Descriptive Analysis of Patients Initiating Regorafenib Therapy in a Large Managed Care Population

Background
Colon and rectal cancers, collectively are the second leading cause of death in the Unites States1, and are predicted to be responsible for 52,420 deaths in the U.S. in 2013.2 Regorafenib is a multi-kinase inhibitor indicated for the treatment of patients with metastatic colorectal cancer (CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild-type, an anti-EGFR therapy. Because of the recent approval of regorafenib, there is currently a need for research about the real-world use of this product.

Objective
To describe treatment patterns, compliance, and direct healthcare costs of patients treated with regorafenib.

Methods
Study Design: Retrospective cohort analysis
Cohort A: Patients initiated into Cohort A - Enrolled into Cohort A
- At least one prescription claim for regorafenib during the identification period
- 18 to 88 years of age at index date
Cohort A - Additional Criteria
- Enrolled in health maintenance coverage Humana Commercial or Medicare Advantage with Prescription Drug Insurance (MAPD)
- At least 12 months of continuous eligibility prior to index date

Methods Continued
Cohort B - Additional Criteria
- At least one prescription claim for regorafenib during the period of enrollment and medical coverage

Figure 1. Attrition Diagram

Table 1. Demographics

**Table 2. Clinical Characteristics**

Table 3. Pre and Post Index Treatment Patterns (Cohort A)

Table 4. Reason for End of Follow-Up Period (Cohort A)

Table 5. Duration of Follow-Up (Cohort A)

Table 6. Adherence to Regorafenib Therapy

**Results**

**Limitations**
- Patients initiated on regorafenib were largely suffering from metastatic cancer, and therefore, may not represent the general population
- Nearly all patients were treated with chemotherapy and/or biologic agents before initiating regorafenib therapy. It is unknown that all patients had prior therapy documented in the available data.
- The majority of patients in the sample had a primary cancer diagnosis of colorectal cancer and did not present to our clinic for oncology services.
- Among patients that met enrollment criteria, only had on post-index data.
- Adherence to regorafenib therapy was highest among patients with the shortest follow-up prior to interruption of anti-cancer therapy.