PCN3

ERLOTINIB PLUS GEMCITABINE COMPARED WITH GEMCITABINE MONOTHERAPY IN PATIENTS WITH PANCREATIC CANCER: A REAL-WORLD ANALYSIS OF KOREAN NATIONA-WIDE DATABASE
National Evidence-based Health-care Collaborating Agency, Seoul, South Korea
OBJECTIVES: This national population-based retrospective study aimed to evaluate the relative 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 who pancreatic cancer (ICD-10- C25) who initiated chemotherapy with gemcitabine or erlotinib between January 1, 2007 and December 31, 2012. To identify 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 who received gemcitabine and other drugs, or patients who have diagnosed other cancers where 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 overall survival was also not significantly different (27.0% vs 27.3%, p=0.988). 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

THE RELATIVE EFFICACY AND SAFETY OF TREATMENTS IN SECOND-LINE MANAGEMENT OF CHRONIC MYELOID LEUKAEMIA: SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS FEASIBILITY STUDY
Koene P, Jongebloets N, Winkelaar JM, Zorgavir MA, Vennik MA
1Abacus International, Bicester, UK; 2Zedelheid Consulting, Wokingham, UK; 3Bristol Myers Squibb, Rueil Malmaison, France; 4Instituto Portugués de Oncologia de Lisboa, Lisboa, Portugal
OBJECTIVES: To assess relative efficacy and safety of second-line treatments in chronic myeloid leukaemia (CML) in a systematic review (SR) and network meta-analysis (NMA) feasibility study were conducted. METHODS: A SR was conducted in August 2015 (Embase, MEDLINE, 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 randomised controlled trials (RCTs) on second-line treatment met the eligibility criteria. Included studies compared either nilotinib (n=1) or imatinib (n=6) vs nilotinib (n=1) or imatinib (n=5). Nilotinib was statistically inferior to imatinib (p=0.034) in terms of the complete cytogenetic response (CCyR) at baseline, achieved complete molecular response (CMR) (23% vs 11%, p=0.02) by 12 and confirmed CMR (22.1% vs 8.7%, p=0.0017) by 24 months and in patients without major molecular response (MMR) by 12 months. MMR by 12 months was 13% vs 12% (p=0.006) and 24 (83% vs 53.6%, p=0.0342) months. Compared with imatinib, significantly more patients achieved CCyR (16% vs 40%, p=0.004, 18% vs 44%, p=0.0025), MMR (4% vs 16%, p=0.038), OS (12% vs 29%, p=0.0087), bCR (6.1% vs 10%, p=0.0342) months. Compared with imatinib, significantly more patients achieved CCyR (16% vs 40%, p=0.004, 18% vs 44%, p=0.0025), MMR (4% vs 16%, p=0.038), OS (12% vs 29%, p=0.0087), bCR (6.1% vs 10%, p=0.0342) months. CONCLUSIONS: Due to missing network links, significant differences between trial populations, and varying follow-up times.

PCN5

MATCHING-ADJUSTED INDIRECT TREATMENT COMPARISON AND SURVIVAL EXTRAPOLATION IN RADIODEOINE-REFRACTORY DIFFERENTIATED THYROID CANCER (RAI-REFRACTORY DTCQ): UPDATED ANALYSIS
Tremblay G1, Pelletier C1, Forsythe A1, Majethia U2, Venerus A1, Lasry M1, Kroes MA1, Witkowski MA1, Paine A2, Zagorska A3, Almeida AM4
1National Evidence-based Health-care Collaborating Agency, Seoul, South Korea
OBJECTIVES: To determine country-specific requirements for real-world evidence (RWE) for key treatment options to support ongoing access for patients with advanced melanoma. General perceptions suggest 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 retrospective assessment of the literature and survey of 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 peer-reviewed literature to identify examples of published RWE in melanoma, and sought views of market access specialists from a global pharmaceutical com-