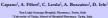
CP-133 VIII.1467

A pharmacoeconomic evaluation in the therapy evolution setting of renal



cell carcinoma (RCC)





Background

RCC (Renal Cell Carcinoma) management has changed remarkably in past years: in 2014, the Italian Medical Oncology Association (AIOM) released its guidelines for RCC management, based on latest medicine evidence. AIOM recommendations relate to cell histology and risk stratification:

✓ First line low/intermediate risk: either bevacizumab (combined with interferonalpha) or sunitinib or pazopanib have proved effective.

For high risk: temsirolimus or sunitinib are indicated.

✓ Although, <u>second-line</u> management for both risk cathegories, TKIs (Tyrosine Kinase Inhibitor) based therapy (sorafenib, axitinib, pazopanib, everolimus)¹.

Purpose Analyzing AIG

Analyzing AIOM guidelines, we went to identify, from a pharmacoeconomic point of view, the best RCC treatment clinical approach.

Material and methods Using the RCC treatment algorithm we

evaluated drugs clinical efficacy data, that were used to calculate the effectiveness of each treatment (evaluating effectiveness, response rate and discontinuation rate). The C/E (Cost/Effectiveness)

pharmacoeconomic analysis was performed from NHS (Naional Health System) point of view, where the efficacy data was inferred from the submitted studies and the costs were calculated assuming a therapy duration equal to PFS (Progression Free Survival) net of AlFA discounts, considering local prices.

For both risk categories, the analysis was performed on the possible treatments within which the efficacy and cost data were the result of first and second line treatment.

Results

✓ Within the low/Intermediate risk category, suntimils as first-line therapy + soratemb as second-line therapy (C/E=3,1726/month), was the most fivorable C/E raiso, while the least favorable was paropanab as first-line therapy + everofisms as second-line therapy (C/E=3,7346/month). (Tab. 1)

1 line	111ine	SEPPLEACY (PPR)	COLL NO	C/E			
funtion	deduct	13.5	DESCRIPTION	3175,79			
Becatiowak # IPN sleh	Smirek	15.5	0031730	3330,70			
Dogwell	Smirnh	25,3	12913.71	3386,00			
Recurrentals # 12% alpha	Smirak	25.5	12023	3776,76			
		17,5		3131,27			
Becatiowak # IEN alph		16.7	97562,62	3501,07			
Browleamah + IPN alp	Saltirali	-2	ğ	2516,30			
		15/2		3333,50			
Becatiganals # IEN alph				3336,25			
Zeogranic	Snitish	17.6	(200)2	3973,29			
Receivemak # 12% alph	Dombero.	15.7	3	339,27			
Zungunir	Dominus	16	10,000	3735,90			
$\label{total conditions} Table \ I Cold \ Infrarescale Ratio of the treatment within the law sick sategory$							

✓ In the <u>high-risk categors</u> suntimb as first-line therapy + soceod-line therapy (C/E=2776E/month) was the best C/E profile, and the least favorable was tensirolimus as first-line therapy + everolimus second-line therapy (C/E=4,000E/month), and related data are shown in the next table.

Section	Saltinde	70	24602,32	3200,33
Tomoircúlesus	Steakesh	12	3355.00	3525,00
Sanitina	Domless.	,	212070	3676,23
Immirriamus	Satissic	12	22,9529	332088

✓ Considering only the effectiveness, the best treatment was in the <u>low/intermediate risk</u>, obtained
with bevacizumab and IFN (I line) + Axitinib (II line) with a C/E corresponding to 3,544€/month
and 223 months PFS. (Tisk I).

√ In high risk category the best treatment was with sunitinib (I line) + Axitinib (II line) with a C/E corresponding to 3,248€/month and a PFS of 10.6 months. (Talk. 2)

Conclusion

Considering C/E profile, results are homogeneous, both in low risk (PFS= 14.6×2.3 , C/E= 31/2 to 37.34) and in high-risk (PFS= 8.5-1.2, C/E= 2776-4000) nevertheless this study will be a starting point to find the best RCC therapeoutic strategy.