

REAL WORLD EVIDENCE DATA OF FINANCIAL TOXICITY IN CANCER PATIENTS RECEIVING

IMMUNOTHERAPY DRUGS

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Abs: 1612P

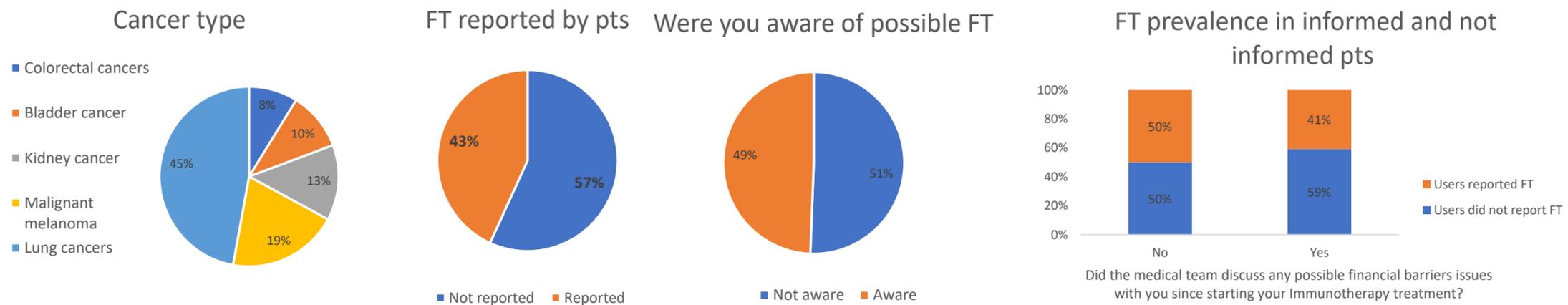
Background:

Real world evidence data (RWED) was obtained through cutting edge technology paired with consumer mobile devices, on 403 members of Belong.Life, a global mobile app. All received immunotherapy (IOT) for solid tumours and replied to a short, targeted survey related to the potential development of financial toxicity (FT) as a result of their IOT treatments.

Methods:

308 international validated patients (pts) receiving IOT and Belong.life members voluntarily replied to a survey of 14 questions including demographics and FT related points such as personal financial, coping strategies and FT incidence.

FT has been described as the harmful personal financial burden faced by all patients receiving cancer treatments. Physicians should not be waiting for behavioural changes such as poor compliance, or low or nonadherence, caused by financial distress, but discussing the topic of costs earlier in the course of treatment. That might prevent cost-related alterations that are detrimental to cancer care quality. FT remains a major concern for a large number of patients diagnosed with cancer and we strongly recommend that patients should be informed **before** the commencement of their therapeutic journey, about most of out of pocket possible situations that might happen as a result of the cancer diagnosis and treatments. . Our data confirmed that those patients receiving advise and were informed **prior** to the start of IOT have a documented **reduced FT incidence** of 22%, compared to those that were not informed.



Results:

250 pts USA pts and 58 pts from the rest of the world replied to the survey. Most of the pts (255/83%) were >50 years of age. Pts stages were 3 in 46 (15%) and 4 in 211 (68.5%). There were 114 (37%) females and 194 males (63%). Most common cancer diagnosis were: lung in 139 pts(45%), malignant melanoma in 59 (19%), kidney in 40(13%), bladder in 31(10%) and colorectal in 26(8.5%).The most frequently administered IOT drugs were pembrolizumab and nivolumab in 42% (each), ipilimumab in 17.5% and durvalumab and atezolizumab in 9% each. 133 pts (43%), reported FT during their treatment journey . Of them 102/308 (33%) received FT information prior to the IOT start, and from their medical team.206/308 pts (67%) did not receive any prior financial advise. Most common reported FTs were high medical copayments (34%) higher in US vs RoW 52%/12%, high transport costs (30%) higher in RoW vs US 42%/18%, high drugs and treatment copayments (27.5%) higher in US vs RoW 36%/19%.

Conclusions; 308 members of Belong.Life reported on their FT experiences on receiving anti-cancer IOT. Half of the pts were not aware of the possible development of FT. Only 33% of the pts received pre-treatment information from their medical teams. A striking difference was documented between those pts that were informed pre-IOT and developed FT , with those that were not informed and developed FT, with a reduced prevalence of 22%. Physicians and medical staff should be aware of their patients possible risks for developing FTs and provide relevant financial advice prior to IOT commencement.

* No reported conflict of interests, email: dvorobiof@gmail.com