

# EFFECTIVENESS AND COST OF ABIRATERONE AND ENZALUTAMIDE IN PROSTATE CANCER



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## BACKGROUND

Abiraterone and enzalutamide are expensive drug used in hospitals for metastatic prostate cancer and it is necessary to evaluate health outcomes from its use to establish whether it is cost-effective treatment.

## OBJECTIVES

To analyze the effectiveness and cost of abitarerone and enzalutamide in asymptomatic or mildly symptomatic metastatic castration- resistant prostate cancer patients (mCRPC) to whom chemotherapy is not clinically indicated and in those whose disease has progressed after docetaxel chemotherapy regimen based.

## METHODS

A retrospective descriptive study covering the period from January 2013 to June 2017 of mCRPC patients starting treatment with abiraterone or enzalutamide between January 2013 and June 2016 was performed. Parameters collected were: age, sex, drug, previous chemotherapy, progression-free survival (PFS) and economic spending. Data were collected from the Electronic Prescription Software Prisma® and the program of electronic patient records Diraya® and afterwards, organized in an Excel® base design for this study.

## RESULTS

A total of 74 patients with a median age of 76 years, 53 chemotherapy-naïve and 21 chemotherapy-treated, were included. The patients were treated 59 with abiraterone and 15 with enzalutamide. The mean PFS was 12,3 months with a 49,2% of 1-year- progression-free survival. However, in the group of chemotherapy-naïve patients it was 15 months with a 56% of 1-year- progression-free survival and 9,6 months (28% of 1-year-PFS) in chemotherapy-treated patients. No difference was found between abiraterone group (12,4 PFS) and enzalutamide group (12 PFS) nor in the age of the groups where PFS was 13 months in patients younger than 75 years and 12 months in those older than 75. The cost of treatment/patient was 35.559€ and the total expenditure was 2.631.366€ (2% of the total pharmacy service budget).

## CONCLUSION

The results of effectiveness regarding progression-free survival are lower than the ones obtained on the pivotal studies “301 & 302” (abiraterone) and “PREVAIL & AFFIRM (enzalutamide). Chemoterapy-naïve patients have better PFS than chemotherapy-treated and there is no difference between the abiraterone group or the enzalutamide group.