Possible alternative to traditional site-based chart review studies. The direct-to-physician chart collection demonstrates that direct-to-physician chart collection can be an effective and efficient approach for a retrospective chart review study was time and cost-effective for the study. Variables for the study included physician and patient characteristics, treatment patterns and response to treatment. Data were entered by treating physicians into an online platform, including automated, random and tailored edit checks and the following conditions of any queries. Results: Forty-three of the 91 contacted physicians participated (47.3%), of which 24 (26.4%) provided data for patients included in the study. Data was collected (screened and abstracted) efficiently, within 2 months. Queries to the treating physicians on average were answered in 3-5 days. The final dataset had <1% of missing data. Conclusions: This direct-to-physician, online retrospective chart review study was time and cost efficient for collecting high quality real-world drug utilization and effectiveness data. This study demonstrates that direct-to-physician chart collection can be an effective and flexible alternative to traditional site-based chart review studies.

Identification of Patients with Chronic Myeloid Leukemia (CML), Multiple Myeloma (MM) and Myelodysplastic Syndromes (MDS) Using Real-World Data: Findings from the PRIHTA-EMATOLOGIA Project

Objectives: Data from electronic medical records are frequently used for retrospective real-world studies of treatment patterns and outcomes. However, site-based retrospective chart review methodology has inherent limitations including extended timelines, greater funding requirements and high site burden. Thus, studies that utilize real-world direct-to-physician networks for data collection are warranted. The objective was to describe a drug utilization and effectiveness IRB-approved pilot study design and performance metrics, based on data from physician-reported medical charts. Methods: A US-based retrospective chart review pilot study was executed, using an existing on-line physician network. The protocol was centrally IRB-approved and eligible patients were identified from 2016-2019 who had ≥ 6 months of follow-up. A large panel of physicians, representative of the US market, had been previously screened on factors including years of practice, credentials, scientific publications and location. Stratified sampling, based on diseases treated and number of patients treated with the disease, was used to select physicians. Variables for the study included physician and patient characteristics, treatment patterns and response to treatment. Data were entered by treating physicians into an online platform, including automated, randomized and tailored edit checks and the following conditions of any queries. Results: Forty-three of the 91 contacted physicians participated (47.3%), of which 24 (26.4%) provided data for patients included in the study. Data was collected (screened and abstracted) efficiently, within 2 months. Queries to the treating physicians on average were answered in 3-5 days. The final dataset had <1% of missing data. Conclusions: This direct-to-physician, online retrospective chart review study was time and cost efficient for collecting high quality real-world drug utilization and effectiveness data. This study demonstrates that direct-to-physician chart collection can be an effective and flexible alternative to traditional site-based chart review studies.

KADs: A French Retrospective Study Describing the Therapeutic Management of Patients Who Received Trastuzumab Based Neoadjuvant Treatment for HER2-Positive Early Breast Cancer (EmB)

Objectives: The KATHERINE trial supports trastuzumab emtansine as adjuvant treatment in HER2+ eBC patients with residual disease. To complement evidence from this trial, the French observational KADoR study aimed to describe in the real world setting the characteristics and therapeutic management of patients with HER2+ eBC who initiated trastuzumab-based neoadjuvant therapy. Methods: We established a 4-years retrospective follow-up cohort of patients who had initiated a trastuzumab-based neoadjuvant treatment in 2014 followed by surgery and trastuzumab-based adjuvant therapy. This study included 57 active sites. The cohort consisted of 301 patients. Median age was 51 years (IQR: 42.0 - 60.0). Ninety-two out of 267 patients (34.5%) were diagnosed with stage III. Very few patients (3.3%) presented invasive lobular carcinoma. Scarff-Bloom-Richardson (SBR) grade III was observed in 50.3% of the patients. More than half of patients (59.8%) were hormone receptor positive (HR+). Around two thirds of patients (61.5%) received anthracyclines-based chemotherapy followed by concomitant taxane and trastuzumab. Breast conserving surgery was performed for 47.3% patients. Complete pathological response (pCR) was observed in 42.9% patients (37.3% for RH+ and 50.4% for RH- patients). After surgery, the median adjuvant trastuzumab dose administered was 6.0 mg/kg. The median duration of trastuzumab-based therapy (neoadjuvant and adjuvant) was 51.1 weeks (IQR: 48.6 - 54.0). Most HR+ patients (78.0%) also received trastuzumab-based adjuvant therapy. Conclusions: The patients included in this cohort presented clinical and pathological characteristics consistent with existing literature. This French real world data studies confirm that routine practice aligns with the current guidelines for therapeutic management of HER2+ eBC.

Modeling the Duration of Protective Effects and Resource Use of Colonoscopy Screening by a Discrete Event Simulation Model Calibrated with German Screening Registry Data

Objectives: To model the long-term effects and resource use for policy decision-making. A new Discrete Event simulation model for the natural history of Colorectal cancer from the...