First-line treatment patterns among patients with locally advanced or metastatic urothelial cancer (la/mUC): A systematic literature review

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METHODS

• IO is associated with poorer prognosis (1-year survival rate 15%) as well as substantial costs and healthcare resource utilization
• The underutilization of systemic therapy (ST) has not been comprehensively investigated, and the high rates of nonreceipt of systemic therapy (NST) or attrition are concerning
• Treatment improvements (IO) from the 1990s, however, recent studies suggest that substantial proportion of patients with la/mUC do not receive platinum-based chemotherapy for eligible patients, followed by (adjuvant) maintenance
• Key prognostic variables, including poor performance status and comorbidities, were associated with NST, but other factors, such as age and female sex, were also noted
• High attrition rates and decreases in overall survival (OS), progression-free survival, and response to treatment with each line of therapy (LOT) support that the most effective treatment is needed early in the disease course to provide the best opportunity for durable disease control, delayed time to relapse, and improved survival

RESULTS

• Of 2,439 publications screened, 66 reported treatment patterns, of which 10,000, 3,000, and 1,000 for 1L, 2L, and 3L treatment rates in patients who received cisplatin-based 1L therapy (n=5 subgroups; median, 45%; range, 30%-67%) were slightly higher than those in patients who received carboplatin-based 1L therapy (n=4 subgroups; median, 40%; range, 23%-47%)

• The underutilization of ST has not been comprehensively investigated, and the high attrition rates are not well characterized

• Rates of NST and attrition were high and variable across different regions and did not demonstrate notable improvement over time
• Several data gaps were identified, including a paucity of data in 2L and 3L treatment rates, %

• Reported characteristics associated with NST or attrition included older age and female sex, in addition to poor performance status, poor renal function, and prior radiotherapy

• subset IV trial identified in this report was performed post hoc for categorical variables using MedCalc software if the publication of interest did not include statistical analyses for associations of patient characteristics and NST/attrition

• Fisher exact tests were performed post hoc for categorical variables using MedCalc software if the publication of interest did not include statistical analyses for associations of patient characteristics and NST/attrition

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