Results (Cont.)

- During the duration of treatment, 52% of the patients were hospitalized, 25% had emergency room visits, 95.4% used supplemental medication (median of number of medications 13 [IQR: 8-15]), and 50% were submitted to supplemental procedures (median number of procedures 1 [IQR: 1-6]). The frequency of resource use per treatment line is described in Table 3.

- Survival analysis with Cox regression modelling described gender as a prognostic factor in aNSCLC (Figure 2).

Table 3. Frequency of resource use per treatment line

<table>
<thead>
<tr>
<th>Resource</th>
<th>Patients (N = 152)</th>
<th>Concomitant Medication</th>
<th>Support Procedures</th>
<th>Antibiotics</th>
<th>Radiotherapy</th>
<th>Surgery</th>
<th>Pemetrexed</th>
<th>Other</th>
<th>Emergency Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with concomitant medication</td>
<td>Yes (n=121)</td>
<td>134 (88.2%)</td>
<td>30 (22.7%)</td>
<td>147 (96.7%)</td>
<td>54 (35.5%)</td>
<td>20 (13.7%)</td>
<td>36 (25.8%)</td>
<td>61 (41.6%)</td>
<td>12 (8.2%)</td>
</tr>
<tr>
<td>Patients without concomitant medication</td>
<td>No (N = 31)</td>
<td>131 (86.7%)</td>
<td>21 (58.3%)</td>
<td>165 (87.6%)</td>
<td>38 (65.8%)</td>
<td>20 (64.5%)</td>
<td>34 (78.3%)</td>
<td>60 (94.1%)</td>
<td>16 (67.3%)</td>
</tr>
</tbody>
</table>

Figure 2. Cox analysis of survival after aNSCLC diagnosis

- Hazard ratio for each variable:
  - ECOG PS = 2.28 (0.9: 5.6)
  - NSCLC = 2.16 (0.6: 8.2)
  - Carboplatin (Marina vs no chemotherapy) = 0.89 (0.6: 1.3)
  - Pemetrexed (Marina vs no chemotherapy) = 0.70 (0.3: 1.5)
  - Plaque erasure (Yes vs No) = 1.52 (0.6: 4.0)
  - CNS metastasis (Yes vs No) = 2.27 (0.4: 6.0)
  - Other therapy (Yes vs No) = 0.82 (0.2: 1.5)
  - Osteolytic (Yes vs No) = 0.69 (0.2: 1.3)
  - Osteoblastic (Yes vs No) = 3.29 (1.9: 5.9)

Limitations

- This study presents some limitations: retrospective studies often have incomplete data; treatment patterns represent only the practices of physicians who participated in the study, results do not allow conclusions for causal explanations due to cohort study design.

Conclusions

- A high degree of heterogeneity in treatment patterns for NSCLC in these 6 Brazilian private institutions indicates the lack of a clear effective standard of care for these patients in the pre-immunotherapy era. The observed high resource use among aNSCLC patients suggests an important economic burden to the private healthcare system. Cost information on these resources would provide an important input into the decision-making process in private healthcare

References