BETWEEN THE BIVALENT AND QUADRIVALENT HPV VACCINE

US AND CANADIAN COST-EFFECTIVENESS ANALYSES OF US ONCOLOGY TRIAL 9735 PROVIDE ADDITIONAL RATIONALE FOR AVOIDING ANTHRACYCLINES IN THE ADJUVANT TREATMENT OF OPERABLE BREAST CANCER

The randomized CHAT trial (N = 222) comparing trastuzumab and docetaxel either with capetcitabine (HTX) or without (HT) as first-line therapy for HER2+ mBC, demonstrated significantly superior progression-free survival (PFS) and a trend towards improved overall survival (OS) versus HTX after 2 years of follow-up. This economic analysis was conducted to evaluate the cost-effectiveness of adding capetcitabine to HT in these patients in France, Spain, and Italy. METHODS: A Markov model was constructed to estimate OS and PFS for a 10-year time horizon using a parametric extrapolation of PFS data from the CHAT-trial and identical transition probabilities from progression to death in both arms. Costs for drug use, administration, treatment of adverse events and supportive care were included. A probabilistic sensitivity analysis was conducted to account for uncertainty. RESULTS: Adding capetcitabine to HT resulted in 0.4 (95%CI: 0.03–0.84) additional years of life per year (PFS) when compared with HTX. While the incremental cost-effectiveness ratio was US$6,500/0.5 years (95%CI: US$2,600–US$16,500), the cost per QALY gained was US$8,693 (95%CI: US$3,990–US$19,300) for HTX. The incremental cost-effectiveness ratio was not statistically different when a 3% annual discount rate was used.

CONCLUSIONS: The addition of capetcitabine to HTX is a clinically and economically attractive alternative to HT for patients receiving adjuvant chemotherapy for operable breast cancer in North America.