Background In combination with prednisone or prednisolone, abiraterone is indicated for the treatment of patients with hormone-refractory metastatic prostate cancer (mHRPC) previously treated with a docetaxel-containing regimen. Abiraterone was evaluated in a phase 3, randomised, double-blind, placebo-controlled study.

Purpose To evaluate the cost-efficacy of abiraterone for the treatment of patients with mHRPC previously treated with a docetaxel-containing regimen, using best supportive care as a comparator.

Materials and Methods Abiraterone efficacy and safety data were sourced directly from the above-mentioned phase 3 study. Two different efficacy parameters were considered: overall survival (OS) and progression free survival (PFS). The costs of the therapeutic options were calculated based on the direct cost of the drugs and the treatment duration described in the study. This study was conducted from an institutional perspective – the hospital perspective.

Results In the phase III trial considered, the median OS was 14.8 months with abiraterone and 10.9 months with placebo. The median PFS was 10.2 months in the abiraterone group and 6.6 months in the placebo group. Median treatment duration was eight months for abiraterone and four months for placebo. The marginal efficacy for abiraterone is 3.9 months for OS and 3.6 months for PFS. Considering OS as efficacy parameter, the incremental cost-utility ratio (ICER) calculated for the two treatments is €89,848. When PFS is considered, the ICER calculated is €97,356.

Conclusions Based on this analysis, the ICERs calculated for abiraterone are too high for it to be considered a cost-effective option in the treatment of mHRPC when compared with mitoxantrone, in patients previously treated with a docetaxel-containing regimen.

No conflict of interest.
DGI-023 Description of Omalizumab Use For the Treatment of Asthma After Four Years of Experience

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