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### Meeting Abstract

## Survival of patients with advanced solid tumours who are treated in community based oncology group practices is longer compared to registry data and comparable to randomized controlled trials

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## Text

**Background:** Approximately 600,000 cancer patients are treated each year in specialized oncology group practices in Germany. Preliminary work has shown that patients receiving palliative treatment in an outpatient setting live significantly longer than comparable patients in tumour registries. The reasons for this remain speculative but could be due to the therapeutic experience of the oncologists, state-of-the-art treatment, high adherence with medications and involvement of caregivers. Results from randomized controlled trials (RCT) are not transferable to routine care due to necessary inclusion and exclusion criteria. Thus data are needed that reflect treatment reality in routine care where unselected patients receive their treatment close to their place of living to decide whether results and treatment recommendations from RCT can be transferred into routine care.

**Objectives:** Comparison of different aspects of quality of care between RCT and health services research data from community based oncology practices. Especially treatment outcome (overall survival) should be compared between RCT, tumour registries and "real world data" from oncology group practices.

**Methods:** All consecutive patients suffering from a metastatic or locally advanced inoperable tumour of the breast, lung, colorectal or pancreas who received their treatment in oncology group practices in Germany between 1995 and 2016 were evaluated retrospectively. No patients were excluded. Relevant clinical data concerning diagnosis, treatment and survival were extracted from patient files into a database and analyzed statistically using SPSS.

**Results:** 2,467 patients with advanced cancer were analyzed. 838 suffered from metastatic breast cancer, 736 from non-small cell lung cancer (NSCLC) (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 favourably with registry data and were comparable to RCT. Median OS in metastatic breast cancer was 35.9 months compared to 21.2 months - median not reached in RCT. Median OS in advanced NSCLC was 13.5 months compared to 8.2 months - median not reached in RCT. Median OS in advanced colorectal cancer was 22.7 months compared to 10.8 - 34.2 months in RCT. And median OS in advanced pancreatic cancer was 7.7 months in comparison to 5.9 - 13.1 months in RCT. In metastatic breast cancer 5 year OS was 32% in comparison to 24% - 30% in registries. 3 year OS in metastatic NSCLC was 14% compared to 7% - 8% in registries. 3 year OS in metastatic colorectal cancer was 26% compared to 21% - 22% in registries. And 3 year OS in metastatic pancreatic cancer was 6% compared to 4% - 5% in registries.

**Discussion:** Survival of patients with advanced solid tumours of the breast, lung, colorectal and pancreas who are treated in an oncology group practice is longer compared to registry data and is comparable to RCT. Results from RCT are transferable to routine care if treatment results of patients with similar characteristics are compared.

**Practical implications:** Patients with advanced solid tumours can be treated in oncology group practices at a level achieved in RCT. Modern therapies which have improved outcome in RCT are quickly integrated into routine care.