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Treatment with Lutetium in a real-world setting: How does it affect patient experience and their time-toxicity?

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BACKGROUND

Lutetitum-177 (Lu-DOTATE) is an approved treatment regimen for patients with advanced neuroendocrine tumors (NETs).

Improving patient experience is one of main goals of a cancer treatment plan. "Time-toxicity" describes the period that patients spend in doing administrative or medical procedures, including medical visits, scans, lab analyses, emergency room admissions, drug applications and hospitalizations. Modern therapies are usually approved after an improvement of progression and overall survival are showed in clinical trials. It is expected that "time-toxicity" may allow physicians to determine how much "home" time is gained after initiating different treatments.

Our purpose was to describe clinical characteristics, safety and efficacy results in an institutional cohort of patients that received Lu-DOTATATE and to determine the "time-toxicity", describing how much Lu-DOTATATE treatment may have been associated with health services utilization.

METHODS

This was an institutional cohort of patients that received Lu-DOTATATE in Alexander Fleming Institute, Buenos Aires, Argentina. Adverse events were registered as per CTCAE 4.0 criteria, and "time-toxicity" was evaluated considering Author's definitions. Progression free survival was calculated with the Kaplan Meier method, from the first Lu-DOTATATE application to radiological disease progression.

RESULTS

A total of 21 patients were included (Male 66%, Median age 55). Primary tumor site was small bowel and pancreas for 47.6% and 33.3% of the cohort, respectively. 61.9% of tumors were Grade 2. 38% received Lu-DOTATATE as a second-line treatment and 42.8% as a third or more treatment line. 53% of the population received 4 treatment applications. Median interval between diagnosis to Lu-DOTATATE initiation was 206 days (SD: 414,6).

The median total treatment duration was 194 days (IQR 162-215). The time toxicity of this cohort was 5.67%, which corresponds to a total of 11 (IQR 8-18) days. This period involved 1 day for cancer specialist consultation, 2 days for lab analysis, 4 days due to hospitalizations, and 4 days for body scans.

Adverse events were observed in 33% of the patients. Overall tumor response and disease control rates were 19%, and 66.6%. The progression free survival rate at 18 months was 70.7% (CI95% 43-100)

CONCLUSIONS

New measures are essential to incorporate a better view of how patient experience is affected due to cancer treatments. Lu-DOTATATE was associated with appropiate disease control rates and low time-toxicity in a real-world scenario. We consider that is necessary to incorporate the patient's voice to better assess which efficacy measures are needed to guide treatment decisions and highlight patient experience during cancer care.

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