

COST-EFFECTIVENESS STUDY OF CABAZITAXEL IN ACTUAL PRACTICE

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BACKGROUND


Prostate cancer is the second most frequent malignant tumour among men, with approximately 900,000 new cases per year all over the world. Moreover, the economic situation of our public health system and the tight budgets of our hospitals demand measures to employ our resources in the best healthcare alternatives. Therefore, physicians should use cost-effective strategies in the clinical practice, to guarantee the sustainability of the health system.

PURPOSE

To analyse the incremental cost-effectiveness ratio (ICER) of cabazitaxel as a treatment for metastatic prostate cancer in our hospital, and to compare those results with the available literature.

MATERIALS AND METHODS

Retrospective observational study
(January-2013 to March-2014)



INCLUSION CRITERIA:
patients that received cabazitaxel for metastatic prostate cancer in our hospital

INCREMENTAL COST-EFFECTIVENESS RATIO :


$$ICER = \frac{COSTS}{EFFICACY}$$

TYPE OF MEASURE	VARIABLE	ESTIMATION
EFFICACY	Progresion Free Survival (PFS)	Response Evaluation Criteria in Solid Tumours (RECIST)
COSTS	Direct costs (Administration or indirect costs were not considered)	Actual dosages and current prices including industry discounts.

RESULTS

STUDY POPULATION CHARACTERISTICS (N=10):

- 0-1 ECOG
- Median dose: 20mg m⁻².

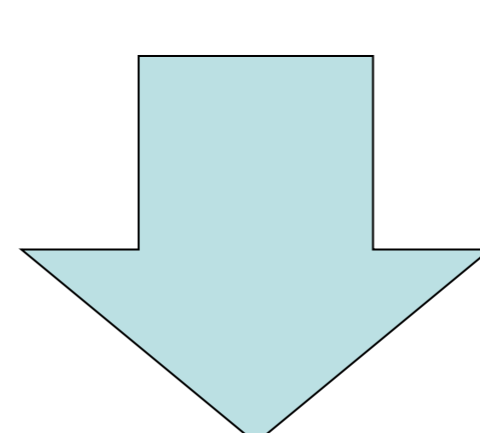
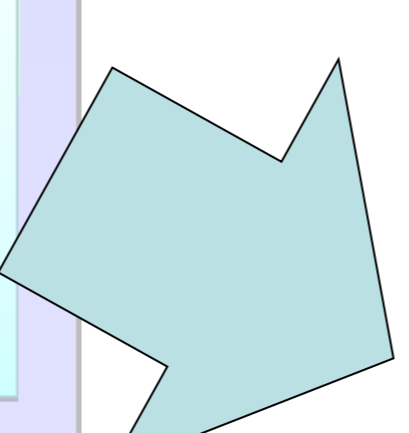



4 patients required dose reductions (10-15mg m⁻²)

ICER = 2,274.78€ /month of PFS

VARIABLE	
medianPFS (months)	7.0 months
COSTS (euros)	15,923.5€ per treated patient

Published ICER : 12,546.32 € / month of PFS

DISCREPANCY OF 10,271.54 € / month of PFS

CONCLUSIONS

Summary of products characteristics (SPC) recommended dose is higher than actual practice, and consequently costs are overestimated in studies based on SPC data. On the whole, pharmacoeconomic analyses should be applied in the specific framework since general analyses may be congruous with actual scenarios.