

Health-Related Quality of Life (HRQOL) by Line of Treatment, Treatment History, and Disease Status in Patients With Metastatic Urothelial Carcinoma (mUC) in EU-4 and the United Kingdom: Results From a Disease Specific Programme

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Background

- Bladder cancer, the second most common genitourinary malignancy globally, has the highest age-standardized incidence rates in Europe and North America^{1,2}
 - Incidence of urothelial carcinoma (UC), the most common form of bladder cancer, is increasing, driven by the overall growth and aging of the human population¹⁻³
- Metastatic UC (mUC) is an advanced form of UC⁴
 - Although advances have been made in the management of mUC,⁵ the disease remains incurable^{5,6}
 - The 5-year relative survival rate for mUC is less than 8%, highlighting a need for more effective treatments⁷
- In addition, better understanding is needed of health-related quality of life (HRQOL) in patients with mUC receiving treatment and may lead to better symptom management and supportive care and ultimately improved outcomes⁸

Objective

- Evaluate HRQOL by line of therapy (LOT) and progression status in patients with mUC in France, Germany, Italy, and Spain (EU-4) and the United Kingdom

Methods

- Data were collected (November 16, 2020–April 21, 2021) for adults with mUC using a validated, disease-specific program methodology⁹
 - Physicians were asked to provide data for a consecutive series of up to 6 patients
 - Following single timepoint data collection and physician submission of a patient-record form and consultation, patients were asked to voluntarily complete a patient self-completion (PSC) questionnaire that included the EQ-5D-5L index scale (range, 0 [death] to 1 [full health]) and European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30 global health (QL2) questionnaire (range, 0–100, with higher scores indicating higher functioning)
 - The PSC was administered using pen and paper and was completed once with no further follow-up
 - Patients were asked to complete the PSC in the waiting room with no assistance from their physician or other health care professional or administrative staff
 - HRQOL was assessed overall and by LOT, treatment response (disease progressing, stable disease, responding to treatment), and previous therapies

Results

- A total of 617 patients with mUC completed the questionnaires and were included in the study (**Table 1**)

Table 1. Baseline Characteristics

Characteristic	Line of therapy		
	First (n=256)	Second (n=200)	>Second (n=161)
Age, mean (SD), years	68.4 (6.88)	68.7 (8.02)	70.1 (7.85)
Male, n (%)	199 (78)	147 (74)	121 (75)
BMI, mean (SD), kg/m ²	25.0 (2.97)	25.0 (2.89)	24.3 (3.89)
Current/Former smoker, n (%)	216 (84)	156 (78)	129 (80)
Retired, n (%)	193 (75)	146 (73)	118 (73)
ECOG PS (%)			
0–1	202 (79)	128 (64)	73 (45)
≥2	54 (21)	72 (36)	88 (55)

ECOG PS, Eastern Cooperative Oncology Group performance status.

- At the time of questionnaire completion, mean EQ-5D-5L index (n=608) and EORTC QL2 (n=610) scores were 0.78 and 52.8 overall, with the lowest scores reported in Germany and the highest scores reported in the United Kingdom (**Table 2**)

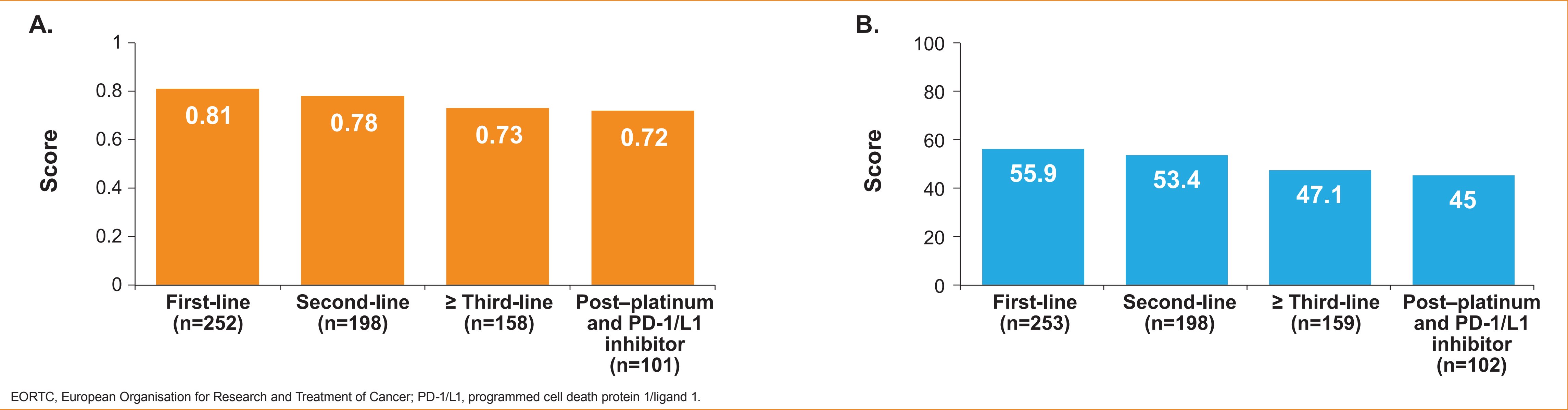
Table 2. EQ-5D-5L and EORTC QLQ-C30 QL2 Scores by Country

Variable	Total	France	Germany	Italy	Spain	United Kingdom
EQ-5D-5L						
n	608	101	249	96	96	66
Mean index score (SD)	0.78 (0.20)	0.77 (0.23)	0.73 (0.23)	0.79 (0.17)	0.85 (0.11)	0.88 (0.08)
EORTC QLQ-C30						
n	610	101	250	97	96	66
Mean QL2 score (SD)	52.8 (19.1)	51 (19.3)	47.7 (18.1)	54.4 (18.8)	59.6 (17.8)	62.4 (18.5)

Patients are included only if they completed the EQ-5D-5L or EORTC QL2 portion of the patient self-completion questionnaire. EORTC, European Organisation for Research and Treatment of Cancer.

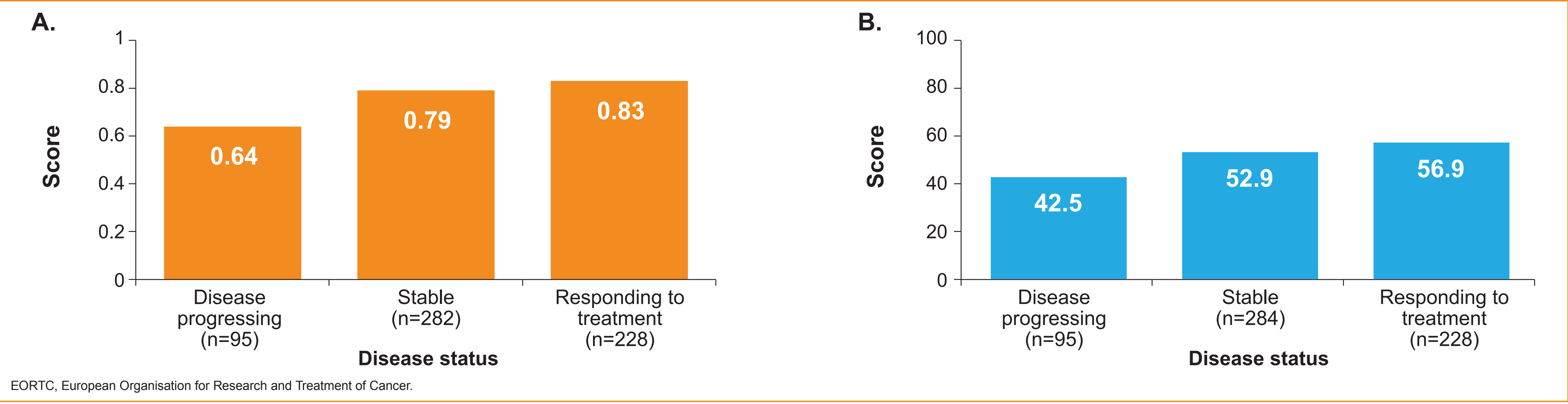
- Mean EQ-5D-5L index and EORTC QL2 scores decreased with increasing LOT (**Figure 1**)
 - The EQ-5D-5L index score was 0.72, and the EORTC QL2 score was 45 in patients who were post-platinum and post-programmed cell death protein 1/ligand 1 inhibitor therapy

Figure 1. (A) Mean EQ-5D-5L Index and (B) EORTC QL2 Scores by Line of Therapy at Point of Data Collection



- Mean EQ-5D-5L index and EORTC QL2 scores were higher for patients responding to treatment than for patients with disease progression (**Figure 2**)

Figure 2. (A) Mean EQ-5D-5L Index and (B) EORTC QL2 Scores by Disease Status at Point of Data Collection



Limitations

- This study was descriptive in nature, and no statistical comparisons among patient groups were conducted
- Results may not be generalizable because questionnaires were offered to patients in a consecutive series (≤6 patients) to avoid selection bias and may be skewed toward patients who visit their physicians more frequently
 - In addition, disease burden typically increases across subsequent LOT and may influence questionnaire results
- These data reflect standard of care during the study period (November 2020–April 2021) and may not reflect current treatment patterns

Conclusions

- HRQOL decreased with additional LOTs and with disease progression
- These results highlight the humanistic burden of mUC and need for treatments that induce responses, delay disease progression, and ultimately improve overall survival

References

1. Bray F, et al. *CA Cancer J Clin*. 2018;68:394–424. 2. Tripathi K, et al. *World J Clin Oncol*. 2020;11:614–628. 3. Wong MCS, et al. *Sci Rep*. 2018;8:1129. 4. Kaseb H, et al. <https://www.ncbi.nlm.nih.gov/books/NBK536923/>. Accessed October 6, 2022. 5. Kamat AM, et al. *J Immunother Cancer*. 2017;5:68. 6. Hepp Z, et al. *Future Oncol*. 2021;17:4343–4353. 7. National Cancer Institute. <https://seer.cancer.gov/statfacts/html/urinb.html>. Accessed October 17, 2022. 8. Taarnhej GA, et al. *Cancer Med*. 2020;9:3078–3087. 9. Anderson P, et al. *Curr Med Res Opin*. 2008;24:3063–3072.

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