Abstract 527: Cancer Commons' Virtual Tumor Board program- a patient-centric advisory panel and Real-World Data registry

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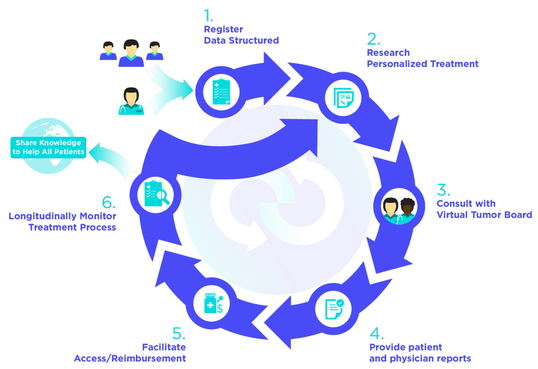
Background

- We initiated a nationwide Virtual Tumor Board (VTB) program for pancreatic cancer (PC) patients (pts).
- The VTB consists of oncology experts and serves as an advisory panel by providing information on treatment (Tx) options based on a comprehensive review of patients' oncologic history.
- Personalized Tx options and their rationales are provided, and outcomes tracked in a prospective registry (XCELSIOR).

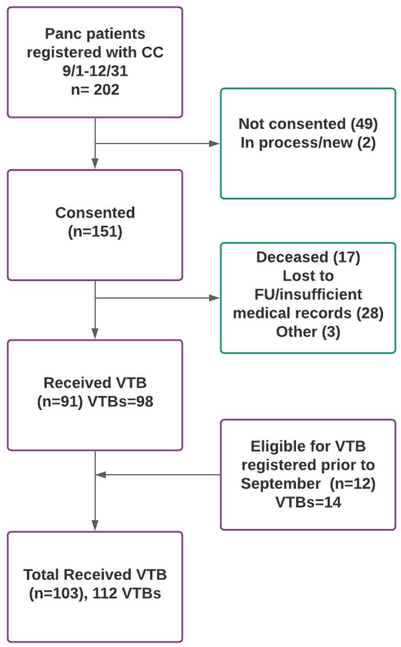
Methods:

- PC pts who participated in XCELSIOR shared access to their full medical records, which were collected, processed, and abstracted.
- The panel reviewed cases asynchronously through an interactive platform followed by a VTB which was held weekly through videoconferencing.
- Tx options were summarized into a written report and provided to patients and their physicians.
- Outcomes and quality of life are tracked longitudinally through an IRB-approved 21CFR11 compliant observational registry (XCELSIOR, NCT03793088).



Results

- From 9/2020 to 12/2021, the VTB reviewed 103 unique cases; 54% were male; median age at diagnosis was 61 (36-87).
- At the time of VTB, 91 (89%) had metastatic disease and 9 (9%) had locally advanced disease.
- Median prior therapy lines was 2 (0-9), with 33 (34%), 35 (36%), 9 (9%), and 21 (21%) pts having received 1, 2, 3 and 4+ lines of therapy, respectively.
- Median time from diagnosis for pts presenting after 1, 2, and 3+ lines of prior Tx was 10.3, 8, and 24.7 months, respectively.
- First-line Tx was FOLFIRINOX in 52 (53%) pts and gemcitabine/nab-paclitaxel in 31 (32%) pts.
- At the time of VTB, 41 (37%) of patients had stable disease, 32 (29%) had disease progression, 20 (18%) had recently started a new Tx, 9 (8%) were responding to Tx, 4 (4%) had stable disease on imaging but rising CA 19-9, and 6 (6%) were equivocal or unclassified.
- Prior to VTB, 96 (94%) pts had molecular profiling results available.
- Collectively the VTB provided 523 Tx and diagnostic (NGS, imaging, etc.) options with a median of 5 (1-12) options per patient. As of 12/30/2021, 112 VTB reports were provided.
- Of 46 instances of 'where no treatment decision was implemented', 19 (41%) are deceased, 11 (24%) are stable, and 6 (12%) had other reasons.
- Of the 37 people who started a subsequent Tx, 22 treatments (59%) were identified by the VTB. These included 12 (55%) FDA-approved, 4 (18%) off-label, and 6 (27%) on-trial Tx.
- Of 15 (41%) treatments received not identified by the VTB, 7 (47%) were FDA-approved, 2 (13%) off label, 3 (20%) on-trial, and 3 (20%) local Tx.



- We present our experience of utilizing a platform for patients to receive a virtual tumor board review and utilize an IRB-approved registry as a learning system.
- Early data indicate successes in identifying treatment and clinical trial opportunities.
- Future steps include streamlining communication with primary oncologists and enhancing access to treatments.

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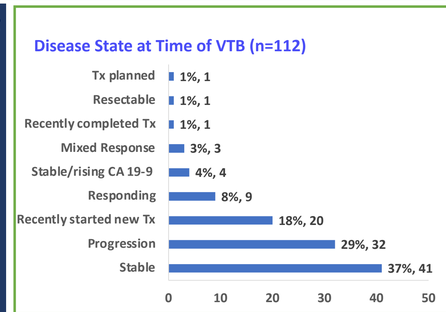
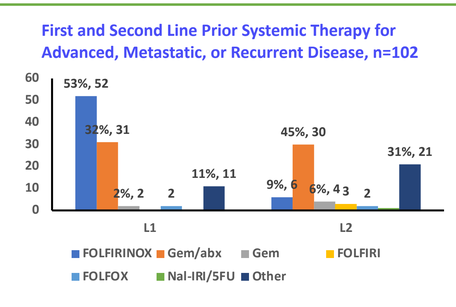
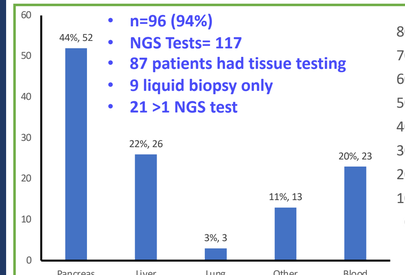
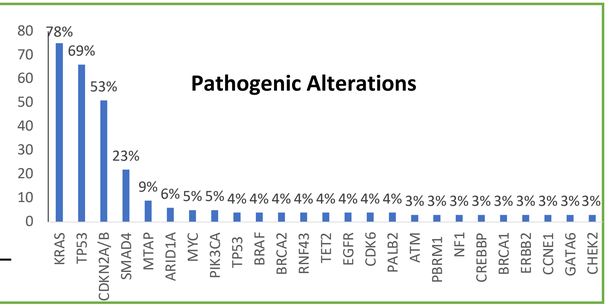
Patient Characteristics	n=103
Sex	
Male	56
Female	47
Median Age at diagnosis (range)	61 (36-87)
Median Age at VTB (range)	64 (36-88)
Surgery	27
Diagnosis	
Pancreatic adenocarcinoma	97 (94%)
Other	5 (5%)
Alternate (non-panc) diagnosis	1 (1%)

Patient Characteristics	n=102
Stage at diagnosis	
Resectable	29 (28%)
Borderline Resectable	5 (5%)
Locally advanced	9 (9%)
Metastatic	59 (58%)
Stage at VTB	
Borderline Resectable	1 (1%)
Locally advanced	9 (9%)
Local recurrent	2 (2%)
Metastatic	91 (89%)



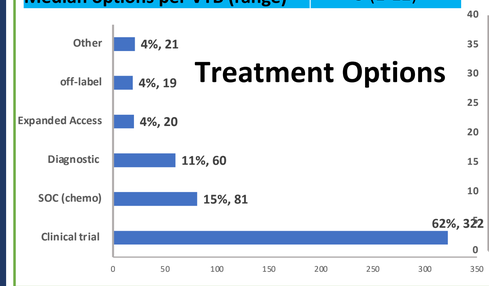


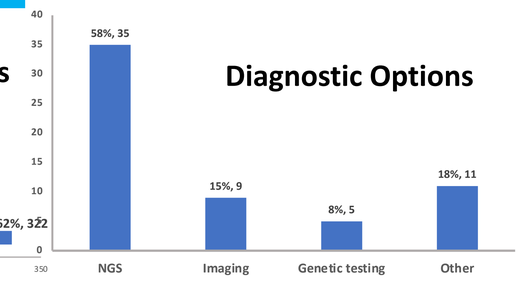




VTB Outcomes, n=102, VTB=111

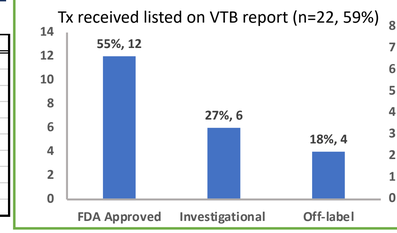
Median options per VTB (range): 5 (1-12)

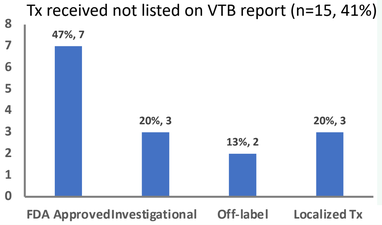




Patient Follow-up and Outcomes

Tx Decision made (n=37) (As of 12/2021)





No Tx Decision (n=46) (49%)
For 93 reports delivered by 9/30/2021

No Tx Decision	n=46
Stable Disease	11 (24%)
Death	19 (41%)
Other	6 (13%)