Melanoma and Immunotherapy: Clinical Aspects and Feedback on Medico-Economic Challenges in a Hospital Center

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Abstract 4CPS-242

Background and importance

Immunotherapy have transformed melanoma prognosis
Major increase in hospital drug expenditure
=> Growing need for resource optimization strategies

Aim and Objectives

Compare treatment costs of melanoma immunotherapy strategies

Identify potential cost-optimization levers

Materials and Methods

Retrospective, single-center study from january 2024 to december 2024
Data extracted from CHIMIO® software, cost extracted from EMAGH2 and hospital medical information system

Groups analyzed:
Adjuvant treatment
Metastatic treatment (Mono therapy / Combination therapy)

Results

Setting	Drug	Patients (n)	Mean Cycles	Mean Cost (€)
Adjuvant	Pembrolizumab	23	7,7	77484
Adjuvant	Nivolumab	3	12,3	66037
Metastatic - Mono	Pembrolizumab	5	4	40058
Metastatic - Mono	Nivolumab	2	25	133836
Metastatic - Combo	Ipi 3 + Nivo 1	10	10,7	81997
Metastatic - Combo	Ipi 1 + Nivo 3	14	13,7	79406

➡ Nivolumab = lower cost despite higher number of cycles

➡ Overall cost driven by treatment duration and maintenance exposure (Nivolumab +++)

➡ Comparable costs despite different dosing strategies, but Ipi 1 + Nivo 3 appears to be better tolarated

Conclusion and Relevance

Immunotherapy has dramatically improved melanoma outcomes despite the major increase in hospital drug expenditure

BUT Significant cost variability depending on:
- Disease stage
- Treatment duration
- Therapeutic regimen (lower cost for Nivolumab)

Medico-Economic Optimization Levers :

Study presented at the institutional review committee
Oncologists engagement => close collaboration pharmacists /oncologists
Optimization of:
- Indications
- Treatment duration
- Monitoring strategies

Implementation of updated guidelines
Development of biosimilars to improve budget control (?)

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