

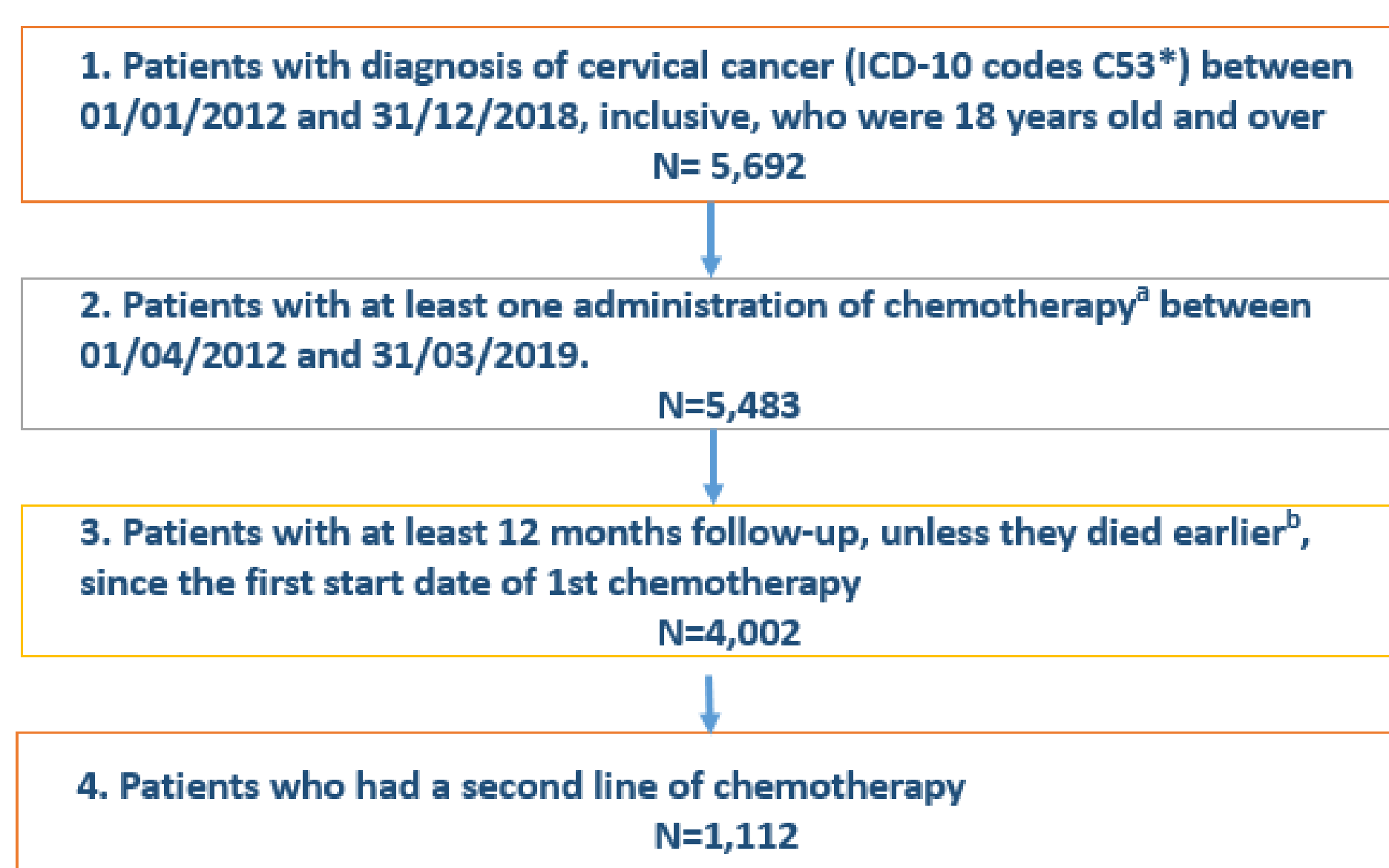
Real-World Patterns of Care and Outcomes among Advanced Cervical Cancer Patients in England: Retrospective Analysis of the NCRAS datasets, 2012-2019

Khachatryan A, Doobaree I, Banon T
Certara – Evidence & Access, London, United Kingdom

Background & Objective

- In the United Kingdom, cervical cancer is the 14th most common cancer in women and has a European age-standardised incidence rate of 9.6 per 100,000, accounting for 3186 new cases in 2016 in England.¹
- At diagnosis, cervical cancer has been detected to have spread to regional and distant anatomical sites for 35.1% and 13.8% of patients, respectively.²
- The recurrence rate among patients who were followed after surgery or after radiotherapy is estimated at about 10% to 20% for patients with stage IB and IIA without nodal involvement and estimated at 70% among those with nodal metastases and locally advanced tumours.³
- Treatment landscape for advanced cervical cancer (aCC) is evolving with immunotherapy in addition to chemotherapy demonstrating an overall survival benefit in the KEYNOTE-826 trial. This study aims to provide a baseline view of real-world aCC care patterns in England between 2012 and 2019 to inform future potential benefit as more therapies become available for this patient population.

Figure 1. Identification of female patients with advanced cervical cancer, NCRAS, England, 2012 - 2018



^aChemotherapy administered within 90 days of a surgery related to cervical cancer was regarded as neoadjuvant or adjuvant chemotherapy and were excluded as treatment of interest for this study. Chemotherapy administered with radiation was not excluded as treatment of interest.

^bPatients who died within 1 year of follow-up were included

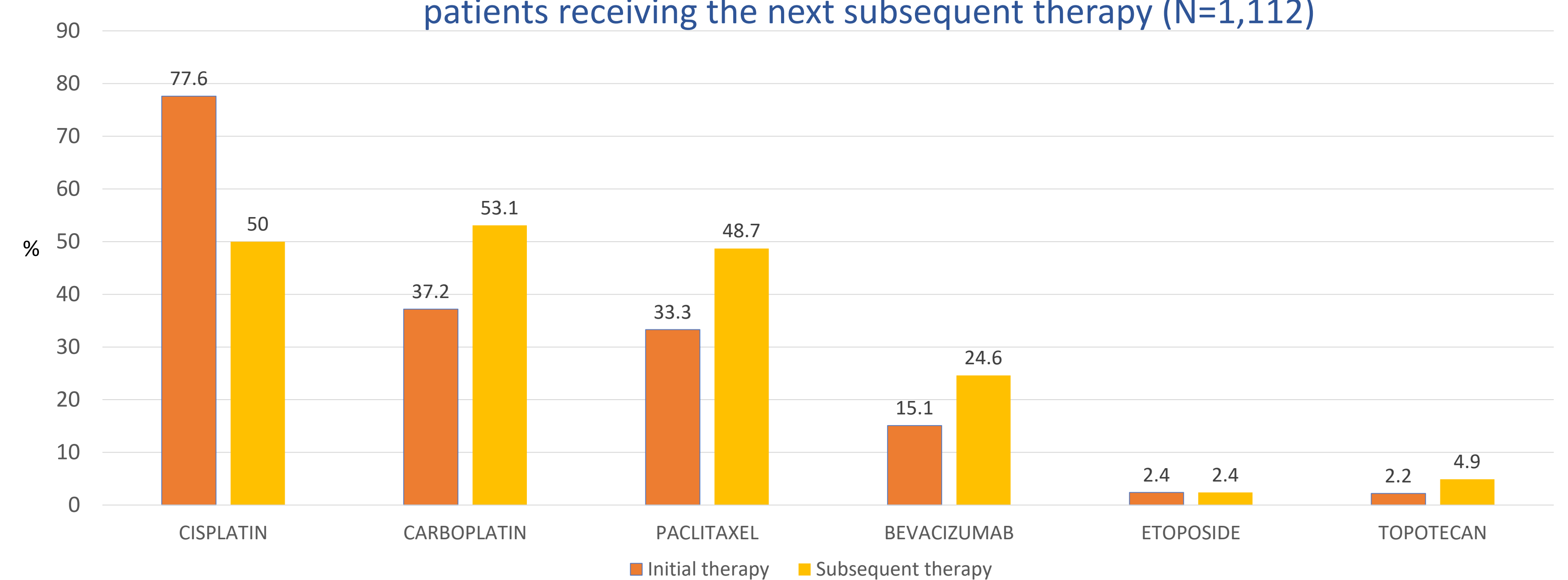
Methods

- This retrospective observational cohort study included female adult patients (≥ 18 years old) with a diagnosis of cervical cancer (ICD-10 codes C53*) in National Cancer Registration and Analysis Service (NCRAS) database between 01/01/2012 and 31/12/2018, and with ≥ 1 dose of chemotherapy between 01/04/2012 and 31/03/2019 for treatment of aCC (**Figure 1**).
- Patients were required to have ≥ 1 year of follow-up data since initiating chemotherapy, or a date of death. Clinical trial patients were excluded.
- The data used for this study were extracted from the NCRAS datasets linked with the Hospital Episode Statistics inpatient and outpatient datasets.
- A Research Ethics Committee and a Health Research Authority in England approved this study.

Results

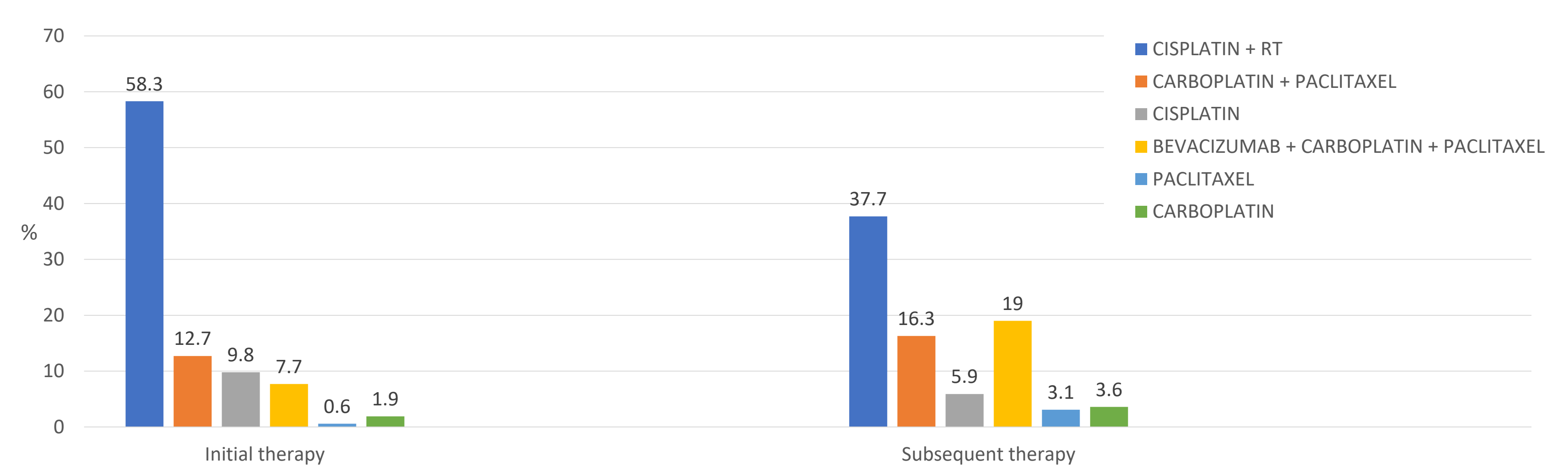
- A total of N=4,002 patients were included for analysis. Mean age at initiation of chemotherapy was 48.7 years, 58.5% had a history of radiotherapy, and comorbidities such as hypertension (15.0%), gastrointestinal diseases (12.4%), as well as other chronic pulmonary diseases (10.1%) were the most common.
- Median follow-up time of this cohort was 2.2 years, during which period 42.0% of patients died.

Figure 2. Six most common drugs used in patients initiating therapy for aCC (N=4,002), and in patients receiving the next subsequent therapy (N=1,112)



- The most common antineoplastic agents administered as a monotherapy or in a combination therapy was cisplatin (77.6%), followed by carboplatin (37.2%), paclitaxel (33.3%) and bevacizumab (15.1%) for the full cohort (**Figure 2**).
- Majority of patients (59.6%) initiated treatment with platinum-based monotherapy + radiotherapy.
- Chemotherapy doublets (platinum + taxane) or triplets (with bevacizumab) were the next most prescribed regimen, accounting for approximately one-fifth of total treatment.

Figure 3. Six most common regimens used as initial and next subsequent treatment among patients with advanced cervical cancer



- Sub-group N=1,112 had evidence of subsequent therapy, among whom platinum-based monotherapy + radiotherapy and chemotherapy doublet \pm bevacizumab were most commonly used (35-40% respectively) (**Figure 3**).
- Among patients initiating a subsequent therapy, we observed that 61.2% had died over 2.1 years median follow-up time.

Conclusions

- Cisplatin+radiotherapy was the most common regimen for aCC where chemotherapy is required as part of the treatment regimen
- A substantial proportion of patients received chemotherapy doublets \pm bevacizumab, consistent with standard of care for 1L recurrent or metastatic cervical cancer since 2014
- This retrospective real-world analysis should be interpreted taking into account the limitations that:
 - data may be incomplete in the source database
 - there is no specific diagnosis code for recurrent or metastatic disease (where unmet need is high)
 - inclusion of chemotherapy+ radiation may have been applied in a curative setting

References

- Data from Office for National Statistics, July 2017, as reported by Cancer Research UK in February 2019. Similar data available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/previousReleases>
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