

CASE STUDY

# Novel Cancer Treatments and Real-World Implications

## Background and Challenge

Understanding novel treatments for cancer in real-world settings is more important than ever. Immunotherapy initially approved for use in patients with specific cancer types has seen expanded approvals with additional indications, particularly in the past few years. However, real-world studies are limited when it comes to describing indications, treatment administration and overall survival.

See how we helped a global biopharmaceutical company learn more about patients initiating a new treatment utilizing STATinMED RWD Insights, an all-payer medical and pharmacy claims database, to build a foundation for expanding the data about use and indications in a real-world setting.

## Method

With STATinMED RWD Insights, baseline patient demographics and characteristics were assessed for a 12-month pre-index period. The index date was the first administration date of an immune checkpoint inhibitor in the study period, which ranged from Sept 23, 2016 - Oct 31, 2022. Patients could have had multiple indications, and multiple treatment administrations were counted. Overall survival was assessed at varying follow-up periods by indication.

## A Closer Look

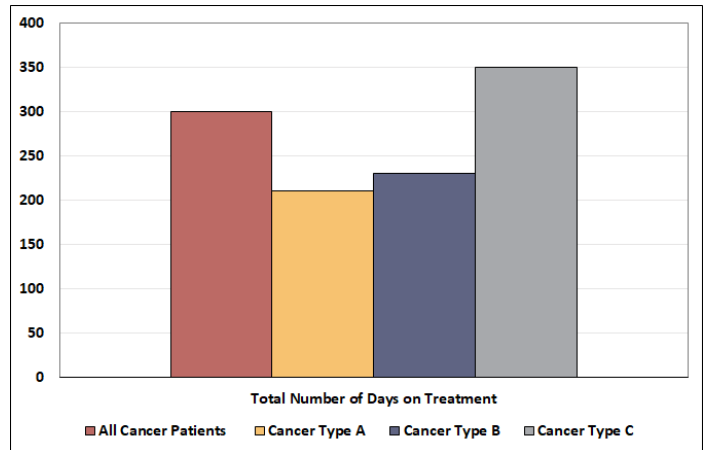
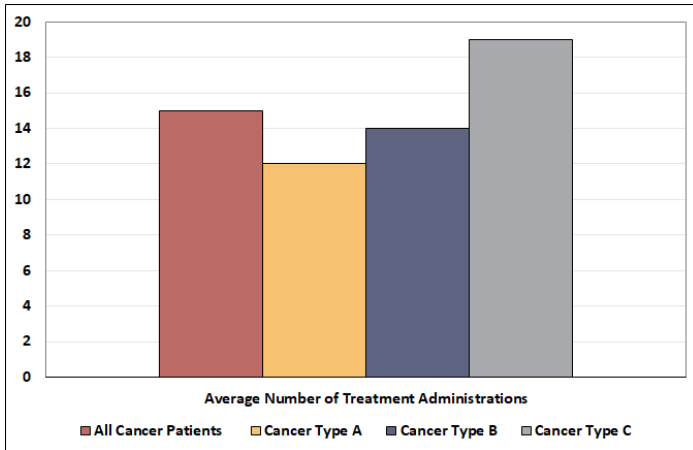
### Top Indications for Use of Immune Checkpoint Inhibitor

Top Indications	All Patients	
	N	%
Malignant neoplasm of gastrointestinal organ	875	50%
Malignant neoplasm without specification of site	520	30%
Secondary malignant neoplasm of respiratory and digestive organs	400	20%

## Patient Characteristics

More than 1,700 unique patients who received treatment with an immune checkpoint inhibitor during the study period met all inclusion criteria. Patients were ~70 years of age at index and were generally male (70%) with a baseline Charlson Comorbidity Index (CCI) score <2. Most (>90%) had either Medicare or Commercial insurance.

## Treatment Utilization Among Patients with Cancer



## Overall Survival by Indication/Tumor Type

Most (>80%) patients survived until the end of the study period, with a median follow-up of 600 days, and a median time to death of 200 days. Survival varied by indication.



## Key Insights

- Top indications were generally mapped to approved indications for treatment with an immune checkpoint inhibitor.
- Lower CCI scores indicated a lower comorbidity burden outside of cancer.
- Treatment was lengthy and consistent for all indications.
- Majority of patients receiving treatment were alive at the end of the study period.
- Future studies should further examine cancer patients treated with an immune checkpoint inhibitor and examine adverse events, healthcare resource utilization and cost, lines of therapy and treatment patterns.

## About STATinMED

Our approach and insights are foremost in the industry based on hundreds of combined experience years and >1000 peer-reviewed publications in dozens of therapeutic areas.



It's what we do best with RWD.

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