Convenient for them than other IV alternatives by being orally administered. Such FGFR+ patients has doubled and PFS has tripled versus anti-PD1/PDL1. In addition to immunotherapies. Finally, erda tinib has the longest PFS, being 3-times higher (2,6,7 times) than erlotinib and everolimus (2,11,17). Total costs for mRCC treated patients were $60,273, which is 5 % less than when using nivolumab ($63,077). Total costs for second-line treatments were for cabozantinib were lower compared with the cabozantinib one. Cost per QALY for cabozantinib was $196,32, which is 25 % less than for those for nivolumab. Cost per QALY for cabozantinib amounted $322,39, which is 19 % less than for 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.

ECONOMIC EFFECTS OF DIFFERENT ADMINISTRATION SCHEME OF PEMBROLIZUMAB IN ADVANCED OR ADJUVANT MELANOMA

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Objective: This study aimed to evaluate the economic effect of new administration management of pembrolizumab for the treatment of advanced or adjuvant melanoma in Italy. Methods: The analysis was developed considering two subsequent methodology steps: a) unit costs estimation for administration of innovative oncological drugs and b) time cost (physician time and preparation costs) and b) time cost estimation for administration of pembrolizumab, 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 cost for each administration was 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 pembrolizumab every six weeks vs standard scheme administration of pembrolizumab, nivolumab and