Patient Characteristics, Treatment Patterns, and Factors of Biomarker **Testing Among Patients with Advanced Non-Small Cell Lung** Cancer (aNSCLC) in the US, 2012-2020



POSTER PDF

n from the author of this

Mo Yang¹, **Joanna P. MacEwan²**, Rebecca Honnold³, Monica McClain², Richard M. O'Hara Jr¹, Frank Liu¹, Paul Paik⁴

¹EMD Serono, Rockland, MA, USA, ²Genesis Research, Hoboken, NJ, USA, ³Covera Health, New York, NY, USA, ⁴Department of Medicine, Thoracic Oncology Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA; Weill Cornell Medical College, New York, NY, USA



CONCLUSIONS



of patients diagnosed with aNSCLC received biomarker testing



Men, Black patients, current smokers, patients with squamous aNSCLC, and patients with an ECOG performance status of 2+ were less likely to be tested



Despite the increase in targeted therapies for aNSCLC and ease of biomarker testing, many real-world patients with aNSCLC were untested



63.6%

of patients received any 1L treatment (chemotherapy, chemotherapy with ICI, ICI alone, TKI, or other)



LIMITATIONS

- Generalizability to the overall aNSCLC and US population is limited as this study only included patients within the TEMPUS CancerLinQ network
- The rate of biomarker testing could be underestimated, especially those with negative results, due to the nature of electronic health record data abstraction
- Rates of biomarker testing were likely affected by the introduction of PD-L1 and other targeted treatments during the observation period of this study (2012–2020)



INTRODUCTION

- Lung cancer is the leading cause of cancer deaths in the US¹
- Approximately 65% to 70% of patients with NSCLC are diagnosed at advanced
- Molecular profiles and immunologic status help determine treatment options and allow for individualized treatment for patients with aNSCLC



OBJECTIVES

To describe patient characteristics, factors associated with biomarker testing, and treatment patterns in real-world US patients with aNSCLC



METHODS

- This retrospective cohort study used the TEMPUS CancerLinQ oncology dataset with an observational period from January 1, 2012, through to December 31, 2020
- Patients diagnosed with Stage IIIB-C/IV NSCLC or an associated metastatic event during the observational period (index date) and ≥18 years of age were
- Patients were excluded if there was missing sex or age information, histology results were inconsistent with NSCLC, or death occurred prior to other events
- Biomarker testing for EGFR, KRAS, ALK, ROS1, BRAF, NTRK, MET, RET, or PD-L1 was analyzed
- Demographics and clinical characteristics, biomarker testing, and treatment patterns were summarized using descriptive statistics
- Patient characteristics associated with biomarker testing were evaluated using univariate logistic regressions. Odds ratios with 95% CIs and p values were reported

RESULTS

Patient characteristics

- 6,877 patients met study criteria
- 46.1% were female, median age (IQR) was 65.2 years (58.5–72.7 years), 73.1% were White, and 90.5% were diagnosed at Stage IV (**Table 1**)
- 41.7% (n=2,869) of patients received biomarker testing

Patients

Table 1. Patient characteristics

Characteristic

	N=6,877	
Sex, n (%)		
Female	3,168 (46.1)	
Age at index		
Mean (SD)	65.2 (9.8)	
Race, n (%)		
White	5,027 (73.1)	
Black or African American	917 (13.3)	
Other*	452 (6.6)	
Unknown	481 (7.0)	
Smoking status, n (%)		
Current smoker	1,405 (20.4)	
Former smoker	1,717 (25.0)	
Never smoked tobacco	459 (6.7)	
Unknown	3,296 (47.9)	
tage at index, n (%)		
IIIB	623 (9.1)	
IIIC	31 (0.5)	
IV	6,223 (90.5)	
COG performance status, n (%)		
0	941 (13.7)	
1	1,628 (23.7)	
2	770 (11.2)	
3	245 (3.6)	
4	46 (0.7)	
Missing	3,247 (47.2)	
Brain metastasis⁺, n (%)	751 (10.9)	
listology at index, n (%)		
Non-squamous	4,240 (61.7)	
Other/Unknown	875 (12.7)	
Squamous	1,762 (25.6)	

Factors associated with biomarker testing

- Male (vs female; OR: 0.82; 95% CI: 0.74, 0.91), Black patients (vs White; OR: 0.83; 95% CI: 0.72, 0.97), patients with squamous (OR: 0.22; 95% CI: 0.19, 0.25) or unknown histology (OR: 0.53; 95% CI: 0.45, 0.61) (vs non-squamous histology), and patients with an ECOG of 2+ (OR: 0.69; 95% CI: 0.57, 0.84) or missing (OR: 0.56; 95% CI: 0.48, 0.66) (vs ECOG of 0), and patients 51–64 yrs (OR: 0.78; 95% CI: 0.62, 0.97) or \geq 65 years of age (OR: 0.69 ; 95% CI: 0.55,0.86) (vs age ≤50 yrs) were all less likely to undergo biomarker testing (**Table 2**)
- Never smokers (vs current smokers; OR: 2.64; 95% CI: 2.05, 3.42), and patients diagnosed after 2015 (vs 2012) were more likely to undergo biomarker testing (Table 2)

Table 2. Patient characteristics associated with biomarker testing

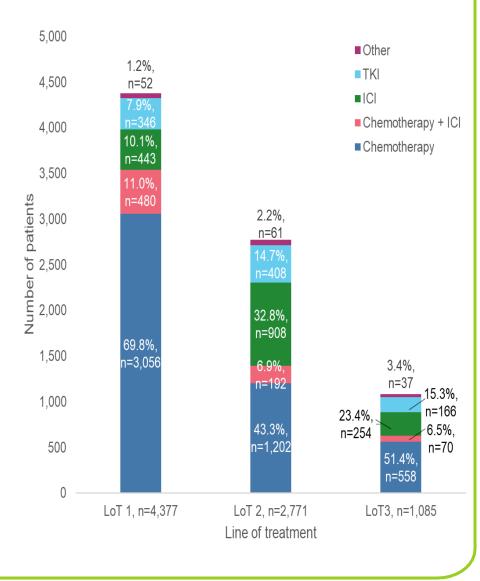
Variable	Odds ratio (95% CI)	p value
Intercept	2.04 (1.52, 2.76)	< 0.001
Sex, male	0.82 (0.74, 0.91)	< 0.001
Age group at diagnosis		
51-64 years	0.78 (0.62, 0.97)	0.030
≥65 years	0.69 (0.55,0.86)	0.001
Race		
Black or African American	0.83 (0.72, 0.97)	0.72
Other*	1.44 (1.16, 1.79)	1.16
Unknown	1.03 (0.84, 1.27)	0.84
Smoking status	1 10 (1 27 1 71)	0.001
Former smoker	1.49 (1.27, 1.74)	< 0.001
Never smoked tobacco	2.64 (2.05, 3.42)	< 0.001
Unknown	1.35 (1.17, 1.55)	< 0.001
ECOG performance status		
1	0.93 (0.78, 1.11)	0.414
2+	0.69 (0.57, 0.84)	< 0.001
Missing	0.56 (0.48, 0.66)	< 0.001
Histology		
Other/Unknown	0.53 (0.45, 0.61)	< 0.001
Squamous	0.22 (0.19, 0.25)	< 0.001
Year of advanced diagnosis		
2013	1.09 (0.89, 1.34)	0.398
2014	1.23 (1.01, 1.51)	0.039
2015	1.21 (1.00, 1.47)	0.055
2016	1.50 (1.23, 1.83)	< 0.001
2017	2.77 (2.25, 3.41)	< 0.001
2018	2.48 (2.00, 3.07)	< 0.001
2019	1.74 (1.34, 2.26)	< 0.001
2020	2.07 (1.40, 3.09)	< 0.001

iown race. Reference groups are females, age ≤50, White, current smoker, ECOG score of 0, non-squamou

Treatment patterns

- 63.6% (n=4,377) of patients received any 1L treatment (Figure 1)
 - 63.3% (n=2,771) received 2L treatment
 - 24.8% (n=1,085) received 3L treatment
- 1L treatment included chemotherapy (69.8%), chemotherapy plus ICI (11.0%), ICI monotherapy (10.1%), tyrosine kinase inhibitors (7.9%), and other treatments (1.2%) (Figure 1)

Figure 1. Treatment patterns by line of treatment and drug class



Acknowledgments: Editorial support was provided by Jacqueline Michel of Genesis Research (Hoboken, NJ, US), and by Syneos Health (London, UK), which was funded by EMD Serono.

Disclosures: MY, Description of Calithera, Takeda, Xencor, CrownBio, Bicara, Mirati, EMD Serono, research institute has received research expenses from Bicara, Calithera and EMD Serono, Serono.