

P652 - Das Überleben von Patienten mit einem metastasierten soliden Tumor, die in onkologischen Schwerpunktpraxen behandelt wurden, ist besser im Vergleich zu Registerdaten und vergleichbar mit randomisierten kontrollierten Studien (RCT) / **Survival of patients with metastatic solid tumours who received their treatment in community-based oncology group practices is longer compared to registry data and comparable to randomized controlled trials (RCT)**

Weide R.<sup>1</sup>, Chakupurakal G.<sup>1</sup>, Feiten S.<sup>2</sup>, Friesenhahn V.<sup>2</sup>, Kleboth K.<sup>2</sup>, Köppler H.<sup>1</sup>, Lutschkin J.<sup>2</sup>, Thomalla J.<sup>1</sup>, van Roye C.<sup>1</sup>, Oswald B.<sup>3</sup>, Reimann B.<sup>3</sup>, Lorentz C.<sup>3</sup>, Rendenbach B.<sup>4</sup>, Laubenstein H.-P.<sup>4</sup>, Braun U.<sup>5</sup>, Hünermund K.<sup>5</sup>, Ehscheidt P.<sup>6</sup>, Reiser M.<sup>7</sup>, Heymanns J.<sup>1</sup>

<sup>1</sup>Praxisklinik für Hämatologie und Onkologie, Koblenz, Germany, <sup>2</sup>Institut für Versorgungsforschung in der Onkologie, Koblenz, Germany, <sup>3</sup>Internistische Gemeinschaftspraxis Hämatologie, Onkologie, Palliativmedizin, Worms, Germany, <sup>4</sup>Gemeinschaftspraxis für Hämatologie, Onkologie und Nephrologie, Trier, Germany, <sup>5</sup>Gemeinschaftspraxis für Hämatologie und Onkologie, Ludwigshafen, Germany, <sup>6</sup>Praxis für Hämatologie und Onkologie, Neuwied, Germany, <sup>7</sup>pioh - Praxis Internistische Onkologie und Hämatologie, Frechen/Köln, Germany

**Introduction:** Survival data from RCT are available concerning patients with metastatic solid tumours (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 oncology group practices in Germany between 1995-2017.

**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:** 2,910 patients with metastatic / locally advanced inoperable cancer were analyzed. 1,324 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 lung and colorectal cancer were monocentric, data from breast and pancreatic cancer were collected in 5 and 4 institutions, respectively. Overall survival (OS) data compared favourably 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 colorectal, lung and pancreatic cancer was 27%, 16% and 8%, respectively. Data from registries were 22% for colorectal cancer, 7% for lung cancer and 4% - 5% for pancreatic cancer.

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