

older (67.7 vs 63.4 years, $p = 0.0006$) and started ramucirumab treatment later following gastric/GEJ cancer diagnosis (16.9 vs 14.1 months, $p = 0.0318$) than those who received combination therapy. Most patients started ramucirumab in the second-line setting ($N = 407$, 80.6% overall; 56.5% of monotherapy and 87.7% of combination therapy users). The average number of infusions across all LOTs was 6.9 (standard deviation, $SD = 6.1$) and for second-line therapy was 7.1 ($SD = 6.3$). When assessing ramucirumab infusions by LOT, the mean number of ramucirumab infusions was higher in the 4th LOT for combination therapy versus monotherapy (6.7 vs 4.9, $p = 0.0190$); no differences in the number of infusions were observed for other LOTs. In multivariable analysis, two factors were significantly associated with monotherapy: lower use of a prior fluoropyrimidine-containing therapy (odds ratio [OR] = 0.33; $p < 0.0001$) and later LOT of ramucirumab initiation (OR = 9.82 for LOT4 vs. LOT1; $p = 0.0047$ and OR = 4.39 for LOT3 vs. LOT1; $p = 0.0244$); there were no significant differences for 2nd LOT. Median survival for second-line monotherapy was 5.5 months (95% confidence interval [CI] 4.3, 7.8) and for second-line combination therapy was 7.4 months (95% CI 6.6, 8.8).

Conclusion: Most patients receiving ramucirumab for gastric/GEJ cancer were treated with combination therapy. Survival outcomes were consistent with phase III registration clinical trials. Results of this study are consistent with expected clinical treatment practices, demonstrating monotherapy use among older patients and in later lines of therapy. This study was conducted in a community oncology setting utilizing gastric cancer treatment pathways and may not be generalizable to sites that do not have treatment pathways in place.

P – 077 Predictive factors associated with ramucirumab monotherapy or combination therapy among patients with gastric/gastroesophageal junction cancer in the community oncology setting

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Introduction: Ramucirumab is approved as a monotherapy and in combination with paclitaxel for patients with advanced or metastatic gastric or gastroesophageal junction (GEJ) adenocarcinoma after prior fluoropyrimidine- or platinum-containing therapy. The aims of this study were to describe patient characteristics and clinical outcomes of gastric/GEJ cancer patients who received ramucirumab and to explore factors associated with monotherapy and combination therapy.

Methods: This was a retrospective observational cohort study of adult patients with gastric/GEJ cancer who initiated ramucirumab at a US Oncology Network clinic between 21Apr2014 and 30Jun2016. Descriptive analyses were performed to describe the study population and ramucirumab treatment by line of therapy (LOT). Multivariable logistic regression models including baseline demographic and clinical factors (e.g. age, gender, performance status, prior therapy, symptoms at initiation of treatment) were used to evaluate predictors for the use of ramucirumab monotherapy or combination therapy. Overall survival was evaluated using the Kaplan-Meier method.

Results: There were 505 eligible patients included in this study, mean age was 64.4 years, 379 (75.1%) were male, 115 (22.8%) received ramucirumab monotherapy, and 390 (77.2%) received combination therapy. Patients who received monotherapy were