although a variety of options were available on the market for 3rd-line mCRC treat-
ments, there is no conclusive evidence for an optimal choice in therapy. The difference
in OS among chemotherapy backbones was not significant (log-rank test, p=0.06),
whether they were targeted therapies or not. Novel and newly approved treatments
may provide further benefit for mCRC patients continuing on 3rd-line therapy.

PCN13 SIMULATION AND COMPARISON OF PROGRESSION-FREE SURVIVAL (PFS) AMONG PATIENTS WITH MELANOMA-METASTATIC SMALL CELL LUNG CANCER (NSCLC) RECEIVING SEQUENTIAL THERAPY

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OBJECTIVES: In recent years, the treatment landscape in mNSCLC has changed, new targeted therapies (e.g. bevacizumab (BEV) indicated in 1L) have become available and other therapies (e.g. pembrolizumab (PMB) in 1L and 2L) moved earlier into lines in the treatment paradigm. While there has been an expansion of the available treat-
ment options, it is unclear how the therapy sequence rank in terms of best PFS for patients with mNSCLC. METHODS: A therapy sequencing disease model that approximates treatment outcomes in up to five lines of treatment was developed for patients with mNSCLC. The primary source of data for PFS and time to death was published clinical data. All patients were treated sequentially and in the PFS state, receive first-line treatment with either BEV-based therapy or doublet chemotherapy (including the option of pembrolizumab + cisplatin (PMB+Ci)). Patients would then progress to subsequent lines in the PMB+Ci backbone in PMB+Ci retained. In case of progression, it was assumed that each survivor would receive a subsequent line of therapy (based on EMA licensed therapies). Weibull distribution curves were fitted for each outcome. RESULTS: All BEV-based first-line therapy sequences achieved analyzed total PFS of more than 15 months. Bevacizumab-carboplatin-paclitaxel (1L) à pembrolizumab (2L) à erlotinib (3L) à docetaxel (4L) resulted in total mean PFS of 15.5 months, for instance. Sequences including PMB+Ci in first-line achieved total PFS of 23.3 and 13.3 months (slightly) higher total PFS time achieved when assuming PMB continuation therapy in maintenance after PMB+Ci in 1L induction. CONCLUSIONS: The model suggests that treatment sequencing strategies starting with a BEV-based combination in 1L yield better PFS outcomes than those starting with PMB-based combinations due to the possibility of one further-line treatment starting with BEV-based combination.

PCN14 A PHARMACOECONOMIC APPRAISAL OF CABAZITAXEL VERSUS ABIRATERONE FOR THE SECOND-LINE TREATMENT OF PATIENTS WITH METASTATIC HORMONE RECEPTOR-POSITIVE ADVANCED PROSTATE CANCER (mHRPC) PROGRESsing AFTER THE TREATMENT WITH DOXETAXEL: A SYSTEMATIC REVIEW

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OBJECTIVES: Currently, there are two drugs recommended by EAU for the second-
line treatment of mHRPC after docetaxel-based therapy: cabazitaxel and abiraterone acetate. The purpose of this study was to evaluate the available data on effective-
ness and major pharmacoeconomic aspects of cabazitaxel and abiraterone acetate for the treatment of patients with mHRPC progressing after the treatment with
doctaxel. METHODS: Relevant publications were identified using a predefined search strategy in Medline, EMBASE, Cochrane Database, and Google Scholar databases. Selection of articles and languages between January 2010 and December 2013 were accepted for the full text evaluation. Data (study characteristics and end points/results) was extracted and summarized from eligible articles according to the applied inclusion and exclusion criteria. RESULTS: 63 articles were accepted for the full text evaluation from 331 identified abstracts from primary search of databases. 17 full-text publications were included in the data extraction after meeting the predefined criteria. 59% of these publications were regarding the effectiveness and safety of drugs. The abiraterone treatment resulted in a higher median overall survival (15.8 months, 95% CI, 14.8–17.0) than the therapy with cabazitaxel (15.1 months, 95% CI, 14.1–16.3). Moreover, median progression-free survival (median time to PSA progression) was 8.5 months (95% CI, 8.3–11.1) and 2.8 months (95% CI, 2.4–3.0) respectively. Overall, abir-
erone has a better toxicity profile than cabazitaxel, the most common grade 3–4 adverse effects for abiraterone were fatigue (8%) and anemia (9%) and for cabazitaxel, they were neuropathy (2%) and diarrhea (6%). Abiraterone was more cost-effective compared to placebo ($94 - 123 4K/QLY) than cabazitaxel compared to placebo ($149 - 163 4K/QLY), according to 4 identified articles with CEA. CONCLUSIONS: The results of this present review show that abiraterone is a more favourable option for the second-line treatment of patients with mHRPC progressing after the docetaxel-
based treatment than cabazitaxel in terms of safety and cost-effectiveness.

PCN15 THE RELATIVE CLINICAL AND ECONOMIC VALUE OF IPILIMUMAB AS FIRST-LINE TREATMENT OF METASTATIC MELANOMA VERSUS OTHER ANTI-CANCER AGENTS FOR METASTATIC DISEASES

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OBJECTIVES: Payors, patients, and clinical decision-makers expect value from in-
novative anti-cancer agents. Ipilimumab, an anti-CTLA-4 monoclonal antibody, has been shown to provide durable long-term survival for a proportion of unre-
sectable/metastatic melanoma patients, with follow-up in some out to 10 years.
however, median overall survival (OS) analyses do not adequately capture this type of prolonged survival. Therefore, additional value metrics are necessary to completely describe ipilimumab’s survival benefit in treatment-naïve metastatic melanoma patients vs other anti-cancer agents. METHODS: We conducted a lit-
erature review of trial data supporting approval of agents for various metastatic cancer indications in the last 10 years. Payers included were Medicare, private
OS at approval, and Kaplan-Meier (KM) survival curves. Each agent was plotted, with x-axis reflecting total drug cost and y-axis reflecting improvement vs comparator for OS. RESULTS: The directional nature could be determined due to the heterogeneity of literature. The relative value of each drug was plotted. A Pha-
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