

INTRODUCTION

Extensive-stage small cell lung cancer (ES-SCLC) remains an aggressive malignancy with rapid disease progression, posing significant economic and clinical challenges. Lurbinectedin was granted accelerated approval as a second-line treatment option in June of 2020, but real-world data regarding its utilization, economic implications and safety outside of clinical trials is lacking.

METHODS

This retrospective claims analysis utilized the Highmark administrative claims database from January 1, 2020-November 30, 2024 to identify patients with ES-SCLC receiving lurbinectedin.

Key outcomes included real-world treatment patterns, direct healthcare costs, proxies for adverse events via diagnosis codes, and overall survival (OS).

Survival was estimated among patients with available death dates, acknowledging potential underestimation.

DISCUSSION AND CONCLUSION

- Lurbinectedin's real world benefit is modest, but with an OS and adverse event profile similar to that in clinical trials
- Economic burden is significant and should be considered when selecting patients for advanced line therapies like lurbinectedin

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RESULTS

There were 186 eligible patients with median age 63 years; the majority (75.8%) were white and female (52.5%).

The median time of lurbinectedin treatment was 63 days (IQR 21-112) with a median of 4 infusions (IQR 2-6). Real-world OS (n=81) was 387 days with an estimated 2-year and 3-year OS of 44.1% and 22.9%, respectively.

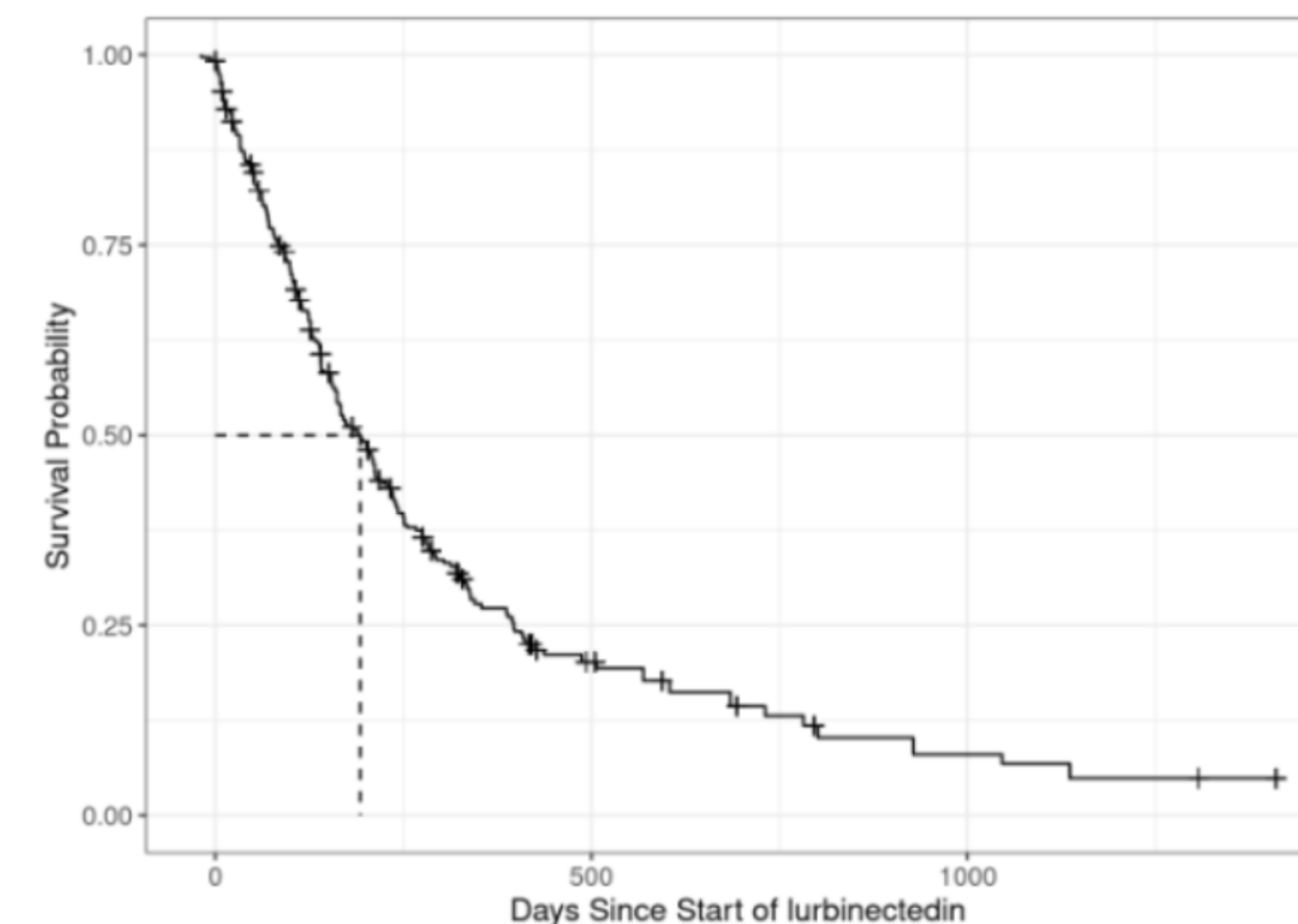


Figure 1. Kaplan-Meier curve showing survival from the initiation of lurbinectedin in days.

Claims-based analysis revealed that 72.4% of patients experienced at least one adverse event, with neutropenia (59%) and anemia (34%) being the most common.

Notably, per-member-per-month (PMPM) healthcare costs substantially increased during lurbinectedin treatment, rising from a baseline of \$16,130 to \$32,321 for patients receiving 10 or more infusions.

Table 1. Cost and healthcare utilization based on number of lurbinectedin infusions.

	Total Cost of Care at Baseline, dollars [IQR]	Total Cost of Care at Follow-Up, dollars [IQR]
Number of Lurbinectedin Infusions		
1	163230 [103,775-264,202]	40,533 [21,946-76,650]
2-4	103,518 [63,592-188,825]	106,593 [68,124-181,045]
5-9	96,854 [60,578-137,350]	140,579 [96,499-227,010]
10 or more	96,777 [52,206-202,985]	409,424 [271,175-753,304]