

## in the Oncology Outpatient Setting



Catroppa, L., Claussen, C., DiLullo, S., Espirito, J., Fonseca, L., Haydon, W., O'Brien, M., Patton, G., Reinwald, S., Rembert, D., Sykes, C. Spark, S.  
 Ontada, Irving, TX, USA, Ontada, The Woodlands, TX, USA

### Background

The use of oral oncolytics continues to expand within the oncology landscape. Electronic medical records (EMR) can capture prescribing information such as initial dose and prescription dates, which can be readily extracted through databases. However, these structured data often lack accurate treatment histories on actual fulfillment and how patients are taking oral therapies at home. The latter information often requires assessment of unstructured data, which include progress notes, phone notes and email communications within the EMR.

### Objectives

- To assess the completeness rate of data describing oral oncolytic start and stop dates from charts.
- To understand the value of chart abstraction for complete oral treatment histories.

### Methods

We identified 36 completed retrospective observational chart review studies within The US Oncology Network within the period January 2019 - December 2021 that included oral oncolytics as treatment options for solid tumors. Chart abstraction data were reviewed to identify the number of patients who initiated oral oncolytics and to identify the number of total oral oncolytics among these patients. We captured the known start and stop dates of these treatments and if a start or stop date was not available, the date was documented as unknown. According to the Ontada chart abstraction guidelines, when an oral oncolytic start and stop date is unknown, it is assigned an imputed date in the case report form.

- If the day is missing, it is imputed as the 15th day of the month.
- If the month is missing, it is imputed as the 6th month of the year.

This allows a standard and consistent manner to address unknown start or stop dates in the chart.

### Results

There were 9,886 oral oncolytics initiated among 4,814 patients across the 36 studies in 11 cancer types.

Figure 1. Overall known start/stop dates vs unknown

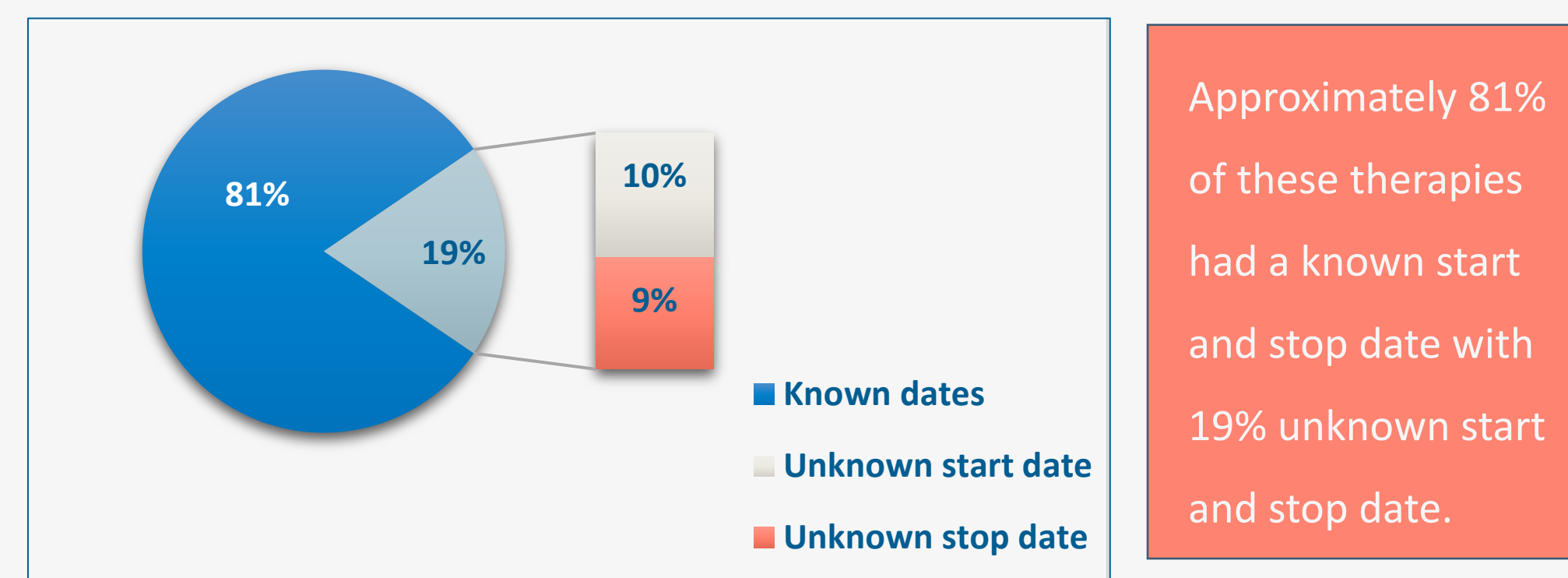


Table 1. Completeness of data describing oral oncolytic start/stop dates per cancer type

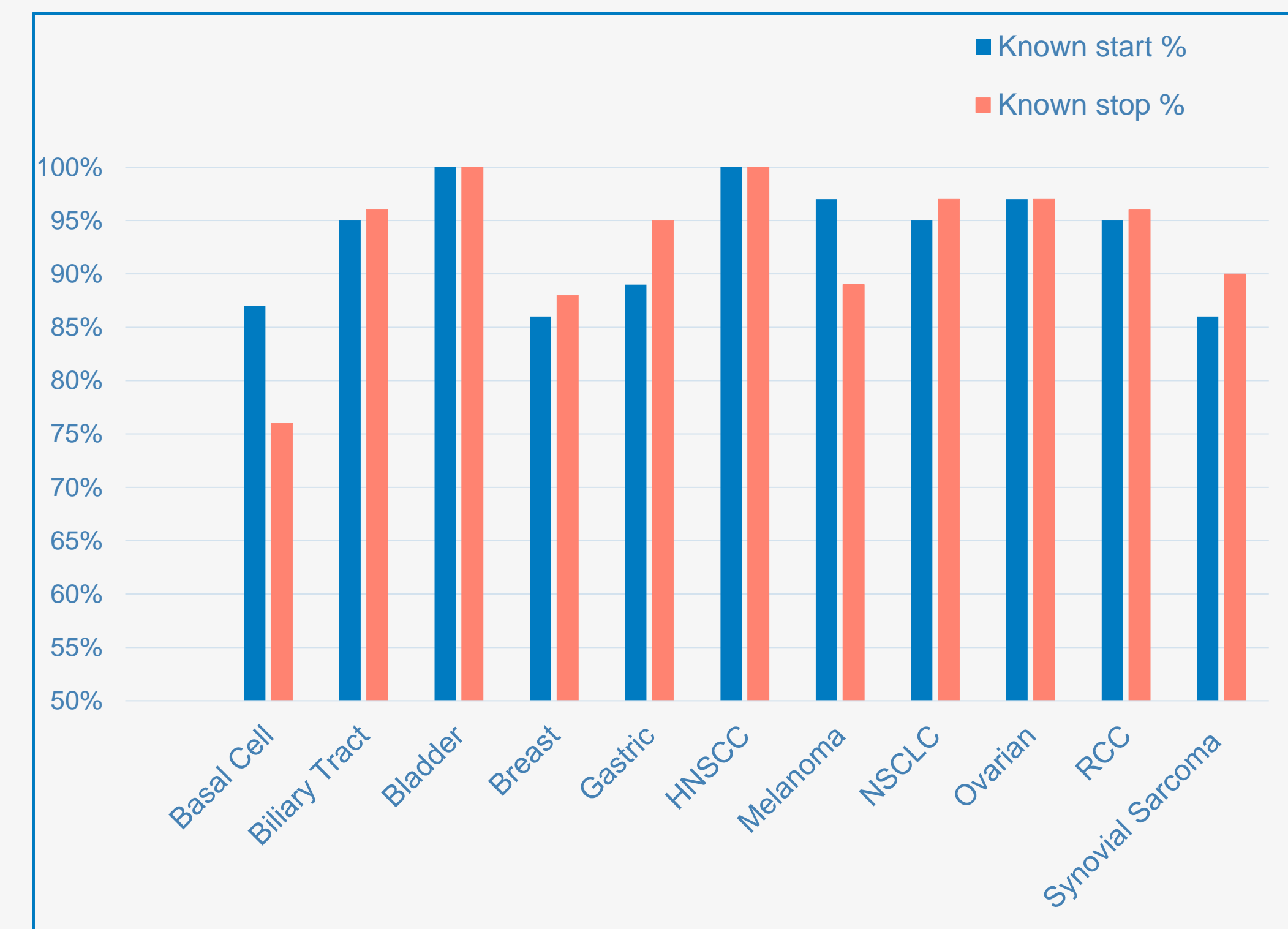
Disease	Studies	Patients*	Oncolytics Initiated**	Completeness Rate
Basal Cell	1	37	63	82%
Biliary Tract	2	185	221	96%
Bladder	2	11	13	100%
Breast	7	2640	6077	87%
Gastric	1	138	55	92%
Head and Neck	2	7	9	100%
Melanoma	4	74	162	93%
NSCLC	7	499	668	96%
Ovarian	3	313	512	97%
Renal Cell	6	884	2077	96%
Synovial Sarcoma	1	26	29	88%

Among the cancer types, bladder cancer and head and neck cancer had 100% completeness of data describing start/stop dates through chart abstraction. Breast cancer and basal cell cancer had the lowest completion rates, 87% and 82% respectively.

\*Number of patients receiving oral oncolytics within the study.  
 \*\*Total count of all oral oncolytic treatments initiated within the study.

### Results

Figure 2. Known start and stop dates by cancer type



This table shows the results further broken down into the start and stop dates per type of cancer. Breast cancer had the lowest proportion of known start dates while basal cell carcinoma had the lowest proportion of known stop dates.

### Conclusions

We observed a high completion rate of start and stop dates available through chart abstraction; however, there remains room for improvement. Integrating structured data with unstructured data can help provide a more comprehensive treatment history to better understand oral oncolytic treatment patterns in the real world. Capturing precise start and stop dates for oral oncolytics through chart abstraction is critical to understanding the impact of duration of therapy and compliance on patient outcomes and adverse events.