PCN138  STUDY OF THE BURDEN OF BLOOD TRANSFUSIONS IN PATIENTS WITH LOWER-RISK MYELODYSPLASTIC SYNDROMES WHO RECEIVE REGULAR TRANSFUSIONS Jeanblanc G,1 Roset Q,2 Schmidt A,2 Joonatan B,3 Jolivet R1 
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Objectives: Myelodysplastic syndromes (MDS) are a group of myeloid neoplasms characterized by cytopenias and increased risk of leukemia evolution. Patients are categorized as having higher-risk or lower-risk (LR) MDS. Management of LR-MDS is essentially aimed at treating anaemia through recurrent transfusions. The objective of this study was to assess transfusion burden and possible related complications.

Methods: Using data from the French PMSI-MCO nationwide hospital discharge database, patients with an MDS code who were hospitalized as an inpatient or outpatient between 2007-2013 and had transfusion between 2012-2016, were included in the analysis and followed until December 31, 2018. Patients with <1 transfusion every 2 months in the first year of inclusion, or those presenting with high-risk criteria (chemotherapy, acute myeloblastic leukemia, azacitidine administration) were excluded. Resource utilization was considered from a National Health Insurance (NHI) perspective. Survival time was assessed using a Kaplan-Meier model.

Results: The analysis included 5,081 patients, with a median age of 81 years, followed for a median of 10.9 months; 87.7% of hospital stays included a transfusion. The intra-hospital mortality rate was 64.9%. A median of 15 transfusions, representing a cost of EUR 19,789 was described per patient per year of follow-up. 1,628 (32.0%) patients had ≥1 hospital-stay related to transfusion complications (representing 2.8% of all stays) with a median total cost of EUR 6,645 per patient. Conclusions: This study demonstrates the major burden of transfusions in patients with LR-MDS, both in terms of public health and the economic impact for health insurance in France. The analysis was performed using an exhaustive database to ensure highly representative results. Resource utilization from an NHI perspective illustrates precisely the economic burden caused by transfusions and their complications. Nevertheless, the causality between transfusion and hospitalization related to transfusion complications cannot be established fully with PMSI-MCO data.

PCN139  COST PER CONSEQUENCE ANALYSIS OF ERADFINTIB AND ATEZOLIZUMAB AS SECOND-LINE THERAPIES FOR METASTATIC UROTHELIAL CARCINOMA FGFR+ FROM THE PERSPECTIVE OF BRAZILIAN PRIVATE HEALTH SYSTEM Souza P1,2 Lancheros J3, Souza L3, Piedade A1
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Objectives: Erdafintib is the first, and, so far, only targeted therapy approved for the treatment of metastatic urothelial carcinoma (mUC) FGFR+. Before, the treatment pattern of mUC for FGFR+ patients consisted of non-specific drugs, such as chemotherapy and anti-PD1/PDL1. Comparative effectiveness and cost data for these therapies are important to inform decision-making processes for healthcare budget allocation. This study was aimed to estimate the cost per consequence of erdafintib and anti-PD1/PDL1 therapies from the perspective of Brazilian private healthcare system.

Methods: Efficacy was assessed with data from erdafintib (BLC2001), pembrolizumab (Keynote 045), atezolizumab (IMVIGOR 211), nivolumab (CheckMate 275) and durvalumab (MED4376) trials. Treatment costs until disease progression were calculated using drug label dosages, administration costs and fees. The Brazilian official lists of drugs prices (CMED) and medical materials (SIMPRO) were used as sources. Results: Objective response rate (ORR), median PFS (months) and monthly costs per patient were: erdafintib (40.0%, 5.5 – BRL 50,882), pembrolizumab (21.5% – 2.1 – BRL 46,666), atezolizumab (13.4% – 2.2 – 39,742), nivolumab (19.6% – 2.0 – BRL 47,612) and durvalumab (17.6% – 1.5 – BRL 42,967). On average, erdafintib increased ORR by 2-fold (1.9 to 3.0-fold) compared to immunotherapies. Likewise, erdafintib has the longest PFS, being 3-times higher (2.6 – 3.7 times) than immunotherapies. Finally, erdafintib costs on average 13% (8% to 225) more than its comparators. Conclusions: With the introduction of erdafintib, ORR in mUC for FGFR+ patients has doubled and PFS has tripled versus anti-PD1/PDL1. In addition to that, erdafintib is the only targeted therapy for mUC FGFR+ patients and it is more conducive for them than other IV alternatives being currently administrated. Such incremental value is delivered with only 13% incremental treatment costs compared to nonspecific therapies such as anti-PD1/PDL1.

PCN142  MULTIPLE MYELOMA IN PORTUGAL: BURDEN OF DISEASE AND COST OF ILLNESS Neves M1, Trigo F2, Bergantim R3, João C3, Lúcio P3, Mendes J4
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Objectives: This study assesses the burden and cost of multiple myeloma (MM) in Portugal, to support the definition of health policies, resource allocation and patient care. The results will raise awareness of the disease and drive new scientific research and better clinical and economic decisions. Multiple myeloma is the second most common hematological cancer worldwide, with significant morbidity and mortality and an increasing incidence in recent years. Although MM accounts for only a relatively small percentage of all cancer types, costs associated with its management are considerable, but economic data at a country level are limited and available studies mainly focused on healthcare costs. Methods: Burden of disease was measured using DAILY, MM-related hospital mortality was assessed considering European Cancer Information System data. The cost of MM was estimated using a pre-specified all direct cost model that estimated all direct costs under National Healthcare Service perspective. Results: It were identified 1,941 patients with Multiple Myeloma, in all NHS hospitals. Hospital-related mortality for Portugal in 2018 was 6,9/100,000, with a median age of death of 73 years. Burden of disease attributable to MM was estimated to be 7839 ALY; 8,931 DALYs; 8,787 resulting from premature deaths and 361 from disability. Average yearly direct costs per MM patient, at 2018 prices, amounted to €31,449. Total direct costs are estimated at ~€611 million per year. Conclusions: Years of Life Lost in MM are due to disease high Mortality rate in Portugal and, consequently, the highest cost of the disease, it has been possible to determine that most of it is associated with pharmacological treatment and reflect the adoption of innovative treatments in recent years. This study generates comprehensive data on the burden and cost of MM in Portugal, providing insights into the relevant costs associated with MM management.

PCN144  THE COMPARATIVE PHARMA-ECONOMIC ANALYSIS OF USING CABOZANTINIB AS SECOND-LINE THERAPY FOR ADULT PATIENTS WITH METASTATIC RENAL CELL CARCINOMA IN RUSSIA Krysanova V1, Krysanova V2, Ermakova V1
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Objectives: Currently there exists a wide range of metastatic renal cell carcinoma (mRCC) treatment schemes, among them cabozantinib, registered in Russia in 2019. The main aim of this study was to perform pharmacoeconomic analysis of using cabozantinib as second-line therapy in mRCC in adult patients in Russia.

Methods: Analysis of the published clinical trials was conducted to evaluate comparative efficacy and safety of using different types of second-line therapy used in Russia – cabozantinib, nivolumab, axitinib, everolimus. MS Excel based formal partition economic model (EFM) was used. Data was evaluated for different types of second-line therapy for the state budget were used “cost-effectiveness” and “cost-utility” analysis. Direct medical costs included drugs, therapy monitoring, palliative care. The life-years gained (LYG) and quality adjusted life-years (QALY) were included into the model as the effectiveness criteria.

Results: Efficacy analysis showed the highest rates of LYG (3.18) and QALY (1.87) for cabozantinib compared with nivolumab (2.53 LYG and 1.6 QALY), axitinib and everolimus (2.21 LYG and 1.31 QALY). Total costs for mRCC treated patients with cabozantinib were $60273, which is 5 % less than when using nivolumab ($63077). Total costs for mRCC treated patients with everolimus was lower compared with the cabozantinib one. Cost per QALY for cabozantinib was $19624, which is 25 % less compared to those for nivolumab. Cost per QALY for cabozantinib amounted $32239, which is 19 % less than those for nivolumab (rate for July 2020).

Conclusions: Using cabozantinib as second-line therapy in mRCC in adult patients was effective and economically justified treatment option in Russia.

PCN145  ECONOMIC EFFECTS OF DIFFERENT ADMINISTRATION SCHEME OF PEBRIBOMIZUBAB IN ADVANCED OR ADJUVANT MELANOMA Rossi D1, Marcellusi A2, Mennini FS3
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Objectives: This study aimed to evaluate the economic effect of new administration management of pembrolimubab for the treatment of advanced or adjuvant melanoma in Italy. Methods: The analysis was developed considering two subsequent methodological steps: a) unit costs estimation for administration of innovative oncological drugs (i.e., off-course time, unit of administration and preparation costs) and b) time cost of administration for each of these four management: pembrolimubab, nivolumab or ipilimumab in Italy. These data were derived from a literature review of the Italian legislation and reimbursement scheme for the Italian National Health System (NHS) while the estimated costs for each administration management were derived from a survey that was sent to the ten main Italian centres for the treatment of metastatic or adjuvant melanoma. Finally, the economic impact was estimated considering a standardized 1,000 patients treated with the new administration scheme with pembrolimubab every six weeks vs standard scheme administration of pembrolimubab, nivolumub and ipilimumab.