ipilimumab for a time horizon of 6 weeks. Results: the preliminary results demonstrate that the pembrolizumab QW scheme could generate a cost savings of € 1.2, € 2.2 and € 3.0 million for 1,000 patients if compared with pembrolizumab Q3W, nivolumab and ipilimumab respectively. On average, 40% of these cost reductions were associated with adjuvant treatment patients. Conclusions: the ability to reduce the admissions for drug administration in hospital due to a new therapeutic scheme of pembrolizumab, could generate and efficient management of the oncological ambulatory reducing the number of patients that have to come in hospital.

PCN146 ADJUSTMENT OF EXTRAPOLATION OF SURVIVAL CURVES USING EXTERNAL INFORMATION: GUYOT'S METHOD AND BAYESIAN MODEL AVERAGING IN PATIENTS WITH UNRESECTABLE HEPATOCELLULAR CARCINOMA (HCC)

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Objectives: Survival extrapolation is key when conducting cost-effectiveness analyses (CEA) in oncology, which rely on overall survival (OS), partially observed in trials. Although clear methodological frameworks for extrapolations are available, the need to choose a specific distribution through internal and external validation using long-term data remains arbitrary. The aim was to evaluate the impact of the Guyot method to include external data in the extrapolation model and to investigate a Bayesian Model Averaging (BMA) to remove the need of choosing a single distribution, using the example of the IMBrave 150 data in HCC.

Methods: Two studies with patients treated with sorafenib as a first line treatment for HCC were considered: the ATHENOR study (conducted on the French real-life database for patients with advanced HCC) and GIDEON (investigating survival in patients after resection). Six parametric distributions were considered to model OS. Guyot’s method was implemented to combine IMBrave 150 data with external information. The use of the BMA was then explored. Survival curves were weighted to obtain one single fit.

Results: The GIDEON had a more complete set of patients characteristics compared to the ATHENOR study. Median survival observed in GIDEON (13.6 months) was also close to the sorafenib arm in IMBrave 150 (13 months). Both studies were explored to evaluate impact on OS extrapolations. Conclusions: Guyot’s method is a useful tool for extrapolations, as it adjusts predictions rather than relying on visual inspection. As results are sensitive to the external data, their source and transposability to the trial setting be justified. BMA is also a useful method and can be an additional tool to the currently recognised methodological guidance. The confidence intervals provided by the BMA approach may be more informative than extreme scenario testing in CEA.

PCN147 ECONOMIC ANALYSES OF TRASTUZUMAB BIOSIMILAR FOR TREATMENT OF PATIENTS WITH HER2-POSITIVE BREAST CANCER FROM A BRAZILIAN PRIVATE HEALTHCARE PERSPECTIVE

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Objectives: to evaluate value of KANJINTI (an IV trastuzumab biosimilar) in patients with early (EBC) and metastatic breast cancer (mBC) by estimating the cost-effectiveness of KANJINTI vs. Herceptin. Results: costs from Herceptin to KANJINTI amounted to R$ 421,166,642. Switching from Herceptin to KANJINTI could be reinvested to allow Brazilian private health insurers to improve patient care.

PCN148 THE CLINICAL AND ECONOMIC IMPACT OF PD-L1 SP142 ASSAY USING ATEZOLIZUMAB + NPAACLITAXEL IN THE PATHWAY OF PATIENTS WITH METASTATIC OR ADVANCED TRIPLE NEGATIVE BREAST CANCER

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Objectives: Recently a randomized double-blinded trial has shown the effectiveness and the safety using atezolizumab plus nab-paclitaxel for the treatment of patient with unrespectable locally advanced or metastatic TNBC. This analysis evaluates the clinical and economical outcome of the patients positive for the PD-L1 expression tested with a qualitative immunohistochemical assay using rabbit monoclonal anti PD-L1 clone SP142. Methods: A decision model tree was adopted that defines the diagnostic pathway for the patients affected by BC accordingly the scenario takes into account patients previously tested for ER/PR/HER-2 status. If patients are negative to the tests mentioned above they are tested with two different immunohistochemical assays in order to evaluate the PD-L1 expression. Based on epidemiological assumptions and taking into consideration the percentage of incidence data for breast cancer in Italy, the triple negative patients likely 5,280 of these 5,158 are in metastatic and advanced settings. Conclusions: A total of 1,518 patients eligible for PD-L1 immunohistochemical assay in Italy were considered, of whom 40.9% were assumed to be PD-L1+ (≥1% cut off). The patients tested with PD-L1 Ventana SP142 assay following treated with atezolizumab + nab paclitaxel shows an increase of PFS and OS in according with a concordance study compared using Dako 22C3 assay. Conclusions: The choice of a correct diagnostic strategy is crucial in order to optimize cancer therapies in the mTNBC patients that can benefit of immunomodulatory therapies. The use of the additional test for the diagnostic pathway of the Ventana PD-L1 SP142 would identify a correct number of cases PD-L1 expression (≥1% cut off), supporting the prescription of a more effective oncological therapy.

PCN150 WATCH AND WAIT POLICY VERSUS ROBOTIC SURGERY FOR RECTAL CANCER: A COST-UTILITY (RECOIST)

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Objectives: Chemoradiotherapy (CR) followed by standard Surgical Resection (SR) is the standard treatment for distal locally-advanced rectal cancer (LARC) patients after a clinical complete response (cCR). Some novel approach suggested better functional results using robotic rectal resection (RRR) or avoiding surgical procedure, called Watch and Wait (WW) strategy. The aim of this study is to compare the clinical outcomes and cost-effective outcomes of WW versus RRR in the treatment of LARC. Methods: A Markov model-based, cost-utility analysis estimating mean costs and QALYs per patient was performed to compare SR, RRR and WW strategies for patients achieving a cCR to CRT. Rates of local regrowth, recurrence and distant metastasis were derived from series comparing WW to SR and from our Model Comparative study of RRR versus SR. Lifetime incremental cost-utility ratio was calculated between strategies, and sensitivity analysis were performed to study model uncertainty. A willingness-to-pay of 30,000 per Quality Adjusted-Life Year (QALY) was used as a threshold to determine the most cost-effective treatment. Results: The base case 15-years cancer-specific survival was 93.5% (95% confidence interval [CI] 91.5-94.9) on a WW program, compared to 95.9% (95%CI 93.6-97.7) after RRR. WW was dominant relative to RRR with cost savings of $48,566.58 (95%CI $47,635.77 - $49,497.39) and incremental QALY of 7.47 (95%CI 7.46 – 7.48). WW was also dominant relative to LAR, with cost savings of $48,764.49 (95%CI $47,768.49 - $49,760.48) and incremental QALY of 7.44 (95%CI 7.43 – 7.45). WW remained dominant in sensitivity analysis unless the rate of SR fell to 73.03%. Conclusions: This study provides data of cost-effectiveness differences between SR, RRR, WW approaches in LARC after cCR, showing a benefit for WW.