NIVOLUMAB IN LUNG CANCER: FROM WEIGHT-BASED TO FLAT DOSING

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Background & Objectives

Keywords: Nivolumab, lung cancer, flat dosing, cancer cost

- Nivolumab:
 - ✓ Monoclonal antibody targeting PD1, immunotherapy
 - ✓ Approved by the EMA in 2015
 - ✓ Indicated in many cancers, including non-small cell lung cancer (NSCLC)
- Industrial development strategy:
 - ✓ First, a weight-based approach with 3mg/kg every 2 weeks (Q2W)
 - ✓ In 2018 simplification of the dosing regimen for a flat dose of 240mg Q2W, regarding studies which assess effectiveness and safety (1–3)
 - ✓ But one of these studies → non-statistically trend in more serious side effects (SSE) in low body-weight patients (LBW, <50kg)(2)
- Aim of the study: to review the new dosing regimen and to evaluate if it would represent significant financial changes for our hospital regarding the patients' cohort.

Material & Methods

- Retrospective record of anthropometric and clinical data from all the patients treated by nivolumab for NSCLC in our center between January 2017 and June 2018
- Evaluation of the cost per milligram of nivolumab (thanks to national reimbursement data).
- Calculation of the cost for three treatment strategies:
 - ✓ 3mg/kg Q2W
 - ✓ 240mg flat dose Q2W (as if new dosing strategy was applied all along the treatment)
 - ✓ 240mg flat dose Q2W except for patients under 50kg (mixed strategy, 3mg/kg Q2W dosing regimen, taking into account the trend in more SSE in LBW patients) (2).

Results

Total of 49 patients included in the study

Table 1: Patients characteristics

Nivolumab average cost per milligram in our country 10.57€

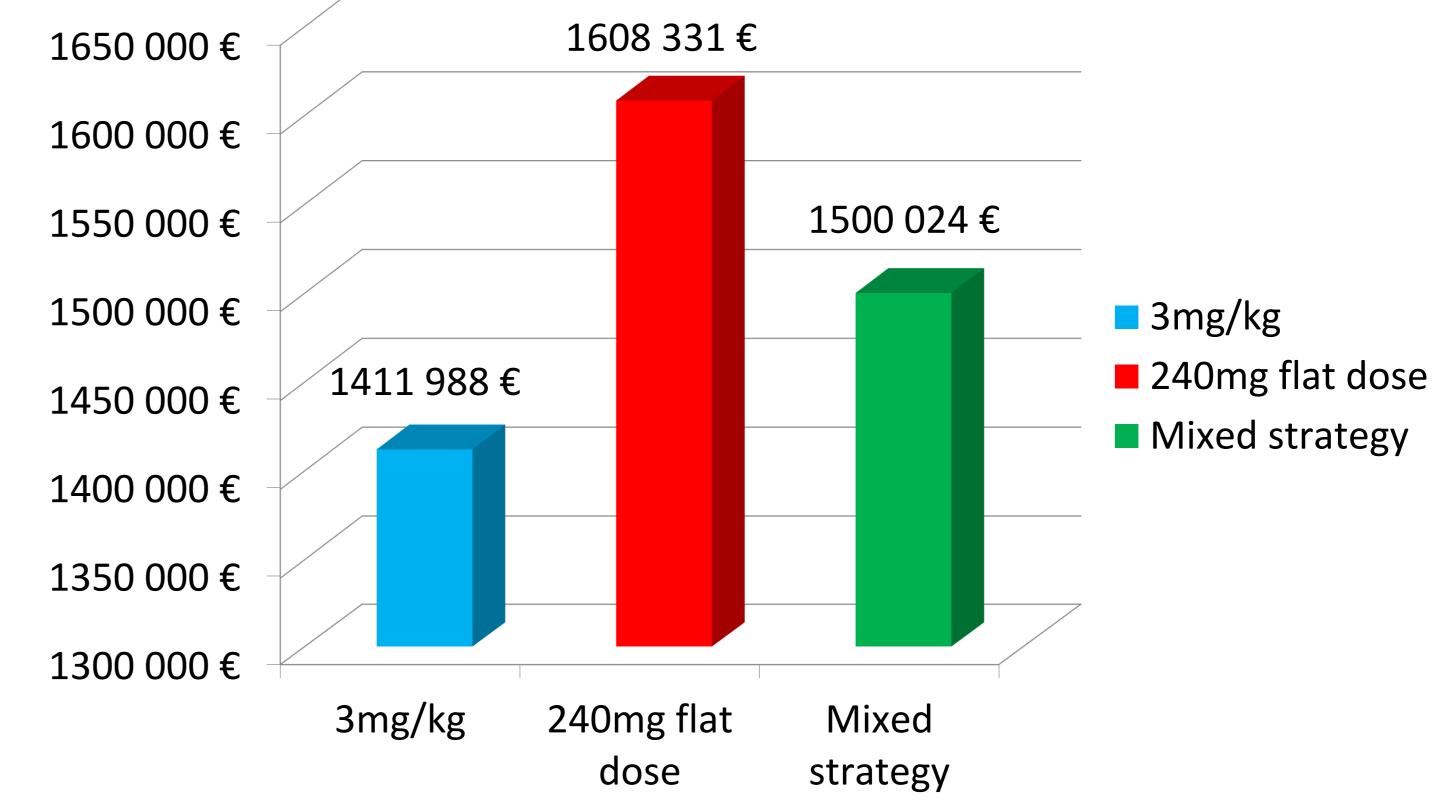


Figure 1: Cost comparison according to each dosing strategy

- Compared to the 3mg/kg stategy:
 - ✓ 240mg flat dose stategy is 14% more expensive
 - ✓ **Mixed strategy** taking into account low body-weight patients is **8.4% more expensive**

Discussion & Conclusions

- Nivolumab flat dose:
 - ✓ Practical benefits in terms of prescription and preparation
 - ✓ Extra-cost regarding our patients' population in NSCLC
- Prescription should be wise in LBW patients, waiting the results of clinical trials
- Flat dose strategies for monoclonal antibodies in oncology are a challenge but also a paradox in the era of personalized medicine

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