MELODY BRAZIL: CHEMOTHERAPY CHOICES FOR PATIENTS WITH METASTATIC MELANOMA IN THE PUBLIC BRAZILIAN HEALTH SYSTEM (SUS)

CONCLUSIONS: For metastatic melanoma patients in the SUS, the main off-label GL concordant care. NCCN GL recommendations for carboplatin-based chemotherapy were considered "off-label" (37.9%). NCCN GL concordant, off-label uses are supported by high-level evidence including phase III clinical trials. These GL concordant, off-label uses are supported by high-level evidence including phase III clinical trials.

PCN122 A SYSTEMATIC REVIEW OF TREATMENT GUIDELINES FOR METASTATIC COLORECTAL CANCER

CONCLUSIONS: The most frequent treatment pathway in patients receiving systemic therapy for diagnosed melanoma stage IV (ICD-43) from a government administrative database (SIA/DATASUS), Patients ineligible for upfront therapy could not be captured. Systemic therapy at each line treatment and time to progression data from Jan/2008 to Jun/2010 was collected. Patients were classified as active (analyzed during all period), lost during follow-up (unknown reason) and dead. RESULTS: Data from 1,049 patients was analyzed, 48.1% lost follow up and 8.3% had documented death. By the end of the study, 43.6% were still active. The average follow-up period was 8.6 months. Patients were included at least one line of systemic therapy. First line therapy (FLT), 49.7% received dacarbazine and 29.1% interferon. By Jan/2010, 17.6% patients received second line therapy (SLT), 42.5% lost follow up, 6.6% died and 34.2% remained in FLT. The most common SLT regimens were dacarbazine (28.0%) and interferon (17.7%) and paclitaxel (14.9%) and the average time to switch from FLT to SLT was 5.5 months. During SLT, 28.0% lost follow-up, 7.4% died and 47.4% of patient remained active till Jun/2010. Thirty patients (2.9%) received a third line therapy (TLT), with an average time from the beginning of TLT to TLT of 5.2 months. Thirteen of 22 patients and interferon (20.0%) were the most commonly used regimens. CONCLUSIONS: The most frequent therapy regimens in FLT and SLT were dacarbazine and interferon. Paclitaxel was the most common TLT agent along with interferon.

PCN123 A SYSTEMATIC REVIEW OF TREATMENT GUIDELINES FOR METASTATIC COLORECTAL CANCER

METHODS: Publications were identified through electronic searches of MEDLINE, MEDLINE IN Process, EMBASE and the Cochrane Library; through manual searches of the reference lists of relevant articles; and by searching websites on the Internet. The MEDLINE and EMBASE searches were limited to articles published in English, whereas the Cochrane search had no language restrictions. RESULTS: A total of 1,633 citations/abstracts were identified from electronic database searches. Of these, 91 underwent full-paper review and 32 were included in the final analysis. In addition, 25 articles were identified from manual and website searches, giving a total of 57 guidelines. The guidelines were published between 1996 and 2010, with the majority published between 2004 and 2010. The country publishing the most guidelines was the USA (12), followed by the UK (10). Canada (8), France (8), Germany (3), Australia (2), Spain (2) and Italy (1). In addition, eight European and three international guidelines were identified. As monoclonal antibody therapy for mCRC was not introduced until 2004, no firm recommendations for monoclonal antibody therapy were made in guidelines published between 2004 and 2006. Recommendations for monoclonal antibody therapy first appeared in 2007 and evolved as more data became available. The most recent international, European, and US guidelines recommended combination chemotherapy with a monoclonal antibody for the first-line treatment of mCRC, while second-line treatment varied depending on the first-line regimen used. Cetuximab and panitumumab were recommended in patients with wild-type KRAS mCRC. CONCLUSIONS: The findings from this systematic review indicate that these recent treatment guidelines have recognized the role of monoclonal antibodies in the management of mCRC, and timely treatment guideline updates are necessary to reflect the most recently available data.

PCN124 CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF CHRONIC MYELOGENOUS LEUKEMIA PATIENTS TREATED AT PUBLIC ONCOLOGY CLINICS IN SÃO PAULO, BRAZIL

RESULTS: A total of 1,633 citations/abstracts were identified from electronic database searches. Of these, 91 underwent full-paper review and 32 were included in the final analysis. In addition, 25 articles were identified from manual and website searches, giving a total of 57 guidelines. The guidelines were published between 1996 and 2010, with the majority published between 2004 and 2010. The country publishing the most guidelines was the USA (12), followed by the UK (10). Canada (8), France (8), Germany (3), Australia (2), Spain (2) and Italy (1). In addition, eight European and three international guidelines were identified. As monoclonal antibody therapy for mCRC was not introduced until 2004, no firm recommendations for monoclonal antibody therapy were made in guidelines published between 2004 and 2006. Recommendations for monoclonal antibody therapy first appeared in 2007 and evolved as more data became available. The most recent international, European, and US guidelines recommended combination chemotherapy with a monoclonal antibody for the first-line treatment of mCRC, while second-line treatment varied depending on the first-line regimen used. Cetuximab and panitumumab were recommended in patients with wild-type KRAS mCRC. CONCLUSIONS: The findings from this systematic review indicate that these recent treatment guidelines have recognized the role of monoclonal antibodies in the management of mCRC, and timely treatment guideline updates are necessary to reflect the most recently available data.

PCN125 MELODY BRAZIL: TREATMENT PATTERNS AND ASSOCIATED COSTS OF METASTATIC MELANOMA PATIENTS IN THE BRAZILIAN PUBLIC HEALTH SYSTEM (SUS)

METHODS: A review of a government administrative claims database (Outpatient Information System - SIA/DATASUS) was conducted from Jan 2008 to June 2010. Patients receiving radiotherapy and/or systemic therapy for diagnosed melanoma (International Code of Disease (ICD-10) C43 stage IV were included in the analysis. Information on type of treatment (chemotherapy, radiotherapy), chemotheraphy scheme, length of treatment and associated costs (in 2010 USD) were collected. RESULTS: 2,488 patients met the inclusion criteria, 54.3% male with an average age (SD) of 56.3 (15.0) years. 42.2% lived in the Southeast and 38.8% in the South. Less than 40% of the cases had the primary cancer site reported. Dacarbazine was the most widely used agent (administered to 1,700 patients), followed by interferon (1,059 patients) and cisplatin (435 patients). Dacarbazine monotherapy was the most commonly administered chemotherapy regimen (37.9% of the patients; average length of treatment of 3.1 months), followed by interferon monotherapy (30.1% of the patients; average length of treatment of 4.6 months) and paclitaxel monotherapy (3.5% of the patients; average length of treatment of 2.8 months). Overall cost of care expenses were USD12,238,160, 99% of the cost attributable to chemotherapy (USD12,044,555). Total expenses in 2009 (USD6,667,687) increased 12% compared to 2008, inconsiderable monotherapy accounted for 38.5% (USD6,245,742) of expenses, and dacarbazine monotherapy accounted for 32.2% (USD5,230,315). CONCLUSIONS: Patients with advanced melanoma, in the Brazilian Public Healthcare System (SUS), nearly all receive systemic therapy. Dacarbazine as single agent or in combination was the most commonly administered chemotherapy regimen followed by interferon with a significant financial impact to the Public Healthcare System, totaling USD12,238,160 in the last two and a half years.

Cancer – Research on Methods

PCN126 OVERVIEW OF PRIMARY ENDPOINTS, PROGRESSION-FREE SURVIVAL (PFS) AND OVERALL SURVIVAL (OS) FOR NON-SMALL CELL LUNG CANCER (NSCLC): THEIR VALUE IN TREATMENT DECISIONS AND PATIENT CARE

CONCLUSIONS: A177

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