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Evaluating Time to Treatment Start for Patients Receiving Peptide Receptor Radioligand Therapy

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BACKGROUND

Background: Timeliness of treatment initiation has been shown in oncology settings to impact patients' overall survival. However, the multistep process from referral to therapy initiation is complex. This study evaluates the time from referral of patients with Neuroendocrine Tumors (NET) to their first infusion of Radiopharmaceutical Therapy (RPT) and determines if there are areas for timeliness improvement.

METHODS

We reviewed the electronic medical records of 10 patients who have received at least 1 cycle Lu177-DOTATATE (all inside referrals) between January 2023 and July 2024. As a comparator, we also reviewed 20 patients (10 inside referrals and 10 outside) who received Lu177-PSMA during this same time. The dates for the following events were recorded: referral to Nuclear Medicine (NM), presentation at the Tumor Board (TB), consultation with NM, insurance approval, and cycle 1 of RPT. The number of days between each event and the overall elapsed time between referral and cycle 1 were calculated.

RESULTS

The average elapsed time from referral to cycle 1 of Lu177-DOTATATE was 44 days with a standard deviation (SD) of 30 days. For Lu177-PSMA patients, inside referrals took an average of 51 days (SD 17 days) and outside referrals took 63 days (SD 32). The below table details the elapsed days between each workflow event:

	DOTATATE Days (SD)	PSMA Inside/Outside Days (SD)
TB discussion to referral	6 (11)	20, 25 (18, 22)
Referral to Consultation	11 (5)	7, 12 (12, 22)
Consultation to Insurance Approval	8 (13)	6, 7 (6, 9)
Insurance Approval to Treatment Start	23 (24)	17, 20 (12, 18)
Total Time from Referral to Treatment Start	44 (17)	51, 63 (17,32)

CONCLUSIONS

Compared to the patients receiving Lu177-PSMA, Lu177-DOTATATE patients had a lower elapsed time between referral and cycle 1 of RPT. This is likely due to the workflow differences between prostate cancer and NET referrals to NM. Patients with NETs are referred by an internal medical/surgical oncology provider and must always be presented at the TB with a recent DOTATATE PET before the referral to NM is placed, so it is assured the patient meets criteria for RPT. The most common cause for delay between referral and consultation was waiting for patients to call back for scheduling. Patients with Medicare had the shortest wait for insurance approval, while prior authorizations requiring peer-to-peer review had the longest delay. Common causes for delay to treatment start after insurance approval included hospitalizations and patient preference.

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