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Cost-Effectiveness Analysis of Lapatinib plus Capecitabine in the treatment of patients with ErbB2+ Advanced or Metastatic Breast Cancer in Portugal

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Objetivos (Objectives):

To determine the cost-effectiveness of lapatinib plus capecitabine (L+C) vs continued trastuzumab (TZ) use in women with ErbB2+ Advanced or Metastatic Breast Cancer (MBC) who have progressed following prior therapy that included TZ.

Metodologia (Methodology):

A survival analysis model with a five-year timeframe (approximately lifetime projection) was used, undertaking the Portuguese National Healthcare System perspective and considering only direct medical costs. Healthcare resource consumption was estimated by a Portuguese expert panel. Unitary costs were based on official data and updated to 2008 values. Consequences included Quality Adjusted Life Years (QALYs). Both costs and consequences were discounted at 5% yearly. Survival was estimated from the EGF100151 trial (a Randomized Clinical Trial (RCT) comparing L+C with C-only in women with ErbB2+ MBC who had received prior treatment with an anthracycline, a taxane and TZ) and GBG 26 / BIG 3-05 study (a RCT of TZ+C vs C-only in women with ErbB2+ MBC who had received at least one prior course of TZ and no more than one prior course of palliative chemotherapy). One-way sensitivity analysis was conducted on key parameters.

Resultados (Results):

Compared with TZ treatment beyond progression, L+C yields an additional 0.026 QALYs with a cost saving of 4,536€. Thus, on a cost-effectiveness plan L+C is the dominant alternative, result also observed throughout all variables being varied on sensitivity analyses. Overall, cost difference between both alternatives is mainly attributed to administration of study medications where TZ (IV treatment) shows an additional cost of 14.048€ over L+C (oral formulations) during the study period.

Conclusões (Conclusions):

For patients with ErbB2+ MBC who have progressed following prior therapy that included trastuzumab, treatment with L+C meets an unmet clinical need and is cost-saving in this setting, which may contribute to reduce NHS costs.