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# 498eP - Treatment patterns in biliary tract cancer in Germany: Real World Data from the QLC-Study of the German Alliance on Liver Cancer (GALC) - AIO-HEP-0225/ass


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GALC German Alliance for Liver Cancer · DGVS Deutsche Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten · AIO Arbeitsgemeinschaft Internistische Onkologie · DeGIR

## Introduction

International and national guidelines recommend surgery and adjuvant capecitabine (Cap) for resectable biliary tract cancer, and cisplatin/gemcitabine (GC) +/- durvalumab (D) plus molecular profiling for unresectable locally advanced or metastatic disease. This study evaluated the implementation of these recommendations in clinical routine across Germany.

## Methods

The QLC retrospectively collects nationwide and representative real-world data on the routine treatment of pts with BTC in Q3-4 2024 from 47 hospitals and 24 office-based physicians in Germany.

Recurrence-free (RFS), progression-free (PFS) and overall survival (OS) were estimated using the Kaplan-Meier-Method. Results are presented as median (if reached) or 12-moths rate (95% CI).

The resectable setting is defined as patients with UICC I-II or resectable UICC III disease.

## Results

**Patient Characteristics**

| Characteristic | Overall N = 389[1] | resectable N = 162[1] | unresectable N = 227[1] |
|---|---|---|---|
| Age (yrs) | 71 (63, 77) | 71 (63, 77) | 70 (63, 77) |
| UICC | | | |
| I | 46 (12%) | 46 (28%) | 0 (0%) |
| II | 77 (20%) | 77 (48%) | 0 (0%) |
| III | 88 (23%) | 39 (24%) | 49 (22%) |
| IV | 178 (46%) | 0 (0%) | 178 (78%) |
| intrahepatic | 192 (49%) | 64 (40%) | 128 (56%) |
| extrahepatic | 138 (35%) | 79 (49%) | 59 (26%) |
| gallbladder | 56 (14%) | 21 (13%) | 35 (15%) |
| EHS[2] | 72 (19%) | 0 (0%) | 72 (32%) |
| Sex | | | |
| male | 204 (52%) | 91 (56%) | 113 (50%) |
| female | 185 (48%) | 71 (44%) | 114 (50%) |
| ECOG PS | | | |
| 0 | 130 (33%) | 78 (48%) | 52 (23%) |
| 1 | 134 (34%) | 46 (28%) | 88 (39%) |
| 2 | 67 (17%) | 15 (9.3%) | 52 (23%) |
| ≥3 | 19 (4.9%) | 3 (1.9%) | 16 (7.0%) |
| unknown | 39 (10%) | 20 (12%) | 19 (8.4%) |
| CCI[3] | | | |
| 2 | 197 (51%) | 102 (63%) | 95 (42%) |
| 3 | 67 (17%) | 31 (19%) | 36 (16%) |
| 4 | 27 (6.9%) | 14 (8.6%) | 13 (5.7%) |
| ≥5 | 98 (25%) | 15 (9.3%) | 83 (37%) |
| Median FU | 16.1 | 15.7 | 16.4 |

[1] Median (Q1, Q3); n (%)
[2] Extrahepatic Spread
[3] Charlson-Comorbidity-Index

resectable setting

unresectable setting

Fig. 1: Surgery in resectable setting

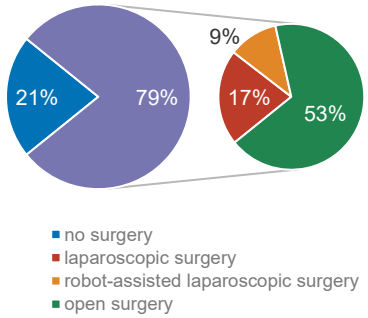



Fig. 2: Pts. With surgery resection status and adjuvant treatment

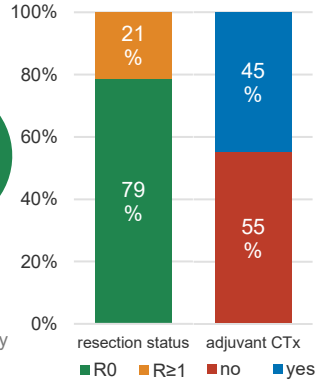



Fig. 3: RFS by adjuvant treatment

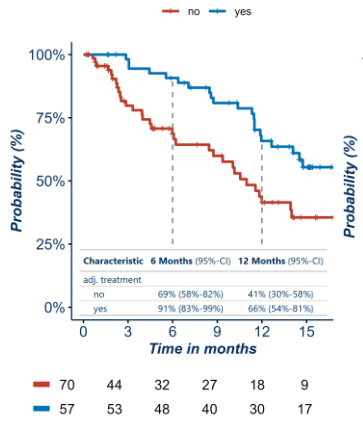



Fig. 4: OS by adjuvant treatment

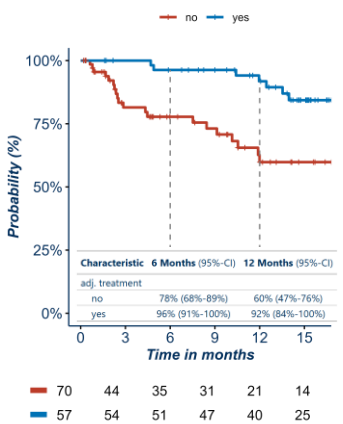



Fig. 5: PFS by 1st line treatment

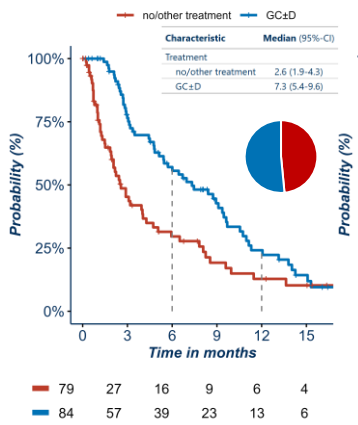



Fig. 6: OS by 1st line treatment

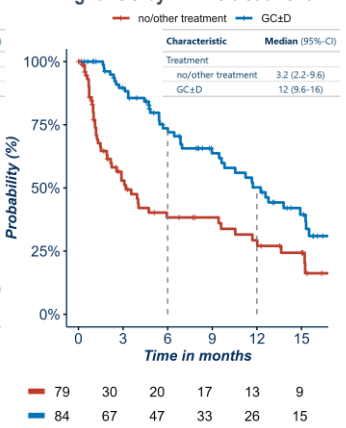



Fig. 7: PFS by 2nd line treatment

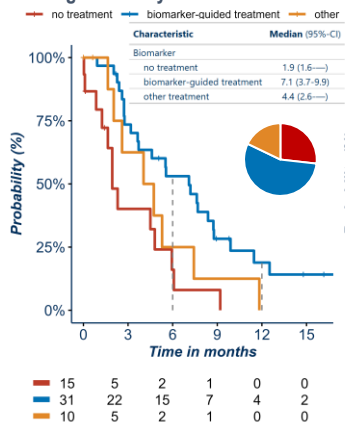
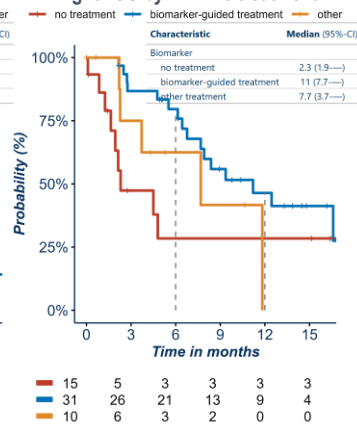



Fig. 8: OS by 2nd line treatment




## Conclusion

This real-world analysis shows that guideline-recommended treatment strategies for BTC are only partially implemented in routine clinical care in Germany. In particular, the low use of recommended systemic treatment in both the adjuvant and the palliative setting suggests potential for optimization.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