

2301P Comprehensive characterization of evolving immune checkpoint inhibitor (ICI) indications and outcomes

Annelies Verbiest^{1*}, Fabienne Ver Donck², Ige Bassez², Emma Callewaert³, Lieselot Cool³, Lieselot Croes¹, Danielle Delombaerde^{4,5}, Astrid De Meulenaere⁴, Dries Hens², Clara L. Oeste², Hans Prenen^{1,5}, Laura Tack³, Marthe Verhaert⁶, Philip Debruyne³, Christof Vulsteke^{4,5}, Sandrine Aspeslagh^{6,7}, Nele Brusselaers^{8,9,10}

¹Department of Oncology, Multidisciplinary Oncological Center Antwerp, Antwerp University Hospital, Belgium; ²LynxCare, Leuven, Belgium; ³Department of Medical Oncology, General Hospital AZ Groeninge, Kortrijk, Belgium; ⁴Department of Oncology, General Hospital AZ Maria Middelares, Ghent, Belgium; ⁵Center for Oncological Research (CORE), University of Antwerp, Antwerp, Belgium; ⁶Department of Medical Oncology, Vrije Universiteit Brussel, Universitair Ziekenhuis Brussel, Belgium; ⁷Department of Internal Medicine, Vrije Universiteit Brussel, Universitair Ziekenhuis Brussel, Belgium; ⁸Global Health Institute, Faculty of Medicine and Health Sciences, University of Antwerp, Belgium; ⁹Department of Public Health and Primary Care, Ghent University, Belgium; ¹⁰Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden.

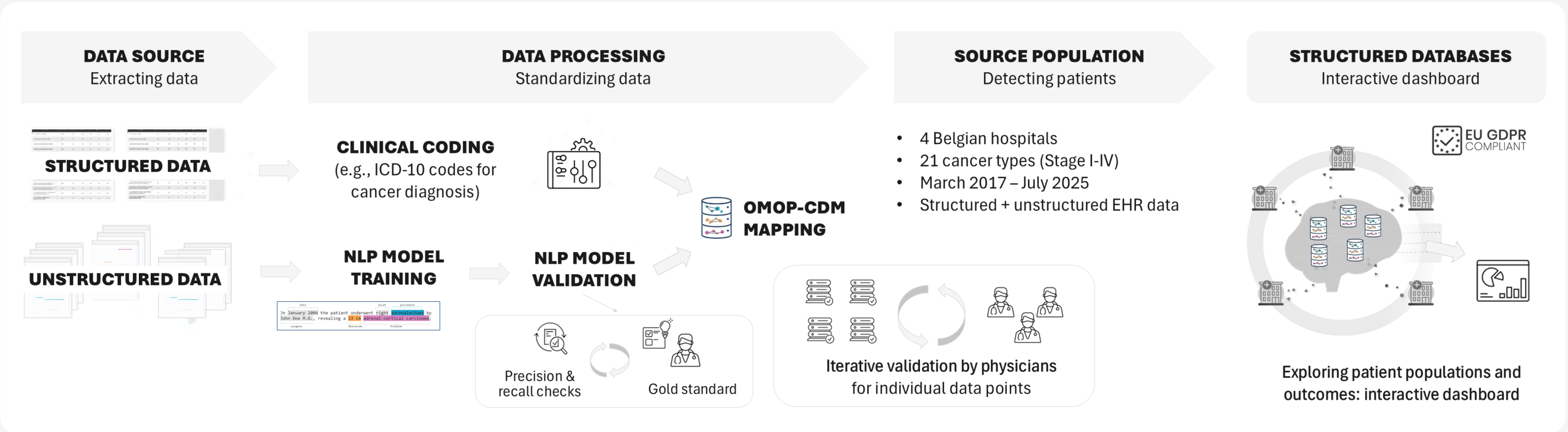


BACKGROUND & AIMS

- Immune checkpoint inhibitors (ICI) form a backbone of curative and non-curative treatment across cancer types.
- We lack **real-world data on their use and outcomes across cancer types and settings (early or st IV)** to guide evidence-based policymaking and clinical biomarker research.
- The **Observational Medical Outcomes Partnership Common Data Model (OMOP CDM)** is designed for analysis of cross-domain observational health data.
- This information can easily be explored through an **interactive dashboard**.

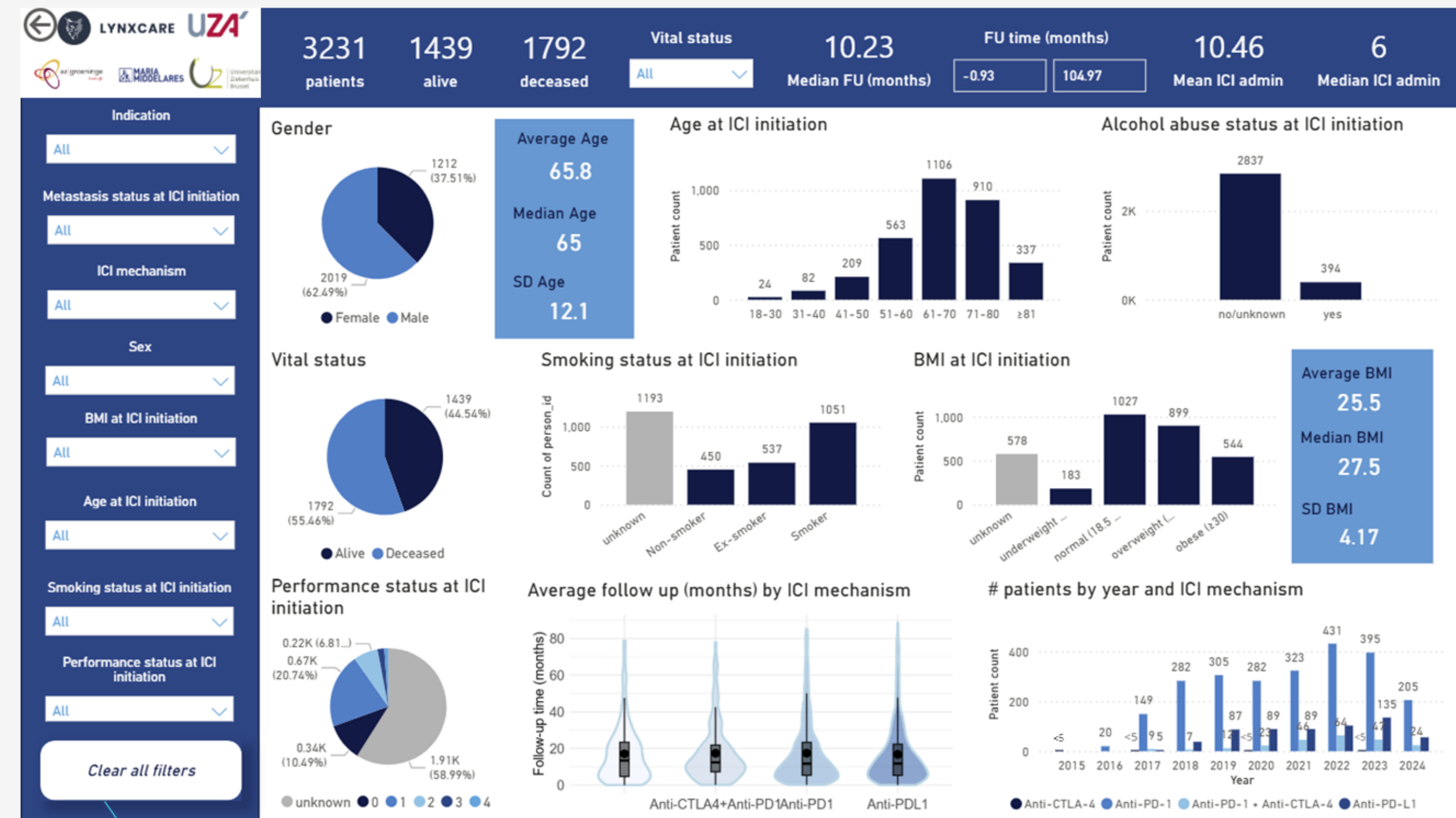
METHODS

- Longitudinal routinely collected data** from 4 Belgian hospitals (2 academic, 2 community).
- Processed anonymized **electronic health records (EHR)** using **natural language processing (NLP)** and machine learning.
- We developed a **rule-based stage classifier**:
 - Used UICC TNM
 - Priority of **pTNM over cTNM**
- Cancer considered **metastatic** if stage IV or metastasis detected before ICI start
- Non-metastatic** if stage I-III within 6mo before and no metastasis $\leq$ 2mo after.



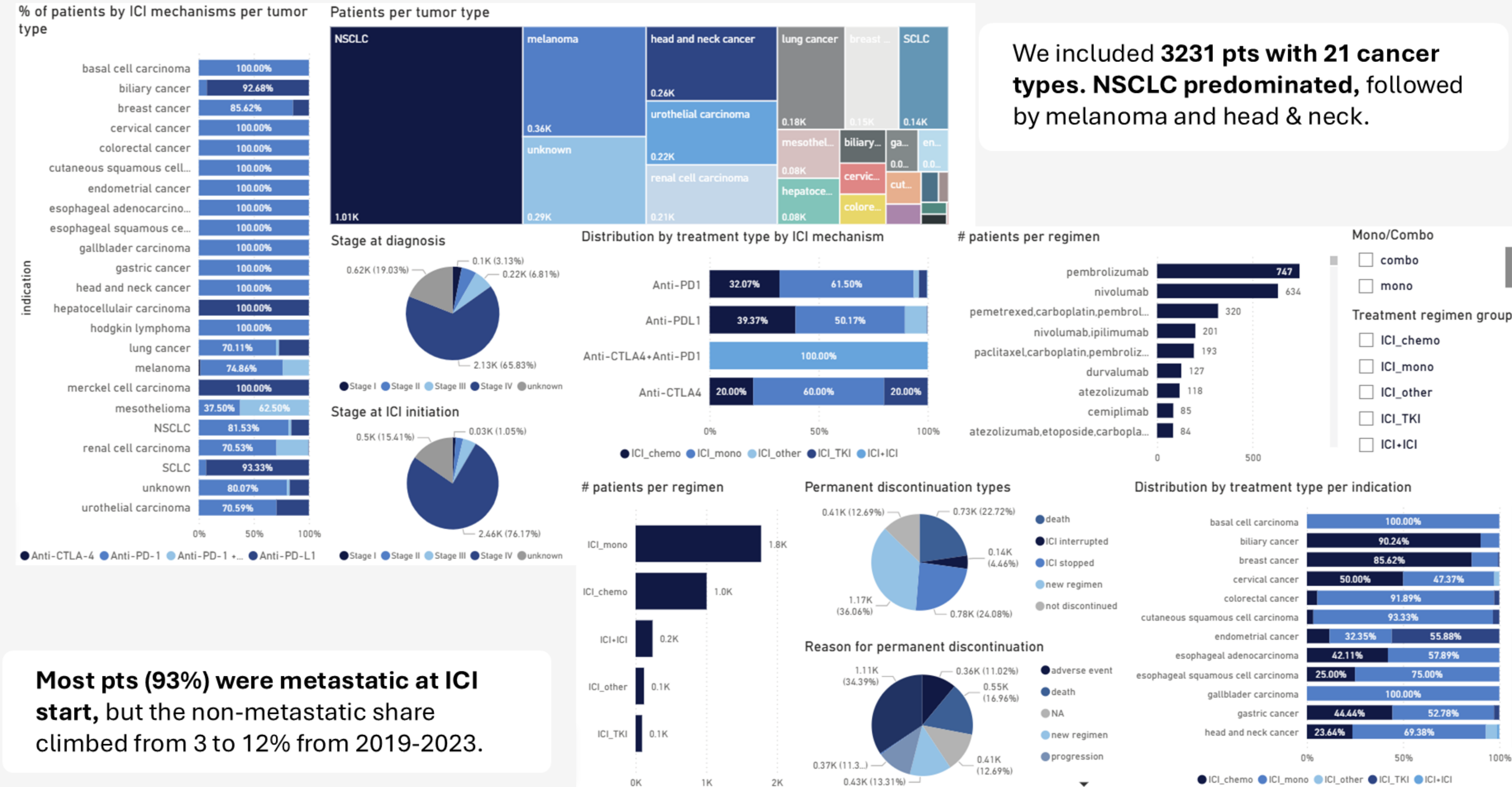
RESULTS

Figure 1. Demographics tabs



Filters allow users to focus on populations of interest according to indication, metastasis status, ICI mechanism, sex, BMI, age, smoking status, and performance status at ICI initiation.

Figure 2. Tumor characteristics and treatment details tabs



Most pts (93%) were metastatic at ICI start, but the non-metastatic share climbed from 3 to 12% from 2019-2023.

Figure 3. Focus on melanoma

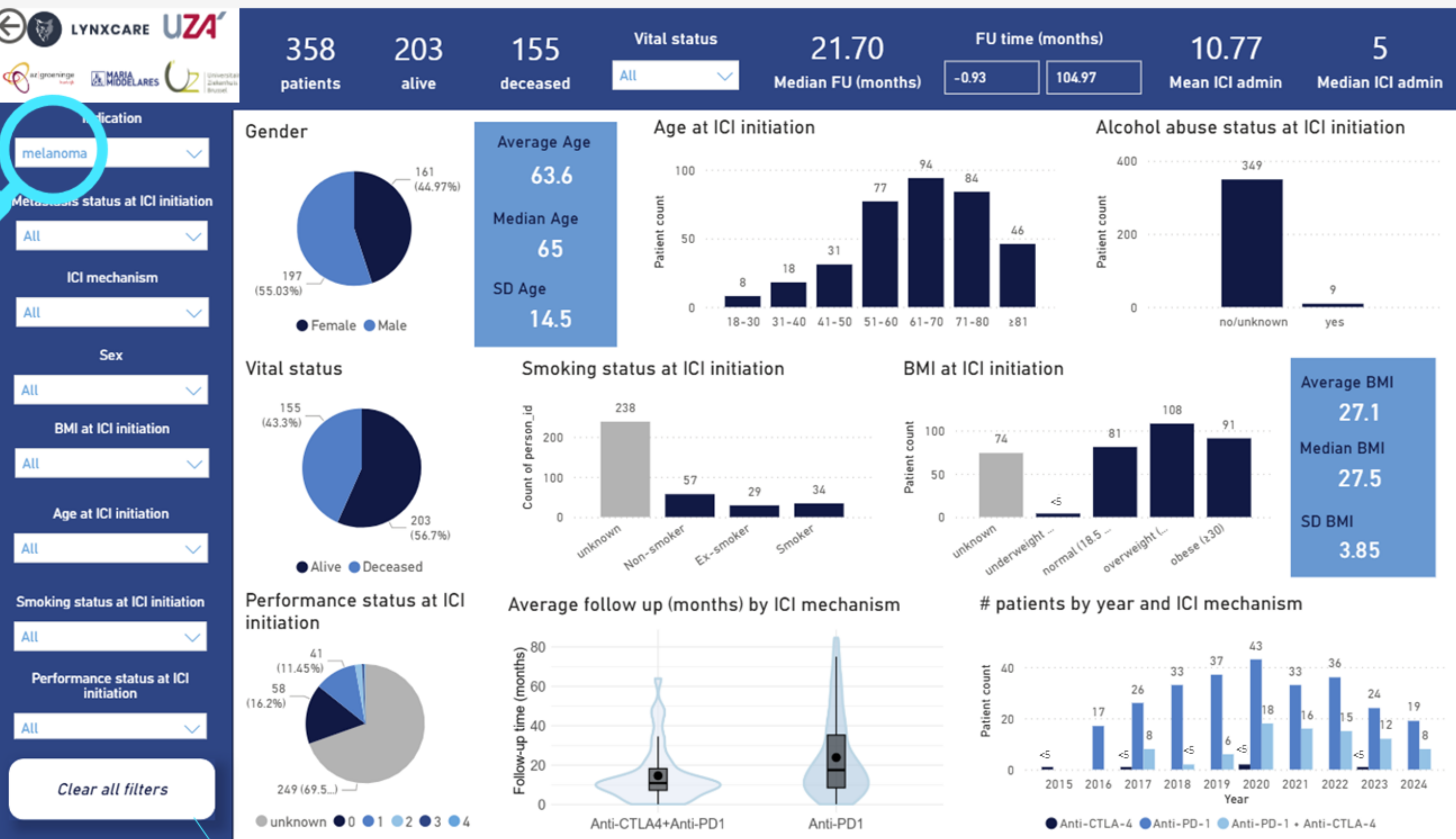
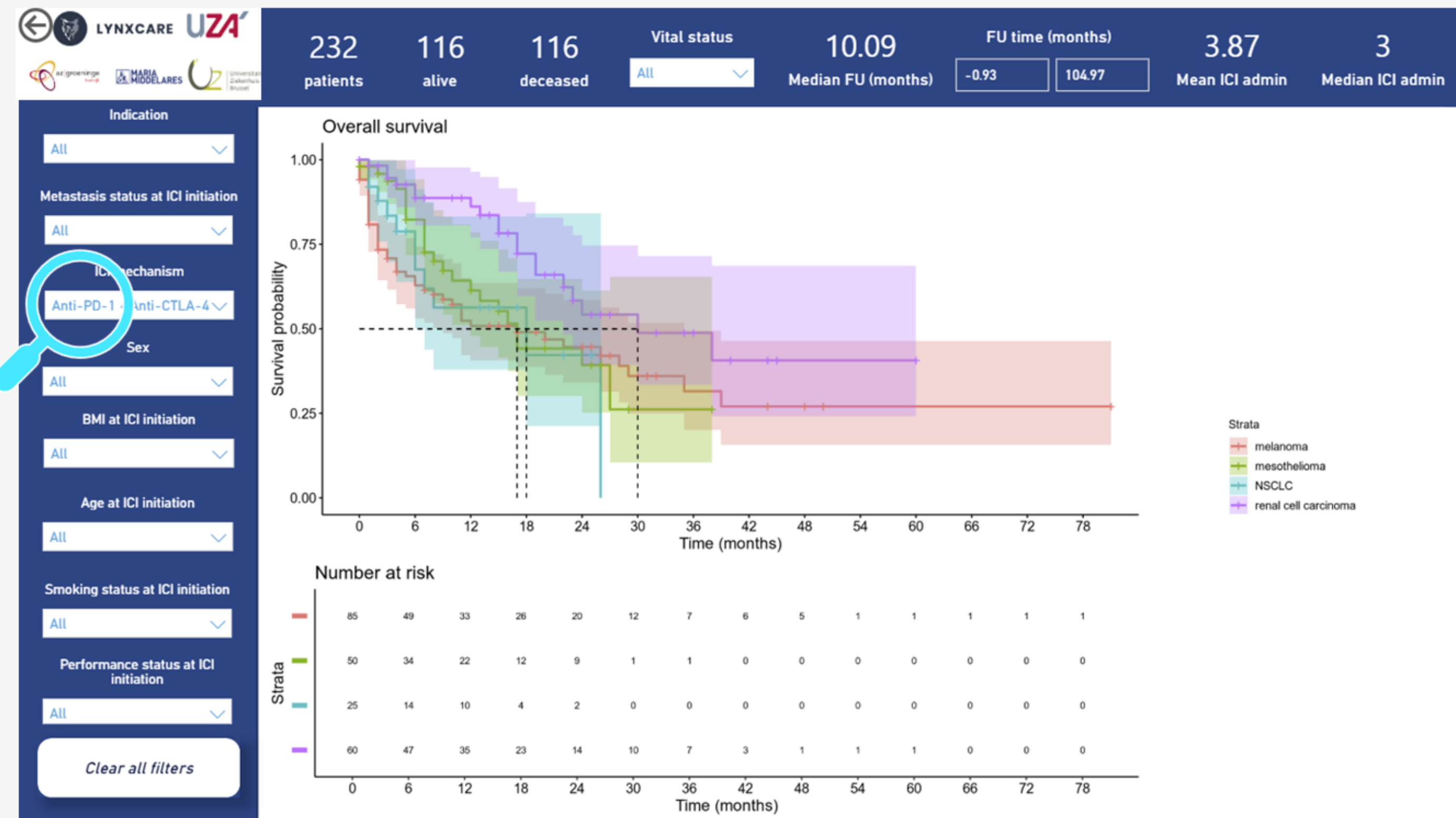


Figure 4. Focus on ipilimumab + nivolumab



- We provide a unique **granular characterization of evolving real-world ICI usage and outcomes**.
- At 45% of pts, **lung cancer was the predominant ICI indication** between 2017-2024.
- Use of ICI in non-metastatic pts is sharply increasing, warranting attention for potential long-term toxicities.
- Results will be presented in **dashboard format** allowing the reader to define and explore subgroups.
- We developed a **classifier to calculate tumor stage based on fragmented TNM values**, Code will be made open access.
- Characterization of comorbidities, adverse events, and therapy regimens is ongoing.