

Treatment Patterns, Healthcare Resource Utilisation and Costs of Patients with Locally Advanced and Metastatic Urothelial Cancer in France: A Non-Interventional Database Study

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Objective

- To evaluate treatment patterns and costs of healthcare resource utilisation (HCRU) among patients with locally advanced/metastatic urothelial cancer (la/mUC) starting first-line (1L) treatment

Conclusions

- A significant proportion of patients with la/mUC received no systemic treatment at any line during the study period
- Among patients starting 1L treatment between 2020 and 2022, the majority received only 1L
- Uptake of recently-approved treatment options, such as avelumab as 1L maintenance, remained low during the study period
- The introduction of innovative therapies has coincided with increased costs of HCRU related to la/mUC

References

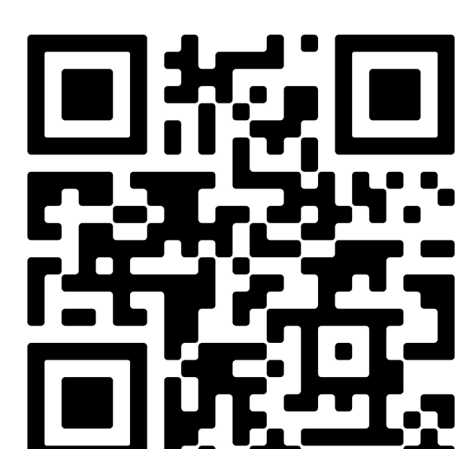
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Conflicts of interest

Aurore Tricotel, Emilie Casarotto and Khalil Karzazi are employees of IQVIA, contracted by Astellas Pharma Inc. to conduct the study. Rafael Minacori, Torsten Strunz-McKendry, Kirsten Leyland, Marthe Vuillet and Marie-Catherine Thomas are employees of Astellas Pharma Inc. Florence Joly received consulting fees from Astellas, Pfizer and Merck. Morgan Rouprêt received consulting fees from Ipsen, Astellas, Janssen, Astra Zeneca, Bayer and BMS. Stéphane Culine has no conflicts of interest to disclose.

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Background

- Data on current treatment patterns and associated HCRU in patients with la/mUC are limited
- With the introduction of new treatment options, it is important to better understand the current management of la/mUC in real-world clinical practice in France^{1,2}:
 - Avelumab has been available since 2020 via an early access programme (EAP) and then reimbursed in 2021 as 1L maintenance treatment for patients with la/mUC who have not progressed after platinum-based chemotherapy³
 - Enfortumab vedotin (EV) monotherapy has been available since 2022 via an EAP for patients with la/mUC who have previously received platinum-based chemotherapy and a programmed death receptor-1 inhibitor or an inhibitor of the programmed death receptor ligand⁴
- Here, we evaluate treatment patterns and costs of HCRU among patients with la/mUC starting 1L treatment between 2020 and 2022 in France

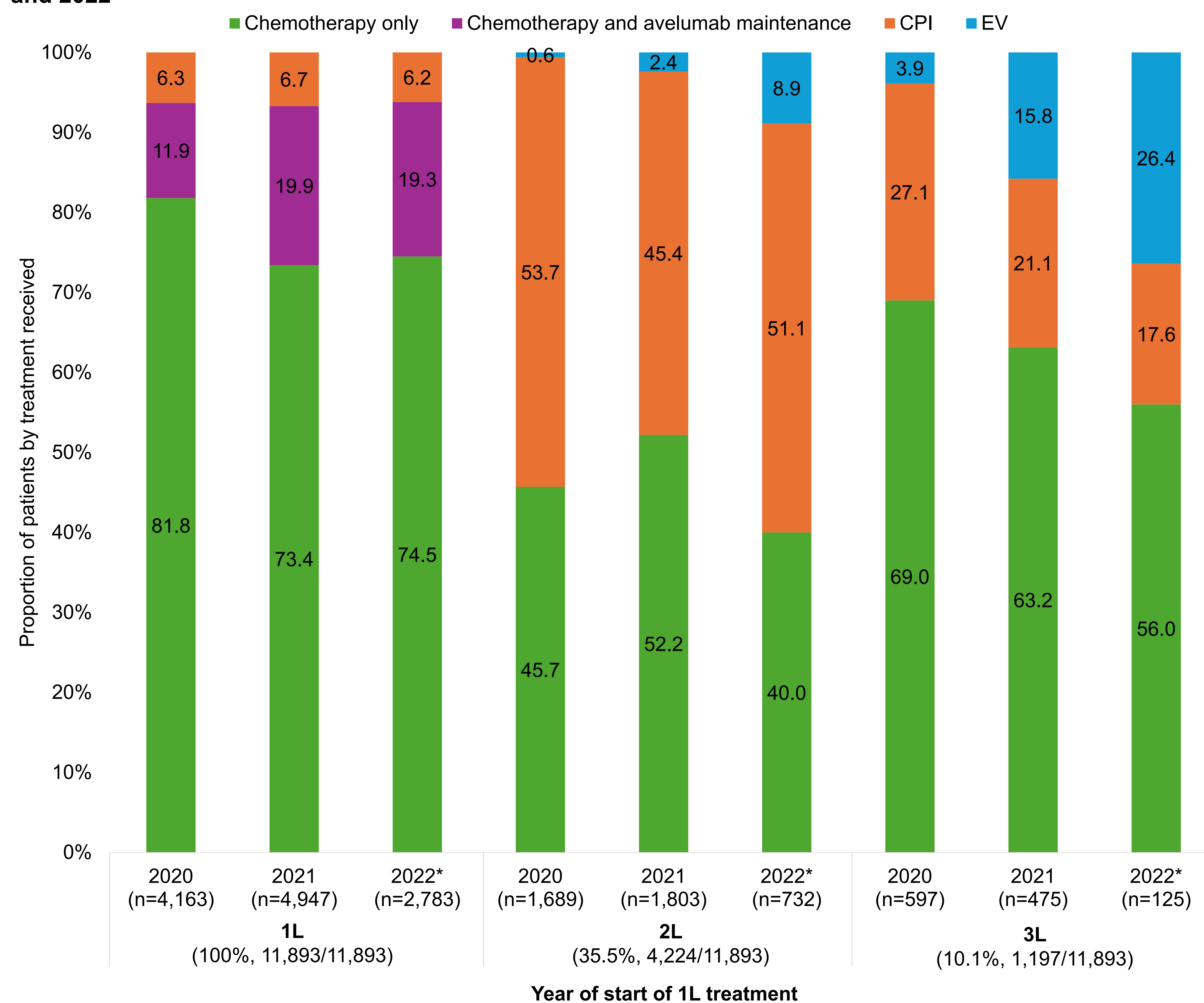
Methods

- This was a descriptive, retrospective study of adult (aged ≥18 years) patients with la/mUC, extracted from the Programme de Médicalisation des Systèmes d'Information, the French national database for hospitalisation records, from 1 Jan 2020 to 31 Dec 2022
- The present analysis is focused on patients newly diagnosed with la/mUC initiating 1L treatment, with no evidence of treatment for any other type of cancer after la/mUC diagnosis
 - Includes patients involved in EAPs
 - Patients had a minimum theoretical follow-up of 6 months from start date of 1L treatment for la/mUC to in-hospital death or end of study
- Costs were evaluated in different hospital settings (medicine, surgery, and obstetrics ['Médecine, Chirurgie, Obstétrique', MCO], aftercare and rehabilitation ['Soins et Suites de Réadaptation', SSR], and hospital at home ['Hospitalisation à domicile', HAD]) for patients with identifiable hospital stay(s) related to la/mUC who initiated 1L treatment between 2020 and 2021 over 1 year of follow-up. Hospital-associated costs were estimated from the healthcare payer perspective

Results

- Treatment patterns (Figure 1)
 - Among patients newly diagnosed with la/mUC between 2020 and 2022 (n=25,217), 38.1% (9,605/25,217) were identified as not receiving any la/mUC treatment over the study period. Of the 15,612 patients who received treatment during the study period, 96.7% (15,101/15,612) started 1L treatment, with the remainder receiving treatment of indeterminate line
 - Of patients who received 1L treatment with at least 6 months potential follow-up, 93.6% (11,130/11,893) received chemotherapy as 1L and 64.5% (7,669/11,893) received only 1L treatment
 - Avelumab was used as 1L maintenance therapy in 11.9% (497/4,163), 19.9% (986/4,947), and 19.3% (536/2,783) of patients in 2020, 2021 and 2022, respectively
 - 2L and 3L uptake were highest for Check Point Inhibitor (CPI) and chemotherapy respectively over the study period (2L CPI: 49.7%, 2,099/4,224; 3L chemotherapy: 65.3%, 782/1,197), and increased uptake of EV was observed at 3L compared with 2L for 2020 (2L: ≤0.6%, ≤10/1,689; 3L: 3.9%, 23/597), 2021 (2L: 2.4%, 44/1,803; 3L: 15.8%, 75/475), and 2022 (2L: 8.9%, 65/732; 3L: 26.4%, 33/125)

Figure 1: Treatment patterns of patients newly diagnosed with la/mUC starting 1L treatment between 2020 and 2022



Treatment groups are not mutually exclusive. *Patients followed less than 1 year. 1L, first-line; 2L, second-line; 3L, third-line; CPI, Check Point Inhibitor; EV, enfortumab vedotin; la/mUC, locally advanced/metastatic urothelial cancer.

Costs of HCRU

- For patients with an identifiable hospital stay(s) related to la/mUC who initiated 1L treatment between 2020 and 2021, the total hospitalisation costs over one year of follow-up (in Euros [€]) were €193.1 million in MCO, €7.8 million in SSR and €10.0 million in HAD (Table 1)
- Drugs reimbursed on top of the diagnosis-related groups (i.e. drugs included in the 'liste-en-sus'), were mostly administered in MCO, representing approximately 40% of the total costs in MCO (€79.2 million)

Table 1: Hospital HCRU and costs associated with la/mUC at one-year follow-up by hospital setting for patients with identifiable hospital stay(s) related to la/mUC initiating 1L treatment between 2020 and 2021

	MCO	SSR	HAD
Total number of patients with identifiable hospital stay(s) related to la/mUC initiating 1L treatment between 2020 and 2021	9,110	827	853
Total number of hospital stays related to la/mUC	121,989	1,195	1,541
Total cost of hospitalisation*	€193,059,265.6	€7,768,578.7	€10,029,435.4
Total cost of drugs funded on top of group-based tariffs	€79,153,420.1	-	-
Mean cost per hospitalisation	€1,583.0	€6,539.2	€6,538.1
Mean cost per patient	€21,192.0	€9,427.9	€11,785.5

Dash (-) indicates aggregated results not available as number of patients ≤10. *Costs were standardised to the 2020 rate using the Insee annual index for health products. 1L, first-line; HAD, hospital at home ['Hospitalisation à domicile']; HCRU, healthcare resource utilisation; la/mUC, locally advanced/metastatic urothelial cancer; MCO, medicine, surgery, and obstetrics ['Médecine, Chirurgie, Obstétrique']; SSR, aftercare and rehabilitation ['Soins et Suites de Réadaptation'].