PAYER-RATED VALUE OF PAIN IMPROVEMENT IN CASTRATION-RESISTANT PCN107

Payer-rated value of pain improvement in castration-resistant prostate cancer (CRPC). METHODS: We used a convenience sample of payers in the US, France and Italy to conduct a telephone survey with an accompanying web-based questionnaire. The concern of the survey was the value to payers of a clinically significant pain response. The web-based questionnaire included nine different treatment/outcome scenarios, with adding a second-generation antineoplastic agent (ASA) (product X) to standard of care (SOC) for patients with CRPC. Scenarios varied in terms of the patient characteristics who experienced a significant pain response with a concurrent reduction in pain medication use and survival benefit. For each scenario, payers were asked to estimate their likelihood of recommending product X to range from 1 (definitely would not) through 4 (definitely would). We analyzed quantitative scenario responses through use of linear regression methods; qualitative data analysis was limited to simple item summaries. RESULTS: A total of 50 payers in the US, France and Italy completed the survey and questionnaire. The qualitative data from all three regions showed improved survival drove affirmative recommendations for product X added to SOC. Informants from France and Italy consistently ranked improved pain response as an important product attribute. The informants also said they would like more evidence regarding the cost offsets associated with the improved pain response of product X plus SOC. The regression modeling was consistent with the qualitative observations. CONCLUSIONS: Coverage recommendations for the medical management of CRPC are primarily based on the amount of overall survival treatment benefit. In addition, most payers recognize increased pain response as an important attribute and said evidence of the cost offsets associated with pain response would aid decision making.

PAYER-RATED VALUE OF PAIN IMPROVEMENT IN CASTRATION-RESISTANT PROSTATE CANCER: TRADEOFFS BETWEEN SURVIVAL, PAIN AND ANALGESIC USE

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OBJECTIVES: To assess the payer-rated value of improved pain response, reduced analgesic medication use and increased overall survival treatment benefit, for patients with castration-resistant prostate cancer (CRPC). METHODS: We used a convenience sample of payers in the US, France and Italy to conduct a telephone survey with an accompanying web-based questionnaire. The concern of the survey was the value to payers of a clinically significant pain response. The web-based questionnaire included nine different treatment/outcome scenarios, with adding a second-generation antineoplastic agent (ASA) (product X) to standard of care (SOC) for patients with CRPC. Scenarios varied in terms of the percentage of patients who experienced a significant pain response with a concurrent reduction in pain medication use and survival benefit. For each scenario, payers were asked to estimate their likelihood of recommending product X to range from 1 (definitely would not) through 4 (definitely would). We analyzed quantitative scenario responses through use of linear regression methods; qualitative data analysis was limited to simple item summaries. RESULTS: A total of 50 payers in the US, France and Italy completed the survey and questionnaire. The qualitative data from all three regions showed improved survival drove affirmative recommendations for product X added to SOC. Informants from France and Italy consistently ranked improved pain response as an important product attribute. The informants also said they would like more evidence regarding the cost offsets associated with the improved pain response of product X plus SOC. The regression modeling was consistent with the qualitative observations. CONCLUSIONS: Coverage recommendations for the medical management of CRPC are primarily based on the amount of overall survival treatment benefit. In addition, most payers recognize increased pain response as an important attribute and said evidence of the cost offsets associated with pain response would aid decision making.

CLINICAL EFFICACY AND ONCOLOGY REIMBURSEMENT RECOMMENDATIONS IN CANADA BY THE INTERIM JOINT ONCOLOGY DRUG REVIEW (IJODR)

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OBJECTIVES: Overall Survival (OS) has generally been considered the “gold standard” endpoint for cancer therapies as it can be assessed with precise accuracy. Due to long follow up periods, however, crossover effects, subsequent therapies and large trial sizes, OS is becoming a less feasible endpoint. Therefore, there has been a shift towards the acceptance of surrogate endpoints as determinants of clinical efficacy for cancer therapies. In Canada, the IJODR conducts health technology assessments for oncology products and provides funding recommendations to public payers. This study was conducted to determine the significance of various endpoints on decision-making by the IJODR. METHODS: Public recommendation scenarios for 23 oncology drugs by the IJODR between March 2007 and December 2010 were reviewed. Recommendations were analyzed according to therapy setting, primary and secondary endpoints and clinical results. RESULTS: Of the 23 submissions, one was for use in the adjudvant setting, measuring Disease Free Survival (DFS) but was not recommended and received a negative recommendation. Of the 22 drugs indicated for advanced/metastatic disease, primary endpoints were measured in 12 (55%) through OS, 5 (18%) through Progression Free Survival (PFS) and 6 (27%) through either Response Rates (RR) or Time to Progression (TTP). Secondary endpoints included OS, PFS, toxicity, RA, TTP, Quality of Life or Rate of Progression. Of the 12 drugs with OS as a primary endpoint, 7 (58%) showed statistically significant increases in OS, with 4 (57%) granted a positive recommendation. Of the 11 with no statistically significant OS improvement, 3 (60%) received positive recommendations based on secondary endpoints. Of the 10 drugs with surrogate primary endpoints as an additional positive recommendation, 2 (20%) were measured. These findings suggest that surrogate endpoints are becoming more commonly used in clinical trials for regulatory approval and accepted as true measures of clinical efficacy for oncology therapies in Canada’s funding decisions.

TREATMENT PATTERNS AND HEALTHCARE RESOURCE UTILIZATION OF METASTATIC PROSTATE CANCER PATIENTS BY PHYSICIAN SPECIALTY

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OBJECTIVES: The main objective is to define clusters of patients diagnosed with prostate cancer and to use them to analyze breast cancer health outcomes. METHODS: The NIS records of 2005 (753) days in Employer and 9.8 (2.4) quarters in Medicare. During the baseline period, chemotheraphy, hormonal agents, radiation therapy, and corticosteroids were administered to 4% to 5%, 1%, 2%, 4%, and 4% of Medicare patients respectively, whereas these interventions increased to 22%, 55%, 39%, and 46% for Employer, and to 21%, 50%, 33%, and 29% for Medicare during the observation period. A total of 66% Employer and 79% Medicare patients were hospitalized post index date. Most patients (92%, 98%) had prostate cancer-related procedures post index date were also reported. RESULTS: The study population comprised 11,725 patients (E: 3,227; M: 8,498). Mean age (SD) was 72.8 (10.2) in Employer and 78.1 (7.7) in Medicare. Mean observation period (SD) was 803 (163) in Employer and 587 (71) in Medicare. The NIS database includes demographic information, diagnosis, procedures, and hospital stays. CONCLUSIONS: This study describes the real-world health outcomes and resource utilization patterns in patients with advanced prostate cancer.