Poster# **2415P**

Pr. Denis Maillet | denis.maillet@chu-lyon.fr

Access to [^{177}Lu]Lu-PSMA-617 (^{177}Lu-PSMA-617) in metastatic castration-resistant prostate cancer (mCRPC) in France: comparative analysis with cabazitaxel using national hospital data

[1] Denis Maillet, [2]Barbara Roux, [2]Jade Vadel, [2]Aurore Tricotel, [3]Donatien Collet, [3]Camille Wiart, [3]Quentin Dardonville,[4]Elske Quak

[1]Service d'oncologie médicale, Hôpital Lyon Sud, Institut de cancérologie des hospices civils de Lyon (IC-HCL) , Lyon, France; [2]Real World Solutions, IQVIA, La Défense Cedex, France; [3]Novartis, Rueil Malmaison Cedex, France; [4] Service de médecine nucléaire, Centre François Baclesse, Caen, France.

KEY FINDINGS & CONCLUSIONS

- Though access to ^{177}LuPSMA-617 increased and doubled in 2023 compared to 2022, it remains limited in France.
- Receiving the last chemotherapy in a non-RLT center and geographic distance from RLT centers are key major identified barriers to equitable access to ^{177}LuPSMA-617.
- ^{177}LuPSMA-617 is associated with lower hospitalization rates and transfusion needs than cabazitaxel.
- Further in-depth investigations of other factors influencing the access to ^{177}LuPSMA-617 are needed to fully understand barriers and enablers influencing this access in France, and to guide future policy decisions.

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INTRODUCTION

- [^{177}Lu]Lu-PSMA-617 (^{177}Lu-PSMA-617) radioligand therapy is now part of the standard treatment options after docetaxel in mCRPC, alongside cabazitaxel according to the guidelines of the French National Authority for Health[1].
- Yet, implementing RLT poses challenges due to the need for specialized infrastructure and trained personnel[2].
- Understanding access patterns and factors influencing the prescription of ^{177}LuPSMA-617 is essential to ensure timely and equitable access to RLT.
- The study aimed to investigate the access to ^{177}LuPSMA-617 in France and generate comparative data vs. cabazitaxel in real-world settings.

METHODS

- **Retrospective population based-study using the French hospital discharge database (PMSI)** covering all hospitalizations in the French public and private sectors[3].
- Annual access rate to ^{177}LuPSMA-617 was estimated in the population of adult patients and identified with ≥1 chemotherapy for prostate cancer (PC) between 2015 and 2023, used as a proxy for patients eligible for RLT.

$$Access\ rate = \frac{Patients\ with \geq 1\ administration\ of\ 177LuPSMA{-}617\ in\ a\ given\ year}{Patients\ with \geq 1\ chemotherapy\ for\ PC\ in\ a\ given\ year\ or\ in\ the\ 7\ years\ before}$$

- The comparative analyses are focused on the subpopulation of eligible patients who initiated ^{177}LuPSMA-617 or cabazitaxel in 2022-2023, without prior treatment with either of the two therapies.
  - Descriptives analyses : patient's characteristics, hospitalization between each treatment administration
  - Multivariate analysis:
    - Logistic regression model to identify factors associated with treatment initiation with ^{177}LuPSMA-617 vs. cabazitaxel.

RESULTS

Access to ^{177}LuPSMA-617 in France [All patients]

Table 1. Access rate (%) to ^{177}LuPSMA-617 [Mainland France]

Year	Patients eligible for RLT	Patients treated with ^{177}LuPSMA-617[a]	Access rate (%)	Number of RLT centers
2022	11,794	563	**4.8%**	28
2023	12,030	1,145	**9.5%**	37

RLT, Radioligand therapy.
[a]Patients with a prior history of chemotherapy administration for PC.
Note: ≤10 patients treated with ^{177}LuPSMA-617 in the French overseas departments and regions.

- Access rate to ^{177}LuPSMA-617 was 4.8% (n=563 patients, 28 centers) in 2022 increasing to 9.5% (n=1,145, 37 centers) in 2023 (**Table 1**).
- Centers involved in RLT in 2023 were either public university or regional hospitals (51.4%) or private non-profit institutions specialized in cancer care (45.9%).

Comparative data vs. cabazitaxel [Sub-Population]

Study sub-populations:

- 523 patients initiated ^{177}LuPSMA-617 in 2022–2023 without prior treatment with cabazitaxel or RLT.
- These patients were compared to 2,875 patients who initiated cabazitaxel during the same period.

Patient's characteristics

Patients initiating either ^{177}LuPSMA-617 or cabazitaxel were of similar:

- Age [mean age: 72.2 and 72.8, p = 0.087]
- Comorbidity burden [mean Charlson comorbidity index (CCI) score: 11.5 [both treatments], p=0.157].

Factors influencing the choice to initiate ^{177}LuPSMA-617

Table 2. Factors associated with the initiation of ^{177}LuPSMA-617 vs. cabazitaxel (2022-2023)

Variables	^{177}LuPSMA-617 initiators (n=523)[a]	Cabazitaxel Initiators (n=2,875)[b]	aOR	*p-value*[c]
Last chemotherapy for PC performed in a RLT center				
No	289 (55.3%)	2,386 (83.0%)	Ref	
Yes	234 (44.7%)	489 (17.0%)	3.95 [3.14-4.95]	<.0001
Distance between place of residence and nearest RLT center				
[0-50 km[	280 (53.5%)	1,231 (42.8%)	Ref	
[50-100 km[	155 (29.6%)	902 (31.4%)	0.83 [0.64-1.06]	0.1282
100 km and more	88 (16.8%)	742 (25.8%)	0.75 [0.55-1.01]	0.0594
Delay from first chemotherapy for PC to treatment initiation years				
<1 year	221 (42.3%)	1,558 (54.2%)	Ref	
1-2 years	157 (30.0%)	753 (26.2%)	1.47 [1.15-1.88]	0.0019
≥2 years	145 (27.7%)	564 (19.6%)	1.96 [1.52-2.54]	<.0001

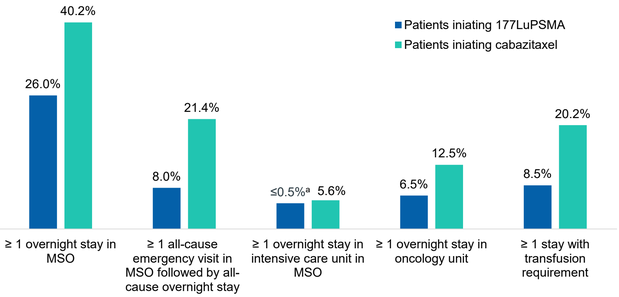
aOR, adjusted Odds Ratio.
Note: Model adjusted for age and the region of residence. Individual CCI comorbidities were not retained in the final model after the stepwise backward selection; the variables age was forced in the model despite non-significance.
[a]Patients initiating ^{177}LuPSMA-617 without prior treatment with cabazitaxel or other RLT.
[b]Patients initiating cabazitaxel without prior treatment with ^{177}LuPSMA-617 or other RLT.
[c]P-value of OR estimates.

- Factors significantly associated with ^{177}LuPSMA-617 use included (**Table 2**):
  - Receiving the last PC chemotherapy in a RLT center (aOR: 4.0)
  - Having a delay ≥1 year from first PC chemotherapy to treatment initiation (1-2 years: aOR: 1.5, ≥2 years: aOR: 2.0)
- Living ≥100 km from a RLT center was associated with cabazitaxel use (aOR: 0.8) – aOR close to the statistical significance (**Table 2**).

Hospitalization rates between each treatment administration

- Patients initiating ^{177}LuPSMA-617 were less frequently hospitalized between administrations than those initiating cabazitaxel (≥1 overnight: 26.0% vs. 40.2%, p<0.001) (**Figure 1**).
- They had also lower transfusion needs (8.5% vs. 20.2%, p<0.001).

Figure 1. Hospital stays occurring between each treatment administration [2022-2023 years]



MSO, Medical, surgical, or obstetric stays [a]Number ≤10 patients (GDPR rules).
Note: Statistical differences for all endpoints (p<0.05), expect for "≥ 1 overnight stay in intensive care unit in MSO" (p=0.091).

References

1. Haute Autorité de Santé (HAS). PLUVICTO (lutécium (177Lu) vipivotide tétraxétan) - Avis de la commission de la Transparence, 19/04/2023 [Internet]. [cited 10 janv 2024]. Available from: https://www.has-sante.fr/upload/docs/evamed/CT-20161_PLUVICTO_PIC_INS_AvisDef_CT20161.pdf. **2.** Société Française de Médecine Nucléaire (SFMN). Etude Capacité Théranostique 2023-2024: Modélisation sur la base de la RIV-PSMA [Internet]. [cited dec 2024]. Available from: https://www.cnp-mn.fr/wp-content/uploads/2024/06/Etude-Capacite-Theranostique-2023-DEF-finale-v2-240426.pdf. **3.** Bezin J, Duong M, Lassalle R, Droz C, Pariente A, Blin P, et al. The national healthcare system claims databases in France, SNIIRAM and EGB: Powerful tools for pharmacoepidemiology. Pharmacoepidemiol Drug Saf. août 2017;26(8):954-62.

Disclosures

Denis Maillet: Financial Interests, Personal, Advisory Board: Novartis, J&J, IPSEN, Astellas, MSD, BMS, Pfizer, Merck, BAYER, AstraZeneca; Donatien Collet: Financial Interests, Personal, Full or part-time Employment: Novartis; Camille Wiart: Financial Interests, Personal, Full or part-time Employment: Novartis; Quentin Dardonville: Financial Interests, Personal, Full or part-time Employment: Novartis; Barbara Roux, Jade Vadel and Aurore Tricotel have declared no conflicts of interest. Elske Quak: Financial Interests, Personal, Advisory Board: Novartis, Curium Pharma.