platinum choice, chemotherapy cycles and PCI or thoracic radiotherapy use. PD-L1 (atezolizumab or durvalumab) plus chemotherapy showed an improvement in median rwPFS. Further analysis in overall survival is still needed to explore the benefit and characteristic factors that may influence the PD-L1 use in Chinese ES-SCLC patients.

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107P The evolving diagnostic and treatment landscape in metastatic non-small cell lung cancer (mNSCLC) across Europe: A real world evidence survey

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Background: Advances in mNSCLC diagnosis and treatment have led to a rapidly evolving patient management landscape. This study aims to describe real-world diagnostic and first line (1L) treatment patterns for patients (pts) with mNSCLC in Europe.

Methods: Real-world data were collected from the Adelphi NSCLC Disease Specific ProgrammeTM; a point in time survey administered to 252 oncologists/pulmonologists between July and November 2020 across Europe; France (n=51), Germany (n=50), Italy (n=50), Spain (n=50) and the UK (n=51) (Eu5). Physicians completed patient record forms for 845 consulting pts with mNSCLC and no EGFR or ALK tumor aberrations. Pts were invited to complete patient reported outcomes questionnaires.

Results: Pts mean age was 65.4 years and the majority were male (63.3%). At diagnosis, 31.4% of pts had stage IVa disease and 65.8% had stage IVb; 84.0% had an ECOG performance status of 0-1. Most pts had adenocarcinoma (78.7%) and 18.1% had squamous cell carcinoma. Additional to EGFR and ALK, most pts received biomarker testing for PD-L1 (96.2%), ROS1 (82.6%) and KRAS (52.1%). Of those tested for PD-L1, 23.8% had <1% expression, 42.1% had 1-49% expression, and 34.1% had ≥50% expression. Of pts with ≥1% PD-L1 expression, the most common driver mutation was KRAS (5%). Immunotherapy (I-O) was the most commonly prescribed 1L treatment (58.1%), either as monotherapy or in combination with chemotherapy, and 36.9% received chemotherapy only.

Table: 107P

	Eu5 total (n=845)
Age (mean, years)	65.4
Male, %	63.3
Stage at advanced diagnosis, %	
IIIb	1.5
IIIc	1.2
IVa	31.4
IVb	65.8
Unknown/not assessed	0.1
Histology, %	
Adenocarcinoma	78.7
Squamous cell carcinoma	18.1
Large cell carcinoma	2.1
Other	1.1
Unknown/not assessed	0
ECOG PS at advanced diagnosis, %	
0-1	84.0
2+	15.7
Unknown/not assessed	0.2
Top three biomarkers tested at advanced diagnosis, %	
PD-L1	98.1
ROS1	84.3
KRAS	52.1
PD-L1 expression, %	n=824
<1%	23.8
1-49%	42.1
≥50%	34.1
1L metastatic treatment received, %	n=833
Chemotherapy only	36.9
IO monotherapy	30.5
IO + chemo	27.6
Chemo + anti-angiogenic agent	2.4
Anti-angiogenic agent	0.1
Best supportive care	0.1
Other	2.4

Conclusions: Current real-world diagnostic patterns in mNSCLC without EGFR or ALK aberrations show predominant testing for PD-L1, with most pts having PD-L1 expression ≥1%. Guidelines recommend I-O–based treatment for 1L mNSCLC patients, yet 1L chemotherapy use remains high. Further research is warranted to evaluate the diagnostic and treatment landscape in the EGFR- and ALK- mNSCLC population and to understand the patient characteristics associated with chemotherapy use.

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108P PICTuRE: Real-world treatment pathways in stage III non-small cell lung cancer in Portugal

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Background: Stage III NSCLC is a heterogeneous and complex setting that requires multimodal management. Recent advances in modern medicine led to the implementation of immuno-oncology (IO) into clinical practice. PICTuRE aims to assess the clinical management and the IO impact on clinical outcomes in stage III NSCLC patients (pts).

Methods: PICTuRE is a multicentric, retrospective real-world study, based on secondary data from medical records of reference centers in Portugal. Study included adults initially diagnosed with stage III NSCLC during 2018 and followed up until disease progression, death, end of study, or loss to follow up (whichever occurs first).

Results: A total of 287 pts were enrolled. For this interim analysis, treatment information and follow-up data was available for 221 pts: 76.5% male, 66.3±10.4 yr mean age at diagnosis. Overall median follow-up time was 9m (8-12, 95% CI). Most tumours were adenocarcinoma (58.4%) or squamous cell carcinoma (36.2%). Staging was mainly performed (87.5%) according to TNM AJCC 8th edition: 46.2% pts were IIIA, 37.6% IIIB, 12.2% IIIC, and 4.1% other. Initial treatment options for stage III diagnosis were as follows: 24.9% of pts underwent surgery, 51.1% received CRT, and 24.0% palliative therapy. IO treatment was given to 66 pts: within surgery group 12.7% any time after recurrence; within CRT group 6.2% IO consolidation and 29.2% at any time after CRT progression; within palliative group 13.2% in first line and 22.6% in second or subsequent lines. Impact of treatment is summarized in the table.

Conclusions: PICTuRE showed that among patients treated with radical treatment (surgery and CRT) that did not receive IO, more than half progressed within the follow-up period of 9m, showcasing the high unmet medical need. Early initiation of IO is beneficial for patients and worse outcomes are seen in those who are not given IO. Further analysis are needed to strengthen statistical and clinical relevance of these results.

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