Background
- Lung cancer is the leading cause of cancer-related mortality in France, with deaths increasing steadily from approximately 20,000 in 1995 to 30,300 in 2015.
- Non-small cell lung cancer (NSCLC) accounts for approximately 75–80% of all lung cancer cases in France.

Methods
- Data for the present analyses were extracted from case report forms (CRFs) completed by practitioners.
- Data were collected between April and June 2015 for the Cancerology database, which includes information on 44,000 patients.

Statistical Analyses
- Safety of treatment was assessed by capturing the level of toxicity for toxicities associated with chemotherapy.
- Toxicity values may not sum across rows or columns as a result of generating numbers through independent extrapolations.

Results

Sample Characteristics
- Patients (N=39,188) had a mean age of 64.2 years (SD 12.0). The majority were male (69.3%), and 61.2% had non-smokers (71.7%).

Treatment Patterns
- The majority of patients (62.6%) were prescribed chemotherapy targeted therapy +IO therapy without any other parallel treatment (e.g. surgery or radiotherapy).

Treatment Regimen
- Most patients received chemotherapy targeted therapy +IO therapy without any other parallel treatment (e.g. surgery or radiotherapy) (Figure 3).
- Of combination regimens, platinum was most often prescribed in combination with at least one other product, most commonly metronomic therapy (Table 1).

Patient Characteristics
- The majority of patients (82.6%) were prescribed chemotherapy/targeted therapy/IO therapy without any other parallel treatment.

Safety of Treatment
- Of patients currently prescribed a monotherapy, 30.5% experienced 3 or more toxicities.
- Of combination regimens, platinum was most often prescribed in combination with at least one other product, most commonly metronomic therapy.

Outcome Analysis
- Tumour stage not specified.

Conclusion
- There are some limitations to this study:
  - All data in the study come from a self-reported physician survey, therefore, the responses may be subject to recall bias.
  - The case mix of the physicians may be over-represented by patient groups who see their patients more frequently.

References
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