Post-platinum Treatment Landscape in Patients with Recurrent Endometrial Cancer: Analysis of German Claims Data

Background
Endometrial cancer (EC) is the sixth most common cancer among women and the fifth most common in Germany.1 Survival outcomes for patients with recurrent or advanced EC who progress on or after a platinum-based treatment are poor, with a median overall survival (OS) of ≤1 year. Although platinum-based therapy is used in most advanced EC treatment options for patients who progress on or after a platinum-based therapy are limited, with no clear standard-of-care treatment and limited data to support recommendations.2

This is a lack of real-world data on the treatment landscape and clinical outcomes in patients with recurrent or advanced EC who progress on or after a platinum-based treatment, highlighting an urgent clinical need in this population.

Methods

Study design
This study was a retrospective, non-interventional, cohort analysis of patients diagnosed with EC in Germany.3

The study used anonymized claims data from a German statutory health insurance fund, AOK PLUS (which covers about 3.4 million individuals), between 1 Jan 2011 and 30 Jun 2020.

Data analysis
Pharmacological and treatments were summarized descriptively.
OS was calculated and reported as median survival days and in Kaplan-Meier analysis from the start of the first platinum-based treatment as index date, censored for end of observation (30 Jun 2020).

Results

Patient population
From a total of 6282 patients with identified EC diagnoses, 713 patients received a platinum-based therapy, of which 201 received in post-platinum treatment and had a ≤3-month period since their last platinum-based treatment. Characteristics for these 201 patients are shown in Table 1.

Table 1. Characteristics of patients who received post-platinum treatment

Table: 1.

Conclusions
This study demonstrates that post-platinum treatment options for patients with recurrent or advanced EC are highly varied, indicating no defined standard of care.

In this treatment landscape, survival outcomes of patients with recurrent EC remain poor, given the new molecular characterization of EC, personalized and targeted treatments may be the future approach.

Limitations of this study include potential variation in treatment/patient management due to differences in history or molecular subtype.

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References