PCN1
THE EFFICACY OF CURRENT TREATMENT OPTIONS FOR METASTATIC CYSTIC CANCER
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OBJECTIVES: The presence of metastases in patients with cystic cancer (CC) remains a challenging clinical problem. A recent Cochrane review found no RCTs or meta-analyses for CC, and no direct head-to-head comparison is necessary to validate the study findings. The primary objective of this study was to assess and compare the relative efficacy of the drugs using different comparators. In the COU-AA-302 phase III trial (PCYC-1112), ibrutinib was associated with improved progression-free survival (PFS) and overall survival (OS) compared to bendamustine plus rituximab. However, the relative efficacy of the drugs using different comparators is unknown.

METHODS: Of 65 articles identified, 10 articles published between 1987 and 2013 were included. The primary endpoint was PFS, and secondary outcomes included OS, progression or death (POD), and overall response rate (ORR). The analysis was conducted using a direct head-to-head comparison. A summary of the findings is presented.

RESULTS: A direct head-to-head comparison of the efficacy of the drugs using different comparators is necessary to validate the study findings. The relative efficacy of the drugs using different comparators is unknown. The primary endpoint was PFS, and secondary outcomes included OS, progression or death (POD), and overall response rate (ORR). The analysis was conducted using a direct head-to-head comparison. A summary of the findings is presented.

CONCLUSIONS: A direct head-to-head comparison of the efficacy of the drugs using different comparators is necessary to validate the study findings. The relative efficacy of the drugs using different comparators is unknown. The primary endpoint was PFS, and secondary outcomes included OS, progression or death (POD), and overall response rate (ORR). The analysis was conducted using a direct head-to-head comparison. A summary of the findings is presented.

PCN12
COMPARISON OF MEAN OVERALL SURVIVAL (OS) AND RADIOGRAPHIC PROGRESSION FREE SURVIVAL (RFPS) BASED ON MATCHING ADJUSTED INDIRECT COMPARISON OF ABIRATINE ACETATE AND ENZALUTAMIDE FOR THE TREATMENT OF CASTRATION-RESISTANT PROSTATE CANCER IN CHEMOTHERAPY-NAIVE PATIENTS
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OBJECTIVES: For patients with relapsed or refractory (R/R) chronic lymphocytic leukemia (CLL) with poor treatment options, ibrutinib is an oral, once-a-day oral inhibitor of Bruton's tyrosine kinase approved by the Food and Drug Administration (FDA) for R/R CLL. In a recent phase III trial (PCYC-1112), ibrutinib was associated with improved progression-free survival (PFS) and OS compared to bendamustine plus rituximab (BR) in patients with previously treated R/R CLL. The aim of this study is to provide a summary and analysis of results observed with current therapies in high-risk patients with R/R CLL.

METHODS: A systematic literature review and target literature search of clinical trials and international treatment guidelines in PubMed/MEDLINE (January 1,2001–April 28, 2013) and ASCO/ASH/EHA conference proceedings (2011–2013) were conducted to identify and evaluate current treatment options for R/R CLL, including altemmatumab, bendamustine, chemotherapy, and targeted agents.

RESULTS: Study results highlight poor outcomes with existing treatment options and continuously unmet need in patients. Sixteen trials were identified; the majorities were single-arm with small sample sizes, making comparative effectiveness difficult to establish. Time-to-treatment failure was 5.8 months with altemmatumab, while median PFS was 5.5 months with rituximab, 5.5–7.7 months with ofatumumab, 8 months with chlorambucil-rituximab, and 15.2 months in previously untreated patients and 6.9 months in previously treated patients with del(17p) with bendamustine-rituximab. Ofatumumab has demonstrated activity in patients with difficult-to-treat, high-risk CLL and is the only recognized and approved treatment by health authorities globally in this treatment setting. The lack of standard care creates challenges for defining comparators in clinical trials and health technology assessments.

CONCLUSIONS: The aim of this study is to provide a summary and analysis of results observed with current therapies in high-risk patients with R/R CLL. A systematic literature review and target literature search of clinical trials and international treatment guidelines in PubMed/MEDLINE (January 1,2001–April 28, 2013) and ASCO/ASH/EHA conference proceedings (2011–2013) were conducted to identify and evaluate current treatment options for R/R CLL, including altemmatumab, bendamustine, chemotherapy, and targeted agents.

PCN13
CLINICAL EFFECTIVENESS OF ROBOTIC IMAGE-GUIDED STEREOTACTIC RADIOGRAPHY (CYBERKINE) IN SELECTED PRIMARY AND SECONDARY SOFT TISSUE NEOPLASMS: A SYSTEMATIC REVIEW
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OBJECTIVES: The presence of metastases in patients with cystic cancer (CC) remains a challenging clinical problem. A recent Cochrane review found no RCTs or meta-analyses for CC, and no direct head-to-head comparison is necessary to validate the study findings. The primary objective of this study was to assess and compare the relative efficacy of the drugs using different comparators. In the COU-AA-302 phase III trial (PCYC-1112), ibrutinib was associated with improved progression-free survival (PFS) and overall survival (OS) compared to bendamustine plus rituximab. However, the relative efficacy of the drugs using different comparators is unknown. The primary endpoint was PFS, and secondary outcomes included OS, progression or death (POD), and overall response rate (ORR). The analysis was conducted using a direct head-to-head comparison. A summary of the findings is presented.

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RESULTS: A direct head-to-head comparison of the efficacy of the drugs using different comparators is necessary to validate the study findings. The relative efficacy of the drugs using different comparators is unknown. The primary endpoint was PFS, and secondary outcomes included OS, progression or death (POD), and overall response rate (ORR). The analysis was conducted using a direct head-to-head comparison. A summary of the findings is presented.

CONCLUSIONS: A direct head-to-head comparison of the efficacy of the drugs using different comparators is necessary to validate the study findings. The relative efficacy of the drugs using different comparators is unknown. The primary endpoint was PFS, and secondary outcomes included OS, progression or death (POD), and overall response rate (ORR). The analysis was conducted using a direct head-to-head comparison. A summary of the findings is presented.