PCN13 UNDERSTANDING QALY GAINS ACROSS DIFFERENT TYPES OF CANCERS AND CANCER-RELATED INTERVENTIONS
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OBJECTIVES: To determine for which cancers the largest clinical advancements have been made, and to examine the relative health benefits offered by cancer-related interventions. METHODS: We used the Tufts Medical Center Cost-Effectiveness Analysis Registry to identify cost-utility analyses (CUAs) pertaining to cancer-related interventions published from 2002 through 2012. We determined the number of CUAs published for each cancer type, and their geographic setting. We also reported average incremental quality-adjusted life-year (QALY) gain for the five most studied cancer types, and for each cancer type the type of intervention offering largest health gains. RESULTS: Of the 3,244 published CUAs, 569 (17%) pertained to cancer. Of the five most studied cancers, breast cancer (n=154, 28%), colorectal (n=62, 11%), cervical (n=49, 9%), lung (n=47, 8%), and prostate cancer (n=46, 8%), for which interventions yielded on average, 0.32, 0.32, 0.21, 0.22 QALY gains, respectively. Among the five most studied cancers, the largest QALY gains were found for tertiary prevention interventions (mean 0.3, standard deviation (SD) 0.4), e.g., pharmaceuticals and surgeries; followed by secondary prevention (0.2, SD 0.4), e.g., diagnostic imaging. We found primary prevention interventions offered the smallest QALY gain (0.03, SD 0.08), e.g., immunizations. For breast and cervical cancer, pharmaceuticals offered the largest QALY gains, for lung and colorectal cancers, surgeries offered the largest QALY gains; and for prostate cancer, diagnoses offered the largest QALY gains. CONCLUSIONS: We found many more CUAs for some cancers than for others, and that cancer-related CUAs are most often set in the US. The magnitude of QALY gain varied by cancer type. Pharmaceutical interventions accounted for 62% of the largest QALY gains, while surgeries and diagnostic imaging offered the largest QALY gains. CSP14 COMPARATIVE EFFECTIVENESS OF EVEROLISUM VS. FULVISTANT MONOTHERAPY AMONG POSTMENOPAUSAL WOMEN WITH HR+/HER2-
METASTATIC BREAST CANCER
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OBJECTIVES: Clinical evidence supports the use of everolimus-based therapy (EV) and of fulvestrant monotherapy (FUL) among postmenopausal women with hormone receptor-positive human epidermal growth factor receptor-2 negative (HR+/HER2-) metastatic breast cancer (mBC) whose disease progressed on non-steroidal aromatase inhibitors (NSAI). However, direct evidence was lacking on the comparability of these two first-line mBC treatments. PURPOSE: To determine for which cancers the largest clinical advancements have been made, and to examine the relative health benefits offered by cancer-related CUAs. METHODS: Of the 3,244 published CUAs, 569 (17%) pertained to cancer. We identified the five most studied cancers, breast cancer (n=154, 28%), colorectal (n=62, 11%), cervical (n=49, 9%), lung (n=47, 8%), and prostate cancer (n=46, 8%), for which interventions yielded on average, 0.32, 0.32, 0.21, 0.22 QALY gains, respectively. Among the five most studied cancers, the largest QALY gains were found for tertiary prevention interventions (mean 0.3, standard deviation (SD) 0.4), e.g., pharmaceuticals and surgeries; followed by secondary prevention (0.2, SD 0.4), e.g., diagnostic imaging. We found primary prevention interventions offered the smallest QALY gain (0.03, SD 0.08), e.g., immunizations. For breast and cervical cancer, pharmaceuticals offered the largest QALY gains, for lung and colorectal cancers, surgeries offered the largest QALY gains; and for prostate cancer, diagnoses offered the largest QALY gains. CONCLUSIONS: We found many more CUAs for some cancers than for others, and that cancer-related CUAs are most often set in the US. The magnitude of QALY gain varied by cancer type. Pharmaceutical interventions accounted for 62% of the largest QALY gains, while surgeries and diagnostic imaging offered the largest QALY gains. CSP15 COMPARATIVE EFFECTIVENESS OF EVEROLISUM VS. FULVISTANT MONOTHERAPY AMONG POSTMENOPAUSAL WOMEN WITH HR+/HER2-
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