

Methods: Pts with ES-SCLC diagnosis (or limited-stage [LS] SCLC who initiated second-line [2L] tx) between 1 Jan 2013 and 31 Aug 2017 (follow-up to 31 Aug 2018) were identified from the US-based Flatiron Health electronic health record–derived database. Pts receiving tx with either carbo + etop or cis + etop were included in the analysis.

Results: RWD on 2161 pts from 156 tx centres were included; 84% of pts received carbo + etop. See table below for pt characteristics. The median tx duration was 3.4 mo (95% CI: 3.4, 3.4) with carbo + etop and 3.0 mo (95% CI: 2.8, 3.4) with cis + etop. The distribution of tx cycles administered was similar between carbo and cis, with 20% and 28% of pts completing 4 or 6 cycles, respectively. Median overall survival (OS) was 8.3 mo (95% CI: 8.1, 8.7) with carbo + etop and 9.7 mo (95% CI: 9.3, 11.0) with cis + etop. The 1-yr OS rates were 30% (95% CI: 28, 33) and 41% (95% CI: 36, 47), respectively. In pts with Eastern Cooperative Oncology Group performance status (ECOG PS) 0-1 and ≥ 2 , median OS was 9.3 mo (95% CI: 8.6, 9.9) and 7.1 mo (95% CI: 6.3, 8.3), respectively. Pts with unknown ECOG PS had a median OS of 8.4 mo (95% CI: 8.0, 8.9).

Table: 66P Characteristics

	Carbo + Etop	Cis + Etop
Pts, n	1815	346
Age, median (IQR), y	68 (61-74)	64 (58-69)
35-64, n (%)	663 (37)	189 (55)
65-69, n (%)	357 (20)	77 (22)
≥ 70 , n (%)	795 (44)	80 (23)
Male, n (%)	919 (51)	184 (53)
White race, n (%)	1383 (76)	259 (75)
Baseline ECOG PS, n (%)		
0-1	716 (39)	144 (42)
≥ 2	296 (16)	29 (8)
Not provided	803 (44)	173 (50)
Type of ES-SCLC, n (%)		
1L tx of ES-SCLC	1757 (97)	335 (97)
2L tx of LS-SCLC	58 (3)	11 (3)

IQR, interquartile range.

Conclusions: Tx duration was similar between the 2 regimens. Pts who received cis + etop had numerically increased OS vs pts who received carbo + etop, as did pts with ECOG PS 0-1. However, these findings may be due to pts receiving cis + etop being fitter (younger and lower ECOG PS) at baseline.

Editorial acknowledgement: Medical writing assistance for this abstract was provided by Steffen Biechele, PhD, of Health Interactions and funded by F. Hoffmann-La Roche, Ltd.

Legal entity responsible for the study: F. Hoffmann-La Roche, Ltd.

Funding: F. Hoffmann-La Roche, Ltd.

Disclosure: M. Sebastian: Honoraria, consulting: AZ, BI, BMS, Eli Lilly, Merck Sharp & Dohme, Novartis, Pfizer, Roche; Honoraria: Pierre Fabre; Consulting: Celgene. F. Barlesi: Personal fees/clinical trials (inst.): AZ, BMS, BI, Lilly, Roche, Novartis, Merck, MSD, Pierre Fabre, Pfizer, Takeda; Clinical trials (inst.): AbbVie, ACEA, Amgen, Bayer, Eisai, Genentech, Ipsen, Ignyta, Innate Pharma, Loxo, Medimmune, Sanofi-Aventis. R. Califano: Honoraria/consult: BI; Stock: Christie Private Care; Grants/nonremunerated activities: Clovis, AbbVie; Leadership (nonrem): ESMO; Nonrem membership: EORTC; Honoraria/consult/grants/nonrem activities: AZ, Roche, Pfizer, Lilly, MSD, Takeda, Novartis, BMS. A.S. Mansfield: Research funding (inst.): Novartis, Verily; Honoraria/Ad board (inst.): Genentech, AbbVie, BMS Mesothelioma Applied Research Foundation; Board member (non-rem.) ASCO; Lung Cancer Education Committee member (non-rem). F.H. Blackhall: Grant/research: Roche, BI, AZ, Cellmedica, AbbVie, Pfizer; Advisory board: AZ, Cellmedica, AbbVie, Ipsen, Takeda, Roche; Consulting/speakers: Takeda; Honoraria: Takeda, Roche, AbbVie, Ipsen; Study, editorial support: Roche. E.M. Flahavan: Employee: Roche; Stock: Lilly, Roche; support of parent study and funding of editorial support: Roche. J. Davies: Employee: Roche. P. Arnold: Employee: Roche; Stock: Novartis Pharma AG. S. Morris: Employee, Stock: Roche. M. Reck: Support of parent study, funding of editorial support: Roche; Honoraria for lectures and consulting: Amgen, AbbVie, BI, BMS, Celgene, Merck-Serono, MSD, Lilly, Novartis, Pfizer, Roche.

66P Treatment (tx) characteristics and clinical outcomes in patients (pts) with extensive-stage small cell lung cancer (ES-SCLC) treated with carboplatin (carbo) or cisplatin (cis) in combination with etoposide (etop) in US clinical practice

M. Sebastian¹, F. Barlesi², R. Califano³, A.S. Mansfield⁴, F.H. Blackhall⁵, E.M. Flahavan⁵, J. Davies⁵, P. Arnold⁶, S. Morris⁶, M. Reck⁷

¹Universitätsklinikum Frankfurt (Johannes-Wolfgang Goethe Institute), Frankfurt am Main, Germany, ²Aix-Marseille University - Faculté de Médecine Nord, Marseille, France, ³Department of Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK, ⁴Mayo Clinic, Rochester, MN, USA, ⁵F. Hoffmann-La Roche, Ltd., Welwyn Garden City, UK, ⁶F. Hoffmann-La Roche, Ltd., Basel, Switzerland, ⁷Thoracic Oncology, Lung Clinic Grosshansdorf, Airway Research Center North, German Center of Lung Research, Grosshansdorf, Germany

Background: For pts with ES-SCLC, guidelines recommend carbo or cis + etop as first-line (1L) tx. However, real-world data (RWD) on tx patterns and outcomes are limited. Here, we describe pt characteristics, tx duration and clinical outcomes associated with these 2 regimens.