PCN34
A DESCRIPTION OF REAL-WORLD TREATMENT WITH ABRIBERONTE ACETATE IN METASTATIC CAstration-RESistant PROSTATE CANCer PATIENTS IN THE POST-CHEMOTHERAPY SHutting IN SETTING IN FRANCE and the NETHERLANDS


OBJECTIVES: To describe real-world treatment with abiraterone acetate (AA) in patients progressing after docetaxel chemotherapy compared to placebo in metastatic castration-resistant prostate cancer (mCRPC) patients.

METHODS: The study was conducted as a retrospective chart review. Patients were identified through treating oncologists and urologists. Eligible mCRPC patients were aged ≥70 years, previously treated with docetaxel and naive to prior AA treatment. Baseline patient characteristics were described and summary statistics were provided. Survival analyses were performed for AA treatment duration, overall survival (OS) and time to prostate-specific antigen (PSA) progression endpoints.

RESULTS: A total of 68 patients (France and the Netherlands) reported data on 269 mCRPC patients treated with AA. Median PSA (ng/mL) of patients from France and the Netherlands at baseline were 50 (interquartile range [IQR]: 28.0-125.0) and 174.5 (IQR: 65.9-371.5), respectively. The median time interval between AA diagnosis and AA initiation was 12.6 (IQR: 7.0-27.2) in France and 18.3 (IQR: 9.0-63.0) in the Netherlands. Median (months) AA treatment duration, median OS and median time to PSA progression in France was 11.3% (95% confidence interval [95% CI]: 8.3-13.7), 21.6% (95% CI: 14.5-28.9), respectively. The number of patients receiving AA in the post-chemotherapy setting in 4 EU countries. This study suggests that initiating AA earlier in the post-chemotherapy setting may result in better health outcomes.

PCN35
REAL-WORLD ANALYSIS OF TYROSIN KINASE INHIBITOR TREATMENT PATTERNS IN PATIENTS WITH CHRONIC MYELOGENOUS LEUKAEMIA IN KOREA


OBJECTIVES: To compare adherence, persistence and switching pattern of tyrosine kinase inhibitor (TKI) treatments in Korean c-MN patients with first-line imatinib (IM). This analysis was performed on 16,307 patients with chronic myeloid leukemia (CML) who were diagnosed with CML-chronic phase (CP) between January 2009 and December 31, 2012 from the NHI claims database. The first day of TKI treatment for CML CP patients was December 31, 2012.

METHODS: A retrospective claims database analysis on patients diagnosed with CP-CML in 2012 was performed to compare adherence, persistence and switching pattern of TKI treatments in patients who were initially prescribed IM. One-year and five-year OS of each TKI were calculated and patients were stratified into four groups: IM-only, IM-switch from ITKI, IM-switch from TKIs other than IM, and IM-switch from TKIs other than IM and ITKI. The time for switching from TKIs other than IM and ITKI was calculated.

RESULTS: A total of 16,307 patients were identified. One-year OS for group 1 IM-only was 98%, group 2 IM-switch from ITKI was 92%, group 3 IM-switch from TKIs other than IM was 88%, and group 4 IM-switch from TKIs other than IM and ITKI was 84%. Five-year OS for group 1 IM-only was 94%, group 2 IM-switch from ITKI was 85%, group 3 IM-switch from TKIs other than IM was 78%, and group 4 IM-switch from TKIs other than IM and ITKI was 72%.

CONCLUSIONS: This analysis demonstrated that in absence of head-to-head trials, MAIC is an important methodology to adjust for population and trial differences, especially in orphan diseases where limited data are available. MAIC enhancing comparability of effectiveness data and support payers decision making.

PCN36
NEW DRUGS IN ADVANCED MELANOMA: DISPARITIES IN REQUIREMENTS FOR POST-LAUNCH REAL-WORLD EVIDENCE IN EUROPE

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OBJECTIVES: To determine country-specific requirements for real-world evidence (RWE) on novel drugs to support ongoing access to novel treatments for advanced melanoma. Global perspective suggests that RWE is crucial for demonstrating long-term value of innovative products. However, it is unclear how these perceptions correlate with absolute requirements of reimbursement agencies.

METHODS: We reviewed all published RWE recommendations and reimbursement agency assessments (RAs) and reimbursement agency web sites for feasible data sources for melanoma RWE generation and guidance on collecting RWE in Europe. We also performed a pragmatic review of peer-reviewed literature to identify examples of published RWE in melanoma, and sought views of market access specialists from a global pharmaceutical com-