

Pan-Canadian Lung Cancer Observational Study (PALEOS): A Multicentre Ambispective Observational Study of Lung Cancer Patients

***S. Kuruvilla**^{1,2}, P. Wheatley-Price^{3,4}, F. Gwadry Sridhar⁵, P. Joubert^{6,7}, O.I. Aseyev^{8,9}, L. Young⁵, R. Sachdeva¹, B. Sheffield¹⁰, M. Richardson³, J. Bafaro⁶, R. Seeger³, A. Wojtyk³, K. Bisson¹⁰, A. Foo¹⁰, G. Liu^{11,12}, P.K. Cheema^{10,12}

¹London Health Sciences Centre, London ON CA ,²Western University, London ON CA ,³The Ottawa Hospital Cancer Centre, Ottawa ON CA ,⁴University of Ottawa, Ottawa ON CA ,⁵Pulse Infoframe Inc., London ON CA ,⁶Institut de Cardiologie et de Pneumologie de Québec-Laval Université, Quebec City QC CA ,⁷Université Laval, Quebec City QC CA ,⁸Thunder Bay Regional Health Sciences Centre, Thunder Bay ON CA ,⁹Northern Ontario School of Medicine, Thunder Bay ON CA ,¹⁰William Osler Health System, Brampton ON CA ,¹¹Princess Margaret Cancer C entre, Toronto ON CA ,¹²University of Toronto, Toronto ON CA

BACKGROUND

Healthcare decision-makers and stakeholders are increasingly relying on real-world evidence (RWE) alongside evidence from randomized controlled trials.

- Regulatory bodies such as the FDA, Health Canada and EMA are advocating for increased utilization of RWE to support new indications, signaling a paradigm shift in evidence-based medicine practices.
- Using RWD, PALEOS aims to address key questions regarding the epidemiology and natural history, treatment patterns and effectiveness, safety, patient reported outcomes and health economic impact in Canadian lung cancer patients.

THE HEALTHIE[™] 360° VIEW

PALEOS is hosted on the healthie[™] RWD platform by Pulse Infoframe. Pulse Infoframe, based in Ontario, has a global reach with over 31,000 patients in registries/studies in 120+ sites, across 87 countries and 13 languages. PALEOS captures close to 500 data elements covering the patient journey from screening, through diagnostics and multiple treatment modalities, to end of life. It uses the OMOP Common Data Model and can collaborate with other national/international registries.



RESULTS

Male

54%

Age at Diagnosis

Sex

PALEOS annual recruitment rates are growing exponentially, from 69 new cases in 2020 to 1,900 in 2024 to-date including anticipated ingestion for an onboarding site. Median age is 69 years (range 22-97) at diagnosis, 46% were females, and 19%, 9%, 19%, 54% were stages I, II, III, and IV, respectively (n=706). 42% had first-line metastatic treatment initially involving immunotherapy (22% monotherapy; 20% combination chemoimmunotherapy; n=544). Among all patients tested, 15% had EGFR-mutated (n=639) and 5% were ALK-rearranged (n=621) tumors. Median follow-up in Stage I-III patients was 27 months; in Stage IV patients, 16 months. Median overall survival for Stages III and IV were 37.1 and 20.4 months, respectively.



METHODS AND PALEOS STUDY OBJECTIVES

- PALEOS (NCT04706754) is a multicentre, ambispective observational study conducted across multiple sites in Canada in adult patients with a confirmed diagnosis of non-small cell lung cancer.
- The study will recruit 25,000 patients over 20 years, with 6 initial sites that comprise a catchment area of approximately 30% of the Canadian population (mix of urban and rural populations), with plans to expand.
- Descriptive statistics were generated, and survival analysis conducted based on primary and secondary objectives.

PRIMARY OBJECTIVE

 To report on the natural history and treatment patterns of multiple subgroups of lung cancer patients, from 2000 onwards, using a combination of retrospective and prospective methods that includes diagnostic, molecular alterations, treatment, and outcomes.

SECONDARY OBJECTIVES

- 1) To evaluate PROs of different subgroups of lung cancer..
- 2) To understand the incidence, prevalence, and metastatic spread in different subgroups of lung cancer.
- To understand the evolution of clinical implementation of new diagnostic/biomarker tests and new treatments, including rates of adoption into clinical practice, and retention over time.
- 4) To compare the natural history, stage distribution, treatment outcomes such as treatment effectiveness and treatment toxicities across sub-group of patients with tumors that have been molecularly subtyped and identified to have rare molecular alterations.

CONCLUSIONS AND FUTURE DIRECTIONS

- PALEOS provides a comprehensive framework to elucidate natural history, treatment patterns, and outcomes of lung cancer patients. It will facilitate knowledge translation and inform evidence-based decision-making in the management of lung cancer across disciplines
- PALEOS supports health technology assessments for new therapeutics and will have meaningful impact on patient advocacy.
- The RWE generated from PALEOS (clinical, molecular, advanced sequencing techniques) can be used to support biomarker discovery trials.
- In 2024 PALEOS will expand to additional study sites in Canada and the US (New York), and to multiple satellite sites.
- Use of artificial intelligence technology to bridge the different domains will be explored.



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