P192122 METASTASES-FREE SURVIVAL AND OVERALL SURVIVAL IN PROSTATE CANCER

Objective: We evaluated the association between metastases-free survival (MFS) and overall survival (OS) in patients with metastatic prostate cancer. Methods: A structured literature review was conducted in PubMed (1999−2014) to identify clinical trials in prostate cancer. Results: The studies employed MFS as a primary endpoint in clinical and observational studies that evaluated the association between MFS and OS. Results: Three published clinical trials used MFS as a primary endpoint. The studies employed varying definitions for MFS (e.g., bone metastases only or bone and soft tissue metastases), and both MFS and OS outcomes were significantly improved with radiotherapy, suggesting a relationship between these two endpoints. Further studies are needed to confirm these findings.

P192123 COST-EFFECTIVENESS EVALUATION OF CONTINUING EDUCATION FOR THE MANAGEMENT OF TYPE 2 DIABETES MELLITUS USERS IN PERNAMBUCO – BRAZIL

Objective: To determine the cost-effectiveness of continuing education for the management of patients with type 2 Diabetes Mellitus (T2DM), in Pernambuco – Brazil. Methods: A cost-effectiveness evaluation, using the Markov model to simulate the results in health scenarios, from the perspective of the health system. It was considered that the analytic horizon of the Markov analysis was the category of direct medical costs. Results: The simulated scenarios for post-intervention’s results were based on the suggestion of consultants in regard the effectiveness of continuing education for healthcare professionals in primary and secondary health care for the detection of subclinical metastasis. Results: The average individual, representative Pernambuco’s population, was female, 61 years old and diagnosed with T2DM for 8.7 years. These and other clinical characteristics that influence the calculation of the transition probabilities were considered. Conclusion: The intervention wasn’t a cost-effective alternative. Given the uncertainties about the effectiveness of continuing education for healthcare professionals in primary and secondary health care, it is necessary to conduct in-depth studies on the association between these variables.

P192124 MODELS USED IN ECONOMIC ANALYSIS OF TICAGRELOR AND PRASUGREL FOR ACUTE CORONARY SYNDROMES: A STRUCTURED REVIEW

Objective: To critically appraise published pharmacoeconomic studies of two novel antiplatelet (Ticagrelor and Prasugrel) in the treatment of acute coronary syndromes. Methods: A systematic review of economic evaluations of ticagrelor and/or prasugrel were searched in EMBASE, MEDLINE and International Pharmaceutical Abstracts. English-language articles evaluating the use of ticagrelor and/or prasugrel were included. Results: Assessing genotype-guided treatments were excluded. Elements of each study were independently extracted based on the ISPOR Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist by two reviewers. Results: Twelve (7 ticagrelor, 4 prasugrel) studies were identified, 7 of which included both cost-effectiveness and cost-utility analysis. No comparisons were made between prasugrel and ticagrelor and each agent was compared to clopidogrel. The manufacturer of the novel P2Y12 agonists (Novartis) funded all but one study. Most models were Markov-based simulations, with almost all studies adopting a healthcare system perspective and lifetime time horizon. Two randomized-control trials (RCTs), PLATO and TRITON-TIMI 38 were most commonly cited for ticagrelor and prasugrel, respectively, with very few non-RCTs used for clinical data input. While methods to derive the efficacy data were commonly reported, utility estimates varied for some health states between studies using the same data by the same sponsor. Both ticagrelor and prasugrel were deemed cost-effective vs. clopidogrel in base-case analyses. Conclusions: Studies would benefit from greater consistency in sources of costing data and estimates of utility values and decrements. There is a clear reliance on single valuation models, especially since the vast majority of model inputs were derived from RCTs. The PLATO study has been heavily criticized for issues related to external validity. More independent, non-industry sponsored economic evaluations and real world data are required in the future. Reporting checklists do not capture these latent issues behind economic evaluations, as identified by our review of the literature.


Further investigation as a way to detect, characterize, and address bias in retrospective studies that evaluated the association between MFS and OS. The objective of the current study was to identify empirical evidence evaluating MFS in patients with prostate cancer. Methods: A structured literature review was conducted in PubMed (1999−2014) to identify clinical trials in prostate cancer. Results: The studies employed MFS as a primary endpoint in clinical and observational studies that evaluated the association between MFS and OS. Results: Three published clinical trials used MFS as a primary endpoint. The studies employed varying definitions for MFS (e.g., bone metastases only or bone and soft tissue metastases), and both MFS and OS outcomes were significantly improved with radiotherapy, suggesting a relationship between these two endpoints. Further studies are needed to confirm these findings.

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Objective: To critically appraise published pharmacoeconomic studies of two novel antiplatelet (Ticagrelor and Prasugrel) in the treatment of acute coronary syndromes. Methods: A systematic review of economic evaluations of ticagrelor and/or prasugrel were searched in EMBASE, MEDLINE and International Pharmaceutical Abstracts. English-language articles evaluating the use of ticagrelor and/or prasugrel were included. Results: Assessing genotype-guided treatments were excluded. Elements of each study were independently extracted based on the ISPOR Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist by two reviewers. Results: Twelve (7 ticagrelor, 4 prasugrel) studies were identified, 7 of which included both cost-effectiveness and cost-utility analysis. No comparisons were made between prasugrel and ticagrelor and each agent was compared to clopidogrel. The manufacturer of the novel P2Y12 agonists (Novartis) funded all but one study. Most models were Markov-based simulations, with almost all studies adopting a healthcare system perspective and lifetime time horizon. Two randomized-control trials (RCTs), PLATO and TRITON-TIMI 38 were most commonly cited for ticagrelor and prasugrel, respectively, with very few non-RCTs used for clinical data input. While methods to derive the efficacy data were commonly reported, utility estimates varied for some health states between studies using the same data by the same sponsor. Both ticagrelor and prasugrel were deemed cost-effective vs. clopidogrel in base-case analyses. Conclusions: Studies would benefit from greater consistency in sources of costing data and estimates of utility values and decrements. There is a clear reliance on single valuation models, especially since the vast majority of model inputs were derived from RCTs. The PLATO study has been heavily criticized for issues related to external validity. More independent, non-industry sponsored economic evaluations and real world data are required in the future. Reporting checklists do not capture these latent issues behind economic evaluations, as identified by our review of the literature.