COMPARING THE COST-EFFECTIVENESS OF 3 MCG/KG Q2W DARBEPETOIN ALFA WITH STANDARD DOSE EPOETIN ALFA FOR ANEMIA MANAGEMENT IN CHEMOTHERAPY-TREATED CANCER PATIENTS IN UNITED STATES

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OBJECTIVES: A recent 12-week phase 2 randomized clinical trial evaluated the hemoglobin (Hgb) response rates (% patients with Hgb increase ≥2g/dL from baseline, in the absence of RBC transfusion) of four different dosing schedules of darbepoetin alfa administered every other week (q2w) to anemic patients with solid tumors receiving chemotherapy. A randomized group of epoetin alfa patients (40,000U/wk; dose escalated to 60,000U/wk at 6 weeks for inadequate response) was the active control. Recent literature indicates the mean duration of anemia treatment with epoetin alfa for cancer patients on chemotherapy to be 16 to 24 weeks. We designed a 20-week model to evaluate the cost-effectiveness of 3.0 mcg/kg Q2wk of darbepoetin alfa (n = 33) compared to epo (n = 32). METHODS: Average wholesale prices (AWPs) of the 2 drugs in United States were used as the sole cost driver over the expected 20-week anemia treatment period. Response rates at week 12 were used as the efficacy measures for the two therapies. RESULTS: Mean cumulative 20-week doses per patient for darbepoetin alfa and epoetin alfa were estimated to be 2,100 mcg (assuming mean patient weight = 70kg) and 844,800U, respectively. Compared to the estimated 20-week cost of epoetin alfa therapy, darbepoetin alfa was estimated to be $800 less per patient (For the 12-week trial duration, darbepoetin alfa was about $380 cheaper). The response rates at the end of week 12 were found to be similar (60%, with similar confidence intervals) for the 2 therapies. Smaller percent patients (3% versus 7%) required RBC transfusions in darbepoetin alfa group. Cost-effectiveness ratio (cost per % patients with Hgb response) was superior for darbepoetin alfa ($17,465 versus $18,812). CONCLUSIONS: Compared to standard practice epoetin alfa therapy, 3.0 mcg/kg Q2wk darbepoetin alfa provides a less expensive and cost-effective alternative to treat cancer patients with chemotherapy-induced anemia.

EXAMINING PREFERENCES AND TIME-TRADE-OFF UTILITY FOR GEMCITABINE PLUS CISPLATIN IN THE TREATMENT OF BLADDER CANCER: A SURVEY USING DISCRETE CHOICE CONJOINT ANALYSIS IN THE UK

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OBJECTIVES: The National Institute for Clinical Excellence in the UK encourage provision of health-related quality of life (QoL) evidence for their assessments and recently their guidance has flagged the importance of patient preference in therapy selection. Gemcitabine plus cisplatin (GC) displays comparable efficacy to the methotrexate, vinblastine, doxorubicin plus cisplatin (MVAC) regimen in treating advanced bladder cancer but shows significant advantage in terms of tolerability and serious adverse events. Therefore a UK study was conducted to examine patient value associated with the toxicity profile of GC, compared with MVAC. METHODS: A novel application of discrete choice conjoint analysis was employed to quantify preference and time-trade-off utility differences providing sensitive strength of prefer-