Drugs with highest total cost: nivolumab (€ 1,336,303), >ipilimumab (€ 1,336,303), and >pemetrexed (€ 546,026). The most prevalent pathology was lung cancer (19 CT, 14 of which were non-small cell lung cancer) and melanoma (four CT).

Conclusion The CT are an opportunity to contain pharmaceutical costs in hospitals. Patients in CT produced a cost saving of € 3,482,662/year. The potential savings justify the need to incorporate as many clinical trials as possible, not just for cost savings but because it would mean better access for patients to these highly effective and/or breakthrough therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.

11SG-010 REAL-WORLD EVIDENCE OF HIGH-COST DRUGS FOR METASTATIC MELANOMA: EFFECTIVENESS, COMPLIANCE TO CLINICAL PRACTICE GUIDELINES AND ECONOMIC EVALUATION

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Background In Italy melanoma is the second most common cancer among men and the third in women. Invasive malignant melanoma accounts for about 1% of all skin cancers, but it is the most deadly. Targeted therapy and immunotherapy have changed the management of metastatic melanoma. Chemotherapy is less effective, but it is still a treatment option.

Purpose To analyse drug effectiveness for metastatic melanoma in our hospital, to assess compliance to clinical practice guidelines and to perform an economic evaluation.

Material and methods We analysed all patients with metastatic melanoma treated from 1 May 2016 to 30 April 2018 and which drugs were administered. Patients were stratified by age, gender, line of therapy, Eastern-Cooperative-Oncology-Group (ECOG) performance status (PS) and type of cancer treatment (targeted therapy-immunotherapy). We assessed progression-free survival (PFS) and overall survival (OS) with the Kaplan-Meier method. We assessed compliance to Italian clinical practice guidelines and we analysed the drug costs.

Results Fifty-three cases of metastatic melanoma were found. The mean age was 66, 58% were older than 65 years and 55% were male. Median PFS was 17.7 months and median OS was 27.5 months. Fifty-eight per cent were treated with immunotherapy (nivolumab or pembrolizumab) and 42% with targeted therapy (dabrafenib +trametinib or vemurafenib +cobimetinib). In the targeted therapy group, median PFS was 9.6 months and median OS was 18.6 months. Median PFS and OS in the immunotherapy group were not reached. Sixty-six per cent were first-line treatments (median PFS 17.6 months, median OS 29.3 months). Beyond first-line therapy median PFS was 6.7 months and median OS was 7.3 months. Seventy-seven per cent had baseline PS of 0. PS was identified as an important prognostic factor for PFS and OS. Female gender and age older than 65 were significant predictors for PFS and OS benefit.

We identified only one case of non-compliance to clinical practice guidelines.

The cost of the drug combination vemurafenib +cobimetinib was higher than the cost of dabrafenib +trametinib. Pembrolizumab was less expensive than nivolumab.

Conclusion Our analysis suggests a high level of compliance with clinical practice guidelines.

Dabrafenib+trametinib was a cost-effective regimen in BRAF-mutated patients requiring rapid intervention to avoid disease progression.

Immunotherapy should be the treatment of choice in order to achieve long-term disease control.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

11SG-011 REDUCTION OF THE PATIENT WAITING TIME: WHAT COST FOR THE CHEMOTHERAPIES PREPARATION UNIT?

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Background Our establishment produces approximately 150 chemotherapies per day for 115 patients. In order to reduce the patient waiting time, we decided to anticipate the chemotherapy prescriptions which permit us to prepare a part of the chemotherapies in advance. To overcome the rise in returns generated by that anticipation, we set up standardised doses (five different types by interval of body surface area in m²: <1.49; 1.49–1.69; 1.69–1.89; 1.89–2.1; >2.1) facilitating the reallocation of the chemotherapies returns.

Purpose Reduce the cost of returns due to the anticipation of chemotherapy prescriptions.

Material and methods From January to June 2018, the returns of chemotherapy prescriptions have been listed and analysed to identify the dose (standardised or not), the cost and the cause of the return. The standardised and reassigned doses prescribed chemotherapies have been counted.

Results In a period of 6 months we have counted 852 returns for 18 443 produced chemotherapies, which is 1.6% of the total cost of preparations realised during this period. The return causes were based on the prescription itself (diminution of the dose, alteration of biology report, change of protocol) and on the patient's condition (alteration of the global condition, infection, hospitalisation). Seventy-nine per cent of returns were from anticipated chemotherapies (in order to reduce the patient waiting time), however 16% of these returns could have been reassigned. The standardised dose preparation represented 40% of the returns, 42% of which had been reassigned and it permits a reduction in costs of one-third.

Conclusion This standardised work produced a reduction in the return cost of 37%. At the moment, 21% of the prescriptions are standardised. To reduce more the return cost while maintaining the patient care quality, we would like to increase the standardisation and improve the stability of chemotherapy bags.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.