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MO23-2 Characteristics, treatment patterns, and healthcare costs of advanced/metastatic biliary tract cancer patients in Japan

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Background: This study sought to define characteristics, treatment patterns, and healthcare resource utilization (HCRU) in patients (pts) with advanced or metastatic biliary tract cancer (mBTC) in Japan.

Methods: This longitudinal, retrospective cohort study utilized the 2015-2020 Medical Data Vision insurance claims database to identify pts in Japan with mBTC diagnosis (first diagnosis was the index date) or advanced status, and then followed up for ≥1 year. Baseline characteristics were measured with pre-index data for ≤12 months and stratified by BTC site and line of treatment (L). Treatment patterns, HCRU, and costs were assessed during a variable follow-up period.

Results: A total of 9,065 pts with advanced or mBTC were identified (mean age, 73.4 years). The most common baseline comorbidities were infectious disease (30.6%), hypertension (32.3%), and diabetes (27.6%). The most common primary tumors were extrahepatic cholangiocarcinoma (44.2%) and gallbladder cancer (37.2%). Overall, 4,710 pts received a 1L regimen, 1,993 pts 2L, and 497 pts 3L. The most common 1L regimens were gemcitabine (GCB) + cisplatin; 40.3%; S-1 (tegafur/gimeracil/oteracil); 27.5%; GCB; 14.3%; GCB + S-1; 3.9%; and GCB + paclitaxel; 2.9%. Median duration of 1L, 2L, and 3L were 98.5, 72.0, and 70.0 days, respectively. Median days to next L were: 1L to 2L, 175.0; 2L to 3L, 139.0; and 3L to 4L, 126.5. Pts with gallbladder cancer had shortest treatment durations and time to next L but lower comorbidity occurrence than pts with other BTC sites. Estimated mean total all-cause HCRU costs were 509,275 JPY per pt per month (PPPM). Estimated end-of-life (last 30 days) mean PPPM total costs were 920,853 JPY and driven by inpatient costs.

Conclusion: Duration of therapy and time to next L decreased with number of Ls received, lasting <1 year for each L, signifying poor outcomes for this pt group. Most HCRU costs were associated with management of advanced and mBTC, particularly end-of-life costs.

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MO23-3 Benefit of second-line chemotherapy in patients with advanced biliary tract cancer: A propensity score analysis

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Methods: A single institution, retrospective cohort study was conducted. Patients who were diagnosed as locally advanced or metastatic BTC in Lampang Hospital from January 2017-December 2019, had disease progression after first-line treatment were included. Primary endpoint was overall survival (OS). Propensity score (PS) with inverse-probability-of-treatment-weight (IPTW) analysis was performed to reduce the effects of pre-treatment confounding.

Results: 110 patients were included in the study, which 69 (62%) were treated with second-line chemotherapy and best-supportive care (2LCMT+BSC), and 41(38%) treated with BSC only. Cholangiocarcinoma, intrahepatic subtype were accounted for 73.9% and 70.7% accordingly. Median OS was 5.1 months in 2LCMT+BSC (95%CI 3.3-6.7), and 1.0 months (95% CI 0.5-1.9) in BSC group (Unadjusted HR 0.30, 95%CI 0.20-0.47, p<0.001). In the weighted analysis, 2LCMT+BSC was associated with a 72% risk reduction of death than BSC alone (HR 0.28, 95%CI 0.15-0.50, p<0.001). Restricted mean survival time (RMST) at 3, 6 and 12 months were 2.7, 4.4 and 5.9 months in the 2LCMT+BSC compared to 1.4, 1.6 and 1.7 months in BSC group, with an adjusted RMST differences of 1.3 (95%CI 1.0,1.7, p<0.001), 2.8 (95%CI 2.1-3.6, p<0.001) and 4.2 months (95%CI 2.9-5.4, p<0.001) respectively.

Conclusion: Though the limitations of the retrospective study, these findings emphasize the overall survival benefit of second-line chemotherapy in advanced BTC over best supportive care alone.

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MO23-4 A single-center experience of comprehensive genomic profiling of hepatobiliary and pancreatic cancers

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Background: Comprehensive genomic profiling (CGP) received approval in Japan in June 2019. The reported transition rate to matched targeted therapy based on CGP is <10% for pancreatic cancer (PC) and about 25% for biliary tract cancer (BTC). However, real-world data of CGP in hepatobiliary and pancreatic cancers remains limited. Herein, we investigated the success rate of CGP and the transition rate to matched targeted therapy based on CGP for hepatobiliary and pancreatic cancers.

Methods: We retrospectively analyzed the data of 116 patients with hepatobiliary and pancreatic cancer who underwent CGP in National Cancer Center Hospital East from June 2019 to June 2021.

Results: We excluded 14 patients whose CGP was withheld because of immediate development of targeted therapy needs to be accelerated.

Conclusion: Real-world data revealed a success rate of CGP of over 90%. However, the transition rate to matched targeted therapy based on CGP was limited to 12.7% in order for patients with hepatobiliary and pancreatic cancer to benefit from CGP, development of targeted therapy needs to be accelerated.

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MO23-5 COVID-19 lockdown: Psychological impact on breast cancer patients

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Methods: The study was carried out at the S. P. Medical College’s regional cancer centre in Bikani, India. Participants were requested to complete the questionnaire, EORTC-QLQ-BR23 and an additional COVID-19 questionnaire. Responses of patients were compared with before and after COVID-19 data. A mixed model statistical analysis was used to evaluate the impact of COVID-19 on patient outcomes.

Results: In total, 120 patients (61.53%) completed the questionnaires. Seventy-five (75%) percent of all respondents thought the COVID-19 measures had a strong impact on their current treatment or (after) care, and 72.5% believed they were likely to have a serious impact on their (after) care in the future. The majority of respondents were concerned about their financial position as a result of COVID-19 lockdown (p<0.005), and it had an impact on their psychological symptom scales such as insomnia, anxiety & stress, which showed significant changes during COVID-19 pandemic (p<0.005). The median total score of HAQD (hospital anxiety & depression scale) increased significantly during the COVID-19 (p<0.001). In non-actively treated patients, emotional functioning significantly decreased (p<0.005) in all age groups, although physical functioning grew in then significantly (p<0.005).

Conclusion: Breast cancer patient & survivors were less easily to contact their treating oncologist as a result of COVID-19 lockdown, and their emotional and social functioning suffered to a great extent. The quality of life for breast cancer patients was significantly lower in comparison to breast cancer patients who had not been treated during COVID-19 pandemic. Patients were more concerned about their future prospective and impact on their psychosocial behaviour.

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