OBJECTIVES: Radiation-induced nausea and vomiting (RINV) is commonly experienced by cancer patients undergoing radiation treatment. Current NCCN guidelines recommend prophylactic use of 5-hydroxytryptamine-3 (5-HT3) antagonists (5-HT3-RAs) for the prevention and treatment of RINV. The purpose of this study was to examine the incidence of 5-HT3-Ra utilization and subsequent RINV, in patients diagnosed with colon cancer and undergoing radiation therapy.

METHODS: This decision-analytic research compared drug use and costs for the 6-month duration of treatment in patients with colorectal cancer who were treated with panitumumab plus FOLFOX group. The results showed use of the 5-HT3-Ra antagonists in patients undergoing radiation treatment for colon cancer was uncommon and prophylactic administration was relatively rare.

PCN2 DATA ANALYSES ON PREVALENCE AND TREATMENT OF ACUTE MYELOID LEUKAEMIA IN AML Patients with pain (RR

PCN3 QUALITY-ADJUSTED SURVIVAL IN PATIENTS WITH WILD-TYPE (WT) KRAS METASTATIC COLON CANCER (MCRC) RECEIVING FIRST-LINE THERAPY WITH PANITUMUMAB PLUS FOLFOX VERSUS FOLFOX ALONE

PCN4 DECISION-ANALYTIC MODEL FOR THE FIRST-LINE THERAPY OF CHRONIC MYELOID LEUKAEMIA

OBJECTIVES: About a decade ago, the introduction of the tyrosine kinase inhibitor (TKI) imatinib dramatically extended the life span of chronic myeloid leukemia (CML) patients. Currently, there are several different TKIs approved for CML treatment with first-line TKI imatinib, dasatinib or nilotinib. Seven different strategies including different combinations of first and second-generation TKIs as well as chemotherapy or stem cell transplantation were evaluated. The model was parameterized using published trial data, data from the Austrian CML registry and from an Austrian CML expert panel. The model was analyzed as a cohort simulation over a lifelong time horizon. Health outcomes evaluated were life-years (LYs) gained and quality-adjusted life years (QALYs) gained. Deterministic and structural sensitivity analyses were performed.

RESULTS: Nilotinib followed by dasatinib after failure was the most effective treatment in terms of both LYs gained (19.71 LY) and QALYs gained (17.08 QALYs). All strategies including a second-line TKI were superior compared to strategies without second-line TKI. Deterministic sensitivity analyses showed that the ranking of the strategies was only influenced by the proportion of second-line TKI use, the choice of chemotherapy, and first-line TKI use. In a structural sensitivity analysis, where patients move directly from second-line TKI therapy to advanced stage of disease, strategies without second-line therapy are most effective. Conclusions: Based on our analyses results, the most clinically effective strategy is nilotinib followed by dasatinib as second-line therapy. All three TKIs are approved as first-line therapy in Austria. Our results may support clinicians and patients in their decision making.

PCN5 CABAZITAXEL PLUS CORTICOSTEROIDS IN COMPARISON TO CORTICOSTEROIDS ALONE FOR THE TREATMENT OF METASTATIC HORMONE REFRACTORY / CAstration Resistant PROSTATE CANCER (mHRPC)

OBJECTIVES: A new combination Cabazitaxel plus Corticosteroids (CC) has been shown to prolong survival in patients with mHRPC versus Mitoxantrone plus Corticosteroids (MC) in the TROPIC study of patients with mHRPC. As there is no direct comparison CC vs. Corticosteroids (C) as requested by the German regulatory bodies we aimed to provide an indirect comparison.

METHODS: A systematic search of the DIMDI database was conducted in 12/2011. Data were combined using meta-analyses and indirect comparisons (Bucher et al. J Clin Oncol 2008). The end-points analysed were all cause mortality overall and in patients with or without pain and pain response (bland/Response Ratios with 95%-confidence intervals).

RESULTS: A total of 168 potential publications resulted in three relevant studies (Berry, 2002; Kantoff, 1999; Tannock, 1996) for MC vs. C. A meta-analysis of mortality in the three studies resulted in HR = 0.92 (95%-CI 0.74-1.13) for MC vs. C. Compared to Corticosteroids (C) HR = 0.59 (95%-CI 0.45-0.79) for Cabazitaxel plus Corticosteroids (CC) resulted in HR = 0.64 (0.49-0.84). For mortality in patients without pain at baseline, the HR for MC vs. C was 0.89 (0.59-1.34) (Berry). The indirect comparison CC vs. C resulted in HR = 0.51 (0.30-0.84) using TROPIC patients without pain (HR = 0.57, 0.42-0.77) for mortality in patients without pain at baseline, although the CI was wide (C was 0.83 [0.60-1.16] (Tannock). The indirect comparison CC vs. C resulted in HR = 0.65 (0.43-0.98) using TROPIC patients with pain (HR = 0.78, 0.60-1.00). In patients with pain at baseline, pain response was higher with MC vs. C (RR = 2.33, 1.19-4.57) (Tannock). The indirect comparison CC vs. C resulted in HR = 3.77 (1.05-1.73) using TROPIC patients with pain (RR = 1.19, 0.59-2.90) (CONCLUSIONS: The analyses indicate that CABAZITAXEL plus CORTICOSTEROIDS significantly reduce mortality in patients with mHRPC receiving CC vs. C with or without pain and an increased pain response.