OBJECTIVES: Immune (idiopathic) thrombocytopenia (ITP) is an autoimmune disease that increases platelet destruction and decreases platelet production, resulting in low platelet counts (thrombocytopenia). Romiplostim has shown efficacy in increasing platelet counts. The objective of this study was to conduct meta-analysis and present total evidence for Romiplostim for treatment of ITP. The meta-analysis was performed using randomized controlled trials (RCTs) evaluating Romiplostim for the treatment of ITP. We included RCTs that compared romiplostim versus placebo for management of ITP, had a treatment duration of at least 24 weeks, were doubleblind (patients and investigators blinded) and reported data on platelet response. A systematic literature search for Enanetec trials was undertaken for the databases Pubmed, Embase, Biosis, Google Scholar, and Cochrane. Data was collected for the study size, interventions, year, and the two outcomes overall and durable platelet response rate. For meta-analysis, random-effects and fixed-effects models were used to obtain cumulative statistics.

RESULTS: Two RCTs with a total of 125 patients were identified. The pooled response rates for Romiplostim versus placebo in RCTs evaluated in MEDLINE, EMBASE, and CENTRAL were 95% (95% CI 90%-98%) and for durable platelet response rate were 48% (95% CI 26%-71%). The pooled response rates for placebo for overall platelet response rate were 7% (95% CI 0%-15%) and for durable platelet response rate were 2% (95% CI 0%-4%). For overall platelet response rate, the HR of ITC versus ICT- was 0.09 (95% CI 0.04%-14%) and for durable platelet response rate, the cumulative relative risk with placebo versus Romiplostim was 0.03 (95% CI 0%-6%).

CONCLUSIONS: Meta-analysis shows Romiplostim offers patients with Immune idiopathic thrombocytopenia an effective therapeutic option for increasing platelet counts.

PSY9

INDIRECT TREATMENT COMPARISONS OF OBINUTUZUMAB (GA101) PLUS CHLORAMBUCIL (CLB) VERSUS BENDAMUSTINE AND VERSUS OFATUMUMAB PLUS CLB IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA

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OBJECTIVES: Obinutuzumab (GA101) is a novel, glycoengineered, type II CD20 anti-body that is phase 3 approved, in clinical, chlorambucil (CLB) plus GA101 (G-Clb) or prolonged progression-free survival (PFS) compared with either CLB alone or rituximab plus CLB in previously untreated patients with chronic lymphocytic leukemia (CLL) and comorbidities. We present indirect treatment comparisons (ITCs) of G-Clb versus CLB plus Ofatumumab (Ofat-Clb) and, ofatumumab versus CLB (CLB-Ofa). We conducted a systematic review of non-randomized and randomized controlled trials (RCTs) to assess the clinical efficacy and safety of pharmacological interventions for previously untreated CLL, manuscripts (Jan 1992 to Mar 2013), abstracts (including hand-searching, Jan 2010 to Mar 2013), and in-progress screens were included for inclusion. Based on extracted data, a feasibility assessment of quantitative analysis was undertaken. ITCs of G-Clb versus CLB and CLB-Ofa versus Ofat-Clb were derived. The Vaccardia software was used to parameterize the fixed-effect network meta-analysis model. Each cell of the model used a natural logarithm of the hazard ratios (HR) for PFS as the (continuous) outcome variable. RESULTS: Of the 4,819 publications identified, 262 manuscripts and 13 abstracts were selected for detailed evaluation. Following de-duplication of publications, the data set included 28 RCTs (157 publications) and nine non-RCTs (14 publications). ITCs were based on HR and 95% confidence intervals (CIs) reported for G-Clb in the CLL1 trial, for Benda in the Enaun et al. publications, and for Ofat-Clb in the Complement 1 trial. The ITT for G-Clb versus Benda had a HR (95% CI) of 0.53 (0.35-0.77) and the ITT for G-Clb versus Ofat-CLB had a HR (95% CI) of 0.33 (0.22-0.47). CONCLUSIONS: Based on the ITCs of available evidence in this indication, G-Clb results in improved PFS rates compared with Benda or Ofat-CLB. How this benefit will translate into overall survival differences will be assessed when the data available are more mature.

PSY10

MEDICAL COMPLICATIONS AND RESOURCE UTILIZATION IN BLOOD TRANSFUSION–DEPENDENT PATIENTS WITH MYELOFIBROSIS BY IRON CHOLERATIC THERAPY USE

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Objectives: To compare incidence of myelofibrosis (MF)-related complications and all-cause and MF-related resource utilization (RU) in blood transfusion-dependent (TD) MF patients treated with vs. without iron-chelating therapy (ICT vs. ICT-).

Methods: Two commercial health care claims databases, Truven MarketScan (2000–2012) and PharMetrics (2001–2012), were analyzed. Patients ≥2 MF ICD-9 diagnosis codes ≥30 days apart and ≥18 years at first MF diagnosis were included in the analysis. First evidence of TD (index date) was defined as ≥3 transfusion events within any 3-month period. Adjusted incidence rate ratios (aIRRs) of MF-related complications and all-cause and MF-related RU in TD ICT vs. ICT- patients were assessed using Poisson regressions, controlling for baseline comorbidities for MF-related complications. RESULTS: Of the 571 eligible TD MF patients, 103 (18%) were ICT+ and 468 (82%) were ICT-. Mean age was similar between groups (ICT+: 67.25 ± 10.4 years vs. ICT-: 66.15 ± 10.2 years, p = 0.19). The ICT+ patients were also similar between groups for time from diagnosis to first transfusion event: ICT+: 12 months (95% CI: 11.92-12.27) vs. ICT-: 11 months (95% CI: 11.05-11.96). ICT+ patients had higher mean Charlson Comorbidity Index (1.81 ± 1.8 vs. 2.32 ± 1.1), suggesting a greater burden of comorbidities. Mean number of transfusion events in the ICT+ group was significantly higher than in the ICT- group (4.3 ± 4.3 vs. 2.23 ± 2.20, p = 0.09). ICT+ patients had lower rates of thrombocytopenia (aIRR: 0.54, p < 0.01) and pancytopenia (0.53, p < 0.01). Rates of other MF-related complications were similar between groups. ICT+ patients had significantly lower rates of all-cause and MF-related hospitalization (aIRR: 0.83 [95% CI: 0.75-0.92], p = 0.01) and outpatient visits (aIRR: 0.85 [95% CI: 0.76-0.96], p = 0.001). The objective of this study was to determine the impact of using the volume of bariatric procedures performed in BC to include 1% of all eligible patients each year. METHODS: A budget impact model accounting only for direct health care costs was created using data from Statistics Canada, peer-reviewed literature, the Canadian Institute for Health Information and case-costing reviewers. VALUE IN HEALTH 17

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