REAL-WORLD TREATMENT PATTERNS AMONG PATIENTS WITH LOCALLY ADVANCED HEAD AND NECK SQUAMOUS CELL CARCINOMA (LA HNSCC) IN A COMMUNITY ONCOLOGY SETTING

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Background For patients with unresectable, locally advanced head and neck squamous cell carcinoma (LA HNSCC), concurrent chemotherapy with radiation therapy (CRT) is preferred. CRT that includes platinum-based chemotherapy is the standard of care. Cetuximab is the alternative for patients who cannot receive platinum-based treatment. This study describes demographics and treatment patterns of patients with LA HNSCC receiving CRT in a community oncology setting.

Methods This retrospective observational study examined patients with newly diagnosed de novo LA HNSCC who received CRT in The US Oncology Network within the period 2015–2017 and were followed up through 2021. All adult patients with LA HNSCC who initiated CRT with ≥2 visits were included. Index date was defined as the date of initiation of CRT at initial LA HNSCC diagnosis. Patients were stratified based on index treatments received. Demographic and clinical characteristics and time to next treatment (TTNT) were summarized.

Results Table 1 summarizes demographic and clinical characteristics among the 1185 patients with LA HNSCC that met eligibility criteria, overall and by treatment groups. Overall, the median age was 61.8 (range 22.8–92.5) years, and the majority were male (n=952, 82.2%), Caucasian (n=947, 91.2%), had ECOG 0-1 at index (n=878, 89.4%), and had used or were using tobacco (n=783, 67.6%). Patients who received a cetuximab-containing regimen + radiotherapy (RT) (n=164, 14.2%) were slightly older and had a numerically higher Eastern Cooperative Oncology Group performance status (ECOG PS) score compared with cisplatin + RT (n=762, 65.8%) and cisplatin + other chemotherapy + RT (n=232, 20.0%). Distribution of patients by primary tumor site was consistent across the treatment groups, except that cetuximab + RT had a higher ratio of patients with laryngeal (n=32, 19.5%) to lip/oral cavity (n=10, 6.1%) compared to the other two treatment groups. The median TTNT was only reached by the cetuximab-containing regimen group, at 30.4 months. Overall, 80.7%, 68.1%, and 59.6% had initiated a subsequent treatment after index by 1, 3, and 5 years (figure 1).

Conclusions Patients who received a cetuximab-containing regimen + RT were slightly older and had a numerically higher ECOG PS score compared to the other treatment groups. This study provides real-world insights on patient profiles, treatment patterns, and TTNT among overall and by different CRT treatment groups for patients with LA HNSCC in the community oncology setting.

Ethics Approval All data were handled in compliance with the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act. The study protocol was granted an exemption and waiver of informed consent by the US Oncology Institutional Review Board on the basis of the use of deidentified patient data.