

Using French administrative database to identify patients with unresectable/locally advanced or metastatic esophageal cancer in France

Introduction

Esophageal cancer is the seventh most commonly occurring cancer in men and the 13th most commonly occurring cancer in women, with over 500,000 new cases in 2018 worldwide¹.

In France, 5,448 new cases were reported in 2018, mainly among men (78%)².

The prognosis of esophageal cancer is generally poor, mainly due to diagnosis at locally advanced or metastatic stages³.

In France, the epidemiology of unresectable/locally advanced or metastatic esophageal cancer is missing.

A study was set up from the French administrative databases. However, as no specific code exist to identify patients with unresectable/locally advanced or metastatic esophageal cancer, a stepwise approach algorithm was built to identify relevant patients.

Objectives

To identify patients with unresectable/locally advanced or metastatic esophageal cancer in France from the national hospital discharge database through their treatment patterns.

Methods

An observational retrospective study was conducted using the French exhaustive national hospital discharge database (PMSI). As there is no specific ICD-10 code for this specific stage, the study considered a stepwise approach algorithm based on expert inputs and combining criteria as ICD-10, surgery codes, treatment duration and stays in palliative care.

Study period

Patients were included on a 2-year period in 2015 and 2016. A prospective follow-up over this study period was performed to assess hospital management and treatment.

Inclusion criteria

Adult patients (≥18 years old) with at least one hospital stay with an ICD-10 code as Main Diagnosis, Related Diagnosis or Significant Associated Diagnosis corresponding to esophageal cancer (C15* Malignant neoplasm of oesophagus excluding C152 Abdominal part of oesophagus).

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Exclusion criteria

Patients with surgery and without metastasis were excluded (C77* Secondary and unspecified malignant neoplasm of lymph nodes, C78* Secondary malignant neoplasm of respiratory and digestive organs, C79* Secondary malignant neoplasm of other and unspecified sites).

Additionally, patients considered too weak to receive systemic anti-cancer therapy were excluded:

- Patients with a treatment discontinuation in the 2-month period after the first chemotherapy (ICD-code Z511 Chemotherapy session for neoplasm),
- Patients with at least one passage through palliative care.

Outcomes

Treatment lines were defined in accordance with experts as:

- First line for the 0-6 months period after patient identification,
- Second line for the 6-10 months period,
- Third line for the 10 months and over period.

A 42-day and over gap between 2 chemotherapies were also considered as a treatment line switch.

Incident patients were defined as patients with no previous diagnosis of cancer up to 2013.

Conclusion

Stepwise algorithm was defined from French hospital discharge database to identify patients with unresectable/locally advanced or metastatic esophageal cancer.

Epidemiological description of patients found through the algorithm was validated by experts and aligned with published literature.

Thus this algorithm will be used in future studies to assess burden of this disease in France.

References

1. World cancer Research Fund. <https://www.wcrf.org/dietandcancer/oesophageal-cancer-statistics/>
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Acronymes

PMSI Programme de Médicalisation des Systèmes d'Information

ICD-10 International Classification of Diseases 10th Revision

Disclosures

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