Functional Status and Associated Treatment Patterns among Metastatic Triple Negative Breast Cancer in EU 5

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BACKGROUND

- Triple negative breast cancer (TNBC) is characterized by negative estrogen, progesterone, and HER2 receptors. It affects 15% of breast cancer cases and has poor prognosis.1
- Since patients do not benefit from hormonal or trastuzumab-based therapies, cytotoxic chemotherapy remains the main treatment modality for metastatic TNBC. (TNBC)2 Risk of relapse is high even after chemotherapy.
- Commonly recommended treatments include taxanes and/or anthracyclines in first-line (1L) and agents such as capecitabine or gemcitabine in progressed or relapsed patients.3
- Although functional status is a critical treatment selection factor when seeking to balance chemotherapy benefits and costs, there is a lack of information on real-world treatment patterns by functional status.

OBJECTIVE

- To describe European mTNBC treatment patterns by Eastern Cooperative Oncology Group (ECOG) scores.

METHODS

- The analysis used the Ipsos Healthcare’s Global Oncology Monitor Database, a large cross-sectional patient record database extracted by physicians (2014-2016).
- The database was used to assess routine treatment patterns of mTNBC in EUS (France, Germany, Italy, Spain and United Kingdom [UK]).
- Adult female TNBC patients ≥18 years with stage IV disease from Europe (Austria, Belgium, Denmark, Germany, Italy, Spain, and UK) were included.

RESULTS

- Patients with TNBC, N 4,844
- 0.52 (0.36-0.74) <0.001
- 4824
- 30.00%
- 0.38 (0.29-0.50) <0.001
- ECOG ≥2 (N=123)
- 3,435
- 3,440
- 0.25 (0.21-0.31) <0.001
- 0.71 (0.54-0.94) 0.018
- 30.00%

RESULTS (CONTINUED)

- Patients with EOCG ≥2 commonly received capecitabine as monotherapy across all lines post-metastasis (Figure 3).
- ECOG scores vs those not receiving taxanes/anthracyclines (0.92 vs 1.07, p=0.03).
- Patients receiving taxanes/anthracyclines in 1L or 2L had better ECOG scores compared to others (0.97 vs 1.07, p<0.001).
- Among EOCG 0-1 patients, the most common treatments were:
- Paclitaxel combination with capecitabine in 1L post-metastasis capcitabine in 2L
- Gemcitabine in progressed or relapsed patients.
- A significant association between ECOG scores and treatment selection was identified: Patients with better ECOG were treated more aggressively with taxanes/anthracyclines,
- ECOG 0-1 (N=1430)
- ECOG 2-3 (N=201)
- 6.11% (0.19-0.17)
- 6.04% (0.19-0.17)

REFERENCES