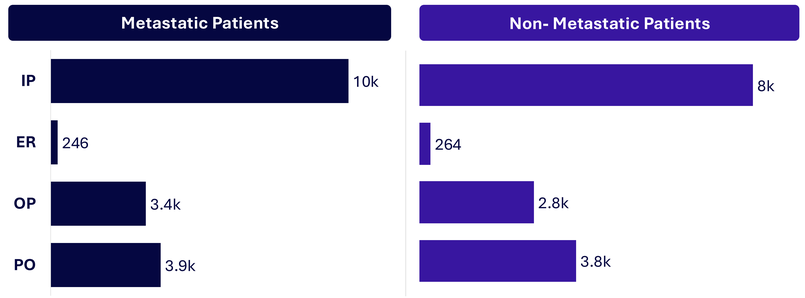
Stage-specific differences in utilization and costs are clinically meaningful. Metastatic patients incur substantially higher medical, inpatient, and outpatient costs, while non-metastatic patients demonstrate greater pharmacy engagement, indicating distinct care pathways and complexity. Health systems should prioritize capacity for systemic therapies, procedures, and palliative services while also strengthening pharmacy management, medication access programs, and adherence support. Tailored care pathways and targeted interventions are needed to address high-cost drivers in advanced disease and to support survivorship and comorbidity management for earlier-stage patients.

Figure 3 | Median Annualized All Cause Visits



Median medical visit is slightly higher for metastatic Patients while median pharmacy visit is higher in non-metastatic, indicating similar medical visit burden across cohorts but greater pharmacy utilization among non-metastatic GEP-NET patients highlighting the importance of pharmacy-focused management and resource planning for patients

Figure 4 | Median Annualized All Cause Cost by SOC



	Metastatic Patients	Non- Metastatic Patients
Overall Cost	100k	54k
Medical Cost	93k	42k
Pharmacy Cost	2k	2.2k

Median all-cause costs are substantially higher for metastatic patients than for non-metastatic patients, driven primarily by medical spending rather than pharmacy costs. Medical inpatient account for most of the excess cost in metastatic disease, while pharmacy spending is slightly higher for non-metastatic patients. Office and emergency costs are comparable across stages. These patterns indicate that cost-reduction efforts for metastatic patients should focus on high-intensity medical services, whereas interventions for non-metastatic patients should prioritize pharmacy management, medication access, and adherence support to optimize value.

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Abbreviations: GEP NET- Gastroenteropancreatic neuroendocrine tumors | **PRRT** – Peptide Receptor Radionuclide Therapy | **SSAs** – Somatostatin Analogs