

Survival of patients with metastatic solid tumors who receive their treatment in a community-based oncology group practice is longer compared to registry data and comparable to randomized controlled trials (RCT)

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Purpose: Survival data from RCT are available concerning patients with metastatic solid tumors (breast, lung, colorectal, pancreas). Transfer of these data to routine care is difficult due to the selection criteria used. Therefore we analyzed all patients with advanced cancer of the breast, lung, colorectal and pancreas retrospectively who received their treatment in an oncology group practice in Germany between 1995–2016.

Methods: All consecutive patients were evaluated. No patients were excluded. Data were extracted from patient files into a database and analyzed statistically using SPSS.

Results: 2,353 patients with metastatic / locally advanced inoperable cancer were analyzed. 767 suffered from metastatic breast cancer, 736 from non-small cell lung cancer (29% locally advanced, 71% metastatic), 526 from colorectal cancer (2% locally advanced, 98% metastatic) and 324 from pancreatic cancer (26% locally advanced, 74% metastatic). Data from breast, lung and colorectal cancer were monocentric, data from pancreatic cancer were collected in 4 institutions. Overall survival (OS) data compared favorably with registry data and were comparable to RCT. In breast cancer 5 year OS was 32% in comparison to 25% - 30% in registries. 3 year OS in lung, colorectal and pancreatic cancer was 16%, 27% and 8%, respectively. Data from registries were 7% for lung cancer, 22% for colorectal cancer and 4% - 5% for pancreatic cancer.

Conclusions: Survival of patients with metastatic solid tumors of the breast, lung, colorectal and pancreas is longer compared to registry data and is comparable to RCT if they receive their treatment in an oncology group practice. This may be due to the constant doctor-patient-relationship and the fact that all patients are treated by senior oncologists.

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