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Epidemiology and treatment patterns of patients with locally advanced or metastatic urothelial cancer in France: a non-interventional database study

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Objective

To describe and assess the epidemiology and treatment patterns of patients with locally advanced or metastatic urothelial carcinoma (la/mUC) in France

Conclusions

- Incidences of la/mUC increased over time in France during the study period (from Jan 2020 to Dec 2022)
- Most patients who received first-line (1L) treatment from Jan 2020 to Jun 2022 had only chemotherapy as their 1L modality
- More than 60% of patients only received 1L treatment
- Avelumab use was low overall but increased over time (11.9–19.3%)
- Only 17.7% of patients received second-line checkpoint inhibitors after 1L and 1.0% of patients received enfortumab vedotin
- The treatment landscape of la/mUC is further evolving with recent recommendations of enfortumab vedotin with pembrolizumab and of nivolumab with gemcitabine and cisplatin as 1L treatments³; further research is needed to assess the best treatment option in 1L according to the patient profile and the impact of subsequent treatments

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Conflicts of interest

Florence Joly received consulting fees from Astellas, Pfizer and Merck. Morgan Rouprêt received consulting fees from Ipsen, Astellas, Janssen, Astra Zeneca, Bayer and BMS. Stéphane Culine has no conflicts of interest to disclose. Aurore Tricotel, Emilie Casarotto and Khalil Karzazi are employees of IQVIA, contracted by Astellas Pharma Inc. to conduct the study. Rafaël Minacori, Torsten Strunz-McKendry, Kirsten Leyland, Marthe Vuillet, and Marie-Catherine Thomas are employees of Astellas Pharma Inc.

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Background

- In France, the treatment landscape of la/mUC has recently changed
- Avelumab was approved in 2021 as 1L maintenance treatment for patients with la/mUC who have not progressed after platinum-based chemotherapy¹
- Enfortumab vedotin was approved in 2022 for patients with la/mUC who have previously received platinumbased chemotherapy and a programmed death receptor-1 or programmed death-ligand 1 inhibitor²
- Here, we analyse the epidemiology and treatment patterns of la/mUC in France from 2020 to 2022

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- Of 39,857 patients with la/mUC, 25,217 (63.3%) were of treatment for cancer other than UC after the date of la/mUC diagnosis (Figure 1)
- 2020 to 2022 (Population 1; Figures 2A and 2B)
- patients (Figures 2B and 2C)

Figure 2: Prevalence and incidence of la/mUC in France (2020–2022)



	Method
ıdy design	Figure 1: Study flow chart –
EVOLVE-2 was a descriptive, non-interventional, longitudinal, and retrospective study Adult patients with Ia/mUC were identified from the Programme de Médicalisation des Systèmes d'Information, the French national database for hospitalisation records	Exclusion criteria No evidence of hospital stay (2020–2022): n=34,358 <18 years old at diagnosis: n=80 Residing in Mayotte: n=778
Data were extracted from 1 Jan 2015 to 31 Dec 2022	Exclusion criteria Patients treated for a concomitant
dy endpoints	cancer: n=5,821
Primary: Population 1: Annual incidence and prevalence Population 2A: Annual incidence	Patients diagnosed before Jan 2020: n=8,819
Secondary: Population 3: patient characteristics and treatment patterns	*Population 2B consisted of la/mUC patients without evid or secondary endpoints. [†] An additional 511 patients, for whom the treatment line secondary endpoints. [‡] With ≥6 months of potential follow-up from the index da
	Results
re newly diagnosed from 1 Jan 2020 with no evi	dence In

The prevalence and incidence of la/mUC ranged from 38.2 to 41.6 and 16.8 to 19.2 cases/100,000 people, respectively, from

• Treated incidence of la/mUC ranged from 7.9 to 11.2 cases/100,000 people from 2020 to 2022 (Population 2A, Figure 2C) Incidences were approximately four-fold higher in men than women and were higher in older (≥60 years) versus younger

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- study population and sub-populations		
Patients with la/mUC between 2015 and 2022: N=74,856	Ia/mUC patients diagnosed after Jan 2020: n=25,217	
Population 1: patients with la/mUC (both prevalent and incident) between 1 Jan 2020 and 31 Dec 2022: n=39,857 Prevalent at 1 Jan 2020: n=11,339 Incident from 2020 to 2022: n=28,518	Population 2A*†: la/mUC patients starting 1L treatment between 1 Jan 2020 and 31 Dec 2022: n=15,101	
vidence of treatment (n=9,605) and was not included in the primary e was considered indeterminate, were not included in the primary or date.	Population 3 [‡] : la/mUC patients starting 1L treatment between 1 Jan 2020 and 30 Jun 2022: n=11,893	

population 3, the mean (standard deviation) age of patients was 71.0 (9.8) years, and 79.5% of patients were male

- The most common comorbidities ($\geq 10\%$) at index date were other cancers (including lung and prostate cancers), peripheral vascular disease, chronic pulmonary disease, moderate or severe renal disease and myocardial infarction

• There were 64.5% of patients who received only 1L treatment in population 3

– Almost all (93.6%) received platinum-based chemotherapy as 1L treatment (Figure 3)

Overall, 17.0% of patients received subsequent avelumab maintenance therapy in

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