PCN3: ERLOTINIB PLUS GEMCITABINE COMPARED WITH GEMCITABINE MONOTHERAPY IN PATIENTS WITH PANCREATIC CANCER: A REAL-WORLD ANALYSIS OF KOREAN NATIONAL-WIDE DATABASE
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OBJECTIVES: This national population-based retrospective study aimed to evaluate the real-world effectiveness of adding erlotinib to gemcitabine in patients compared to gemcitabine in real clinical practice. METHODS: Patients were identified retrospectively using Korean National Health Insurance claims database for pancreatic cancer (ICD-10: C25) who initiated chemotherapy with gemcitabine or erlotinib between January 1, 2007 and December 31, 2012. To avoid the influence of the study population, patients were required to have a history of intervention for histologic or cytologic diagnosis within one year before chemotherapy. For homogeneity, patients were excluded if they have diagnosis of other cancer types or gemcitabine is indicated or prior radiotherapy or surgical treatment. RESULTS: A total of 4,267 patients were included. Overall survival was not significantly longer in patients treated with gemcitabine/erlotinib (median 6.77 months for gemcitabine/erlotinib vs. 6.68 months for gemcitabine, p=0.0977). One-year survival rate was also not significantly different (27.0% vs. 27.3%; p=0.5988). Based on this relative effectiveness, incremental cost per life year gained over gemcitabine was estimated at USD 70,843.64 for gemcitabine plus erlotinib. CONCLUSIONS: Combination of gemcitabine/erlotinib of advanced pancreatic cancer is not more effective than gemcitabine monotherapy in a real-world setting. It does not provide reasonable cost-effectiveness over gemcitabine alone, and reimbursement strategies for pancreatic cancer in Korea could be reconsidered.

PCN4: A DESCRIPTION OF REAL-WORLD TREATMENT WITH ABRAXENE ACETATE IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER PATIENTS IN THE POST-CHEMOTHERAPY Setting in France and the Netherlands
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OBJECTIVES: In the COU-AA-301 trial, abraxane acetate with low-dose prednisone (AA) was found to extend survival in metastatic castrate resistant prostate cancer (mCRPC) patients progressing after docetaxel chemotherapy compared to placebo (median OS 22.1% vs 8.7%; p=0.0001). Aims were to compare abraxane acetate in patients with RAI-Refractory DTC using results may be required for economic evaluations. The objective of this research was to compare lenvatinib and sorafenib in patients with RAI-Refractory DTC using indirect treatment comparisons (ITCs) technique. Furthermore, extrapolation of survival data beyond clinical trial window.

PCN5: THE RELATIVE EFFICACY AND SAFETY OF TREATMENTS IN SECOND LINE MANAGEMENT OF CHRONIC MYOLOGY LEUKAEMIA: SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS FEASIBILITY STUDY
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OBJECTIVES: To assess relative efficacy and safety of second-line treatments in chronic myeloid leukemia (CML) crisis, a systematic review (SR) and network meta-analysis (NMA) feasibility study were conducted. METHODS: A SR was conducted in February 2015 (Embase, MELDLINE, Cochrane Library, Clintrials.gov and conferences) to identify comparative trials evaluating treatment outcomes in patients with CML previously treated with tyrosine kinase inhibitors. Eligible studies were examined to assess NMA feasibility. RESULTS: Twenty-three publications relating to six randomized controlled trials (RCTs) on second-line treatment met the eligibility criteria. Included in these studies were either nilotinib (n=7), imatinib (n=1), dasatinib (n=1), nilotinib (n=6) and imatinib/nilotinib (n=1). No comparative bosutinib or ponatinib studies were identified. Efficacy outcomes were reported using various definitions and different time points. Compared with nilotinib, significantly fewer imatinib-treated patients with complete cytogenetic response (CCyR) at baseline, achieved complete molecular response (CMR) (23% vs 11%, p=0.02) by 12 months and in patients without major molecular response (MRD), CMR by 12 months was 14% vs 36%, respectively. MMR by 20% vs 36%, p=0.006 and 24 (83% vs 53.6%, p=0.0342) months. Compared with imatinib, significantly more dasatinib-treated patients achieved CCyR (16% vs 40%, p=0.004, 18% vs 44%, p=0.0025), MMR (4% vs 16%, p=0.038; 12% vs 25%, p=0.026) and complete haematologic response (82% vs 93%, p=0.034; 82% vs 93%, p=0.0341) at 15 and 24 months, respectively Interpretation of safety data was inconclusive due to its limited availability and treatment exposure was small. Comparative trials evaluating progression-free survival (PFS), NMA standalone could be performed due to missing network links, significant differences between trial populations, and varying follow-up times. CONCLUSIONS: Review of all published comparative studies on second-line treatment of CML confirms that, based on direct efficacy results, nilotinib and dasatinib are first-line agents, whereas imatinib and nilotinib are not feasible.

PCN3: MATCHING-ADJUSTED INDIRECT TREATMENT COMPARISON AND SURVIVAL EXTRAPOLATION IN RADIOIODINE-FRACTURED DIFFERENTIATED THYROID CANCER (RAI-FRACTURED DTC; UPDATED ANALYSIS)
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OBJECTIVES: Direct treatment comparisons (ITCs) are important when evaluating comparative-effectiveness in absence of head-to-head clinical trials. Classic ITCs can lead to biased results due to differences in patient populations and trial designs. These differences can be corrected for by using matching-adjusted ITC (MAIC) technique. Furthermore, extrapolation of survival data beyond clinical trial results may be required for economic evaluations. The objective of this research was to compare lenvatinib and sorafenib in patients with RAI-Fractured DTC using MAIC and survival extrapolation techniques. This analysis is an update to the MAIC published in PCN 34 (A335–A766) with both drug treatments cut-off date December 31, 2012 in patients with overall-survival (OS) and progression-free survival (PFS) outcomes were estimated by weighting patient-level data based on baseline characteristics from individual phase III trials in each country. CONCLUSIONS: Several studies have reported a statistically significant estimates of 0.505(0.300; 0.820) for OS and 0.227(0.159; 0.300) for PFS. Unadjusted ITCs for sorafenib were 0.790(0.453; 1.379) and 0.361(0.244; 0.534) respectively for OS and PFS, while MAIC results were 0.732(0.396; 1.532) and 0.385(0.248; 0.596) respectively for OS and PFS. Survival extrapolation provide evidence that sorafenib is a better treatment option for patients with RAI-Fractured DTC who were previously treated with AA. Extrapolation using MAIC showed extracting large and a good model fit. CONCLUSIONS: This analysis demonstrated that in absence of head-to-head trials, MAIC is an important methodology to adjust for population and trial differences, especially in orphan diseases where limited data existing and high level of clinical heterogeneity may limit the reliability of comparative-effectiveness data and support patient decision making.

PCN4: A DESCRIPTION OF REAL-WORLD TREATMENT WITH ABRAXENE ACETATE IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER PATIENTS IN THE POST-CHEMOTHERAPY SETTING IN FRANCE AND THE NETHERLANDS
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OBJECTIVES: In the COU-AA-301 trial, abraxane acetate with low-dose prednisone (AA) was found to extend survival in metastatic castrate resistant prostate cancer (mCRPC) patients progressing after docetaxel chemotherapy compared to placebo (median OS 22.1% vs 8.7%; p=0.0001). Aims were to compare abraxane acetate in patients with RAI-Refractory DTC using results may be required for economic evaluations. The objective of this research was to compare lenvatinib and sorafenib in patients with RAI-Refractory DTC using indirect treatment comparisons (ITCs) technique. Furthermore, extrapolation of survival data beyond clinical trial window.

PCN5: REAL-WORLD ANALYSIS OF TYROSINE KINASE INHIBITOR TREATMENT PATTERNS IN PATIENTS WITH CHRONIC MYOLOGY LEUKAEMIA IN KOREA
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OBJECTIVES: To determine country-specific requirements for real-world evidence (RWE) in Korea to support ongoing access for advanced melanoma. General perception suggests that RWE is crucial for demonstrating clinical effectiveness in metastatic melanoma. This study aims to identify gaps in the current evidence generation practice in Korea.

PCN6: NEW DRUGS IN ADVANCED MELANOMA: DISPARITIES IN REQUIREMENTS FOR POST-LAUNCH REAL-WORLD EVIDENCE IN EUROPE
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OBJECTIVES: To determine country-specific requirements for real-world evidence (RWE) in Europe to support ongoing access for advanced melanoma. General perception suggests that RWE is crucial for demonstrating long-term value of innovative products. However, it is unclear how these perceptions correlate with absolute requirements of reimbursement agencies. METHODS: We conducted a questionnaire-based survey of health technology assessment (HTA) and reimbursement agency web sites for feasible data sources for melanoma RWE generation and guidance on collecting RWE in Europe. We also performed a pragmatic review of post-reviewed literature to identify examples of published RWE in melanoma, and sought views of market access specialists from a global pharmaceutical com-