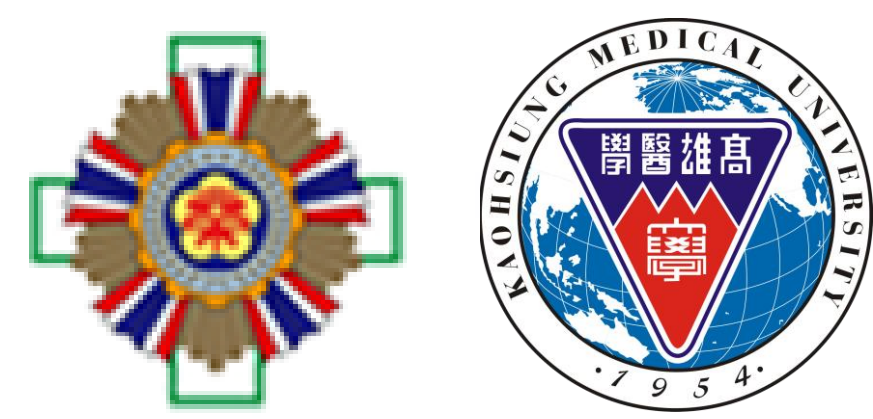




Clinical Benchmarks for Extensive-Stage SCLC: Real-World Treatment Sequencing and Outcomes from a Nationwide Taiwanese Cohort

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INTRODUCTION

- Extensive-stage small cell lung cancer (ES-SCLC) is aggressive and requires early, guideline-concordant care.
- Real-world benchmarks are essential to evaluate clinical practices, identify care gaps, and assess the impact of evolving therapies.
- The study is to quantify contemporary treatment sequencing and time-to-event outcomes for ES-SCLC in Taiwan.

METHODS

Study Design & Population

- Data Sources:** A nationwide retrospective cohort linking the Taiwan Cancer Registry and National Health Insurance Research Database.
- Cohort:** Patients newly diagnosed with ES-SCLC (Stage IV) between Jan 1, 2015 – Dec 31, 2022.

Treatment Sequencing Definitions

- Systemic Therapy:** Captured within 6 months of diagnosis.
- First-line (1L):** Regimens administered within 42 days of 1L initiation.
- Second-line (2L):** Identified by regimen switching or augmentation; platinum rechallenge after a ≥ 180 -day discontinuation gap.

Clinical Outcomes & Analysis

- TTF (Time to Treatment Failure):** Time to regimen change, death, or new metastatic lesions.
- TNT (Time to Next Treatment):** Time to subsequent systemic therapy.
- OS (Overall Survival):** Time to death (Sensitivity analysis: 1L OS censored at 2L initiation).

DISCUSSION AND CONCLUSION

Actionable Takeaways

- With 51% of patients failing to reach 2L, first-line therapy is the primary window for maximizing survival.
- A median 2L TTF of only 0.9 months highlights the limited effectiveness of current second-line therapies and underscores the substantial unmet need for more effective treatment options.
- Benchmarks (1L OS: 10.7 month vs. 2L OS: 4.9 month) provide precise, local data for patient prognostic counseling.

Future Direction

- Serves as the definitive historical control to evaluate the real-world clinical impact and cost-effectiveness of newly implemented immunotherapies in Taiwan.
- Provides precise time-to-event parameters (TTF, TNT) for health economic modeling and national oncology resource allocation.

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RESULTS

Patient Profile & Treatment Sequencing

- The treated ES-SCLC cohort (n=4,450) was predominantly male (89%) and older (66% aged 60–79).
- Liver (31.3%), Bone (30.1%), and Brain (28.7%) were the top three metastatic sites. (Figure 1)
- 85.7% of patients received Cisplatin/Carboplatin-based regimens. No immunotherapy use was observed during the study period because immunotherapy was not reimbursed by Taiwan's National Health Insurance (NHI). (Figure 2)
- Only half (49.0%, n=2,181) of treated patients successfully transitioned to 2L therapy, with Topotecan-based regimens (52.0%) being the primary choice. (Figure 3)

Clinical Outcomes Disparity (1L vs 2L)

- Median OS dropped drastically from 10.7 months in 1L to just 4.9 months in 2L. (Figure 4)
- Median TNT was halved in the second line (6.2 vs. 3.2 months). (Figure 4)
- Median TTF plummeted to 0.9 months in 2L compared to 3.9 months in 1L, indicating poor treatment durability and limited clinical benefit in the 2L setting. (Figure 4)

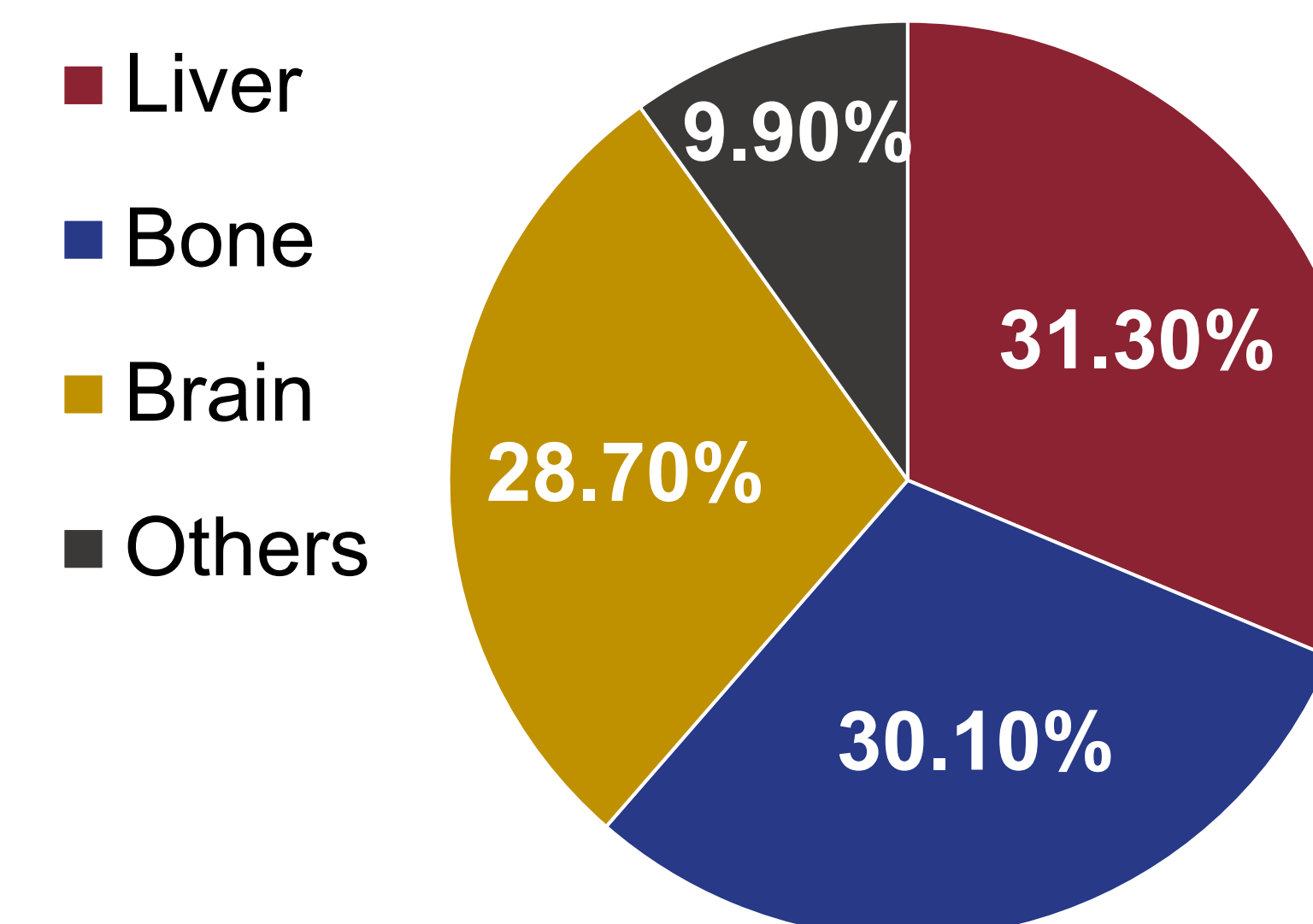


Figure 1. Distribution of frequent metastatic sites at initial diagnosis.

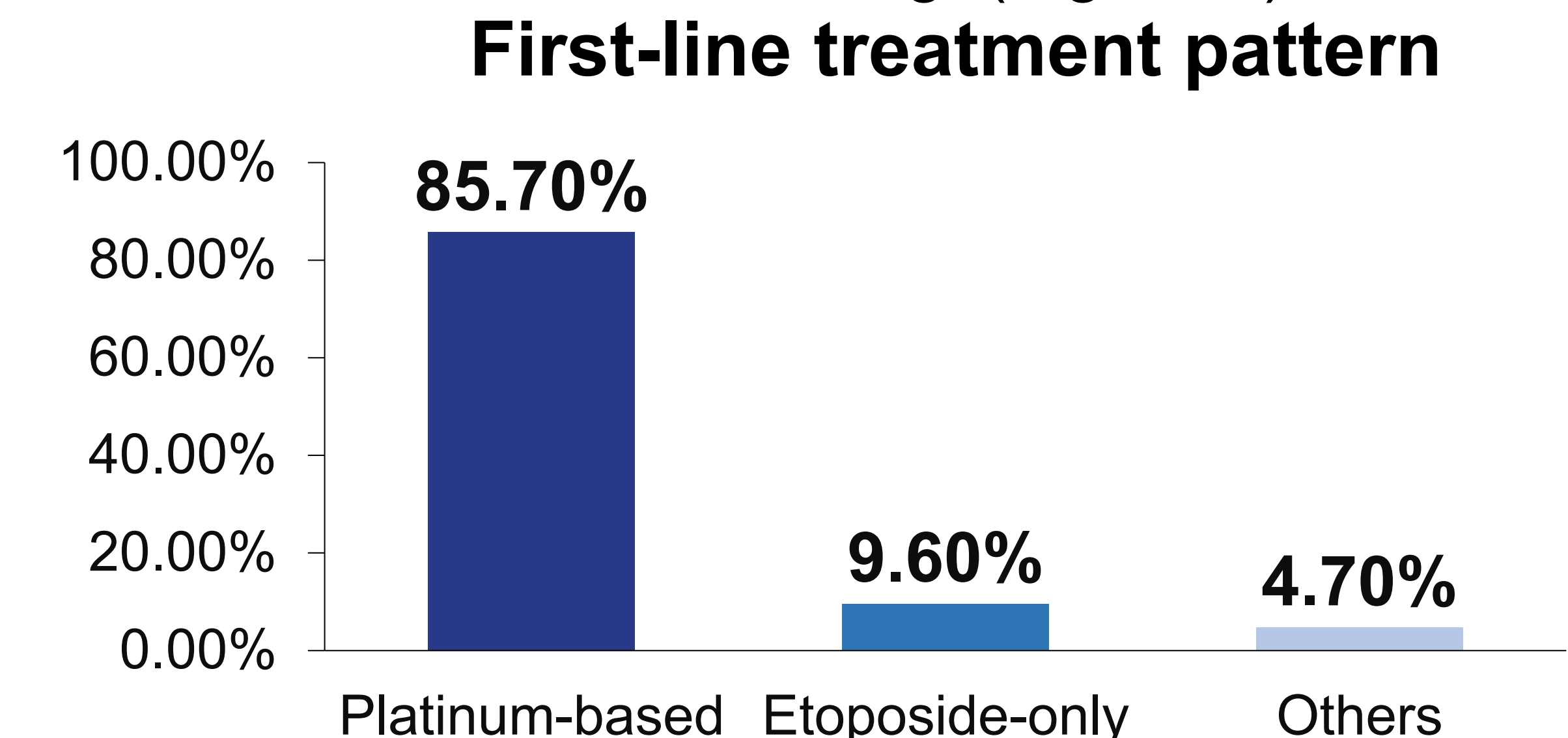


Figure 2. First-line systemic treatment sequencing patterns.

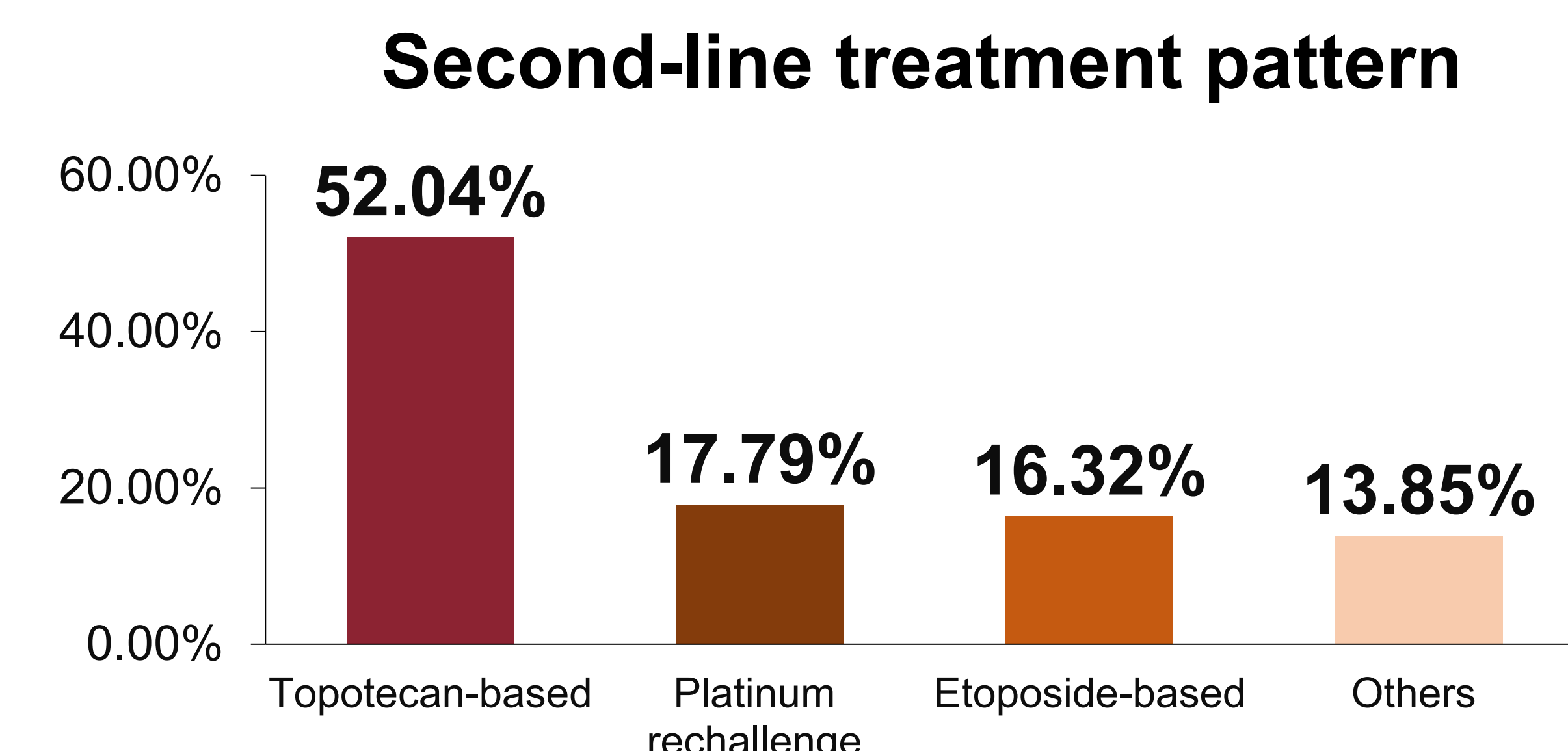


Figure 3. Second-line systemic treatment sequencing patterns.

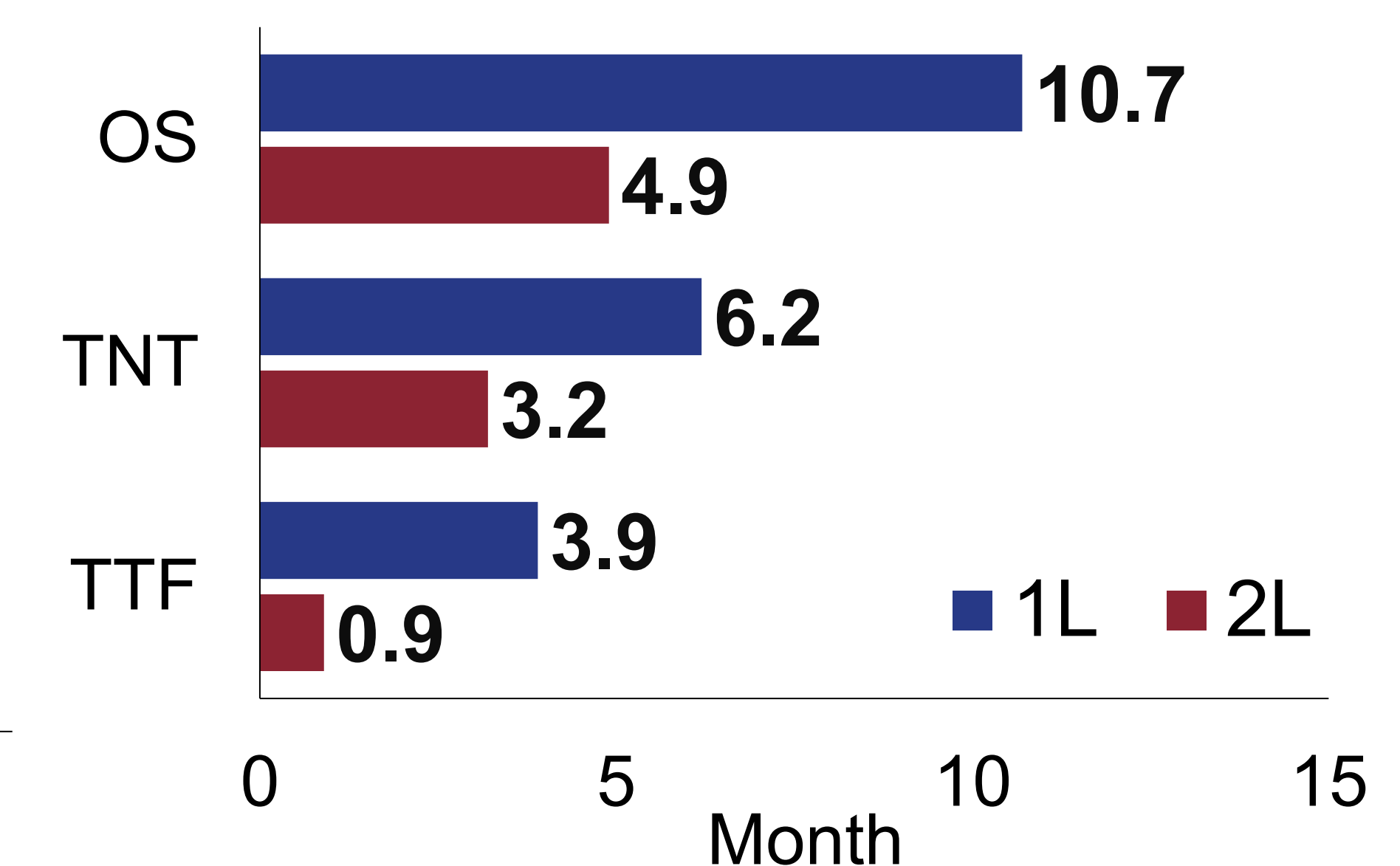


Figure 4. Comparison of median time-to-event outcomes across lines of therapy.