An Italian cost-effectiveness analysis of paclitaxel albumin (nab®-paclitaxel) + gemcitabine vs gemcitabine alone for metastatic pancreatic cancer patients: The APICE study

INTRODUCTION

Pancreatic cancer (PC) affects more than 100,000 people per year in Europe. (1)

• Health care resource consumption for supportive care, patients’ assessment and end of life care was obtained from published sources as well as research assumptions.

• 2015 survival, LYS and QALYs were discounted at 3% real social rate, as they accrued over a 4-year period. (2)

Sensitivity analyses

• The robustness of the base case findings was tested via one-way sensitivity analysis (a 15% base case estimate and probabilistic sensitivity analysis (base case ICER)-based cost-effectiveness acceptability curve (CEAC), cost-effectiveness frontier (CF)). (3,4)

RESULTS

Effectiveness

• Nab-P + G is cost-effective vs G: each QALY gained is associated with a DALY saved (Table 2).

• Base case effectiveness analysis: Nab-P + G is the most cost-effective option. (3,4)

Resource consumption and associated costs

• Mean 1-year cost for Nab-P + G is 40,016.94 € (95% CI: 37,515.52-42,518.36). (5)

• Base case cost-driver is chemotherapy (33.14% of the mean 4-year cost), whereas for Nab-P + G 229.00 € (1.92%) is the cost driver (Figures 1-2).

• Sensitivity analyses demonstrate the robustness of base case ICER and that Nab-P + G is the optimal treatment choice for MPC patients beyond the follow-up of the reference RCT comparing Nab-P + G vs G. (3)

CONCLUSIONS

• This study compared the cost-effectiveness of nab-P + G and G for patients with metastatic PC (MPC).

• A 1,000 mg/m² weekly dose of nab-P + G is associated with a cost saving of 7,082.68 € (95% CI: 13,800.90-3,017.42) per LYS gained when compared to G. (5)

REFERENCES

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