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Three cost scenarios were estimated: i) real-life chemotherapy (CT) used by patients; ii) hypothetical use of LAP/CAP; iii) treatment associated with chemotherapeutic agents, an intravenous protocol. Some others are offered treatment with chemotherapy protocols alone.

There is no single study in Brazil evaluating the treatment patterns and associated costs for patients submitted to chemotherapy alone after progression to trastuzumab. The objective of this study was to evaluate treatment patterns and associated costs of MBC-HER2+ after progression to trastuzumab, under the perspective of the Brazilian private healthcare system and to calculate the economic impact associated with using LAP/CAP or trastuzumab associated to capecitabine chemotherapy alone after progression to trastuzumab. The objective of this study was to evaluate treatment patterns and associated costs of MBC-HER2+ after progression to trastuzumab, under the perspective of the Brazilian private healthcare system and to calculate the economic impact associated with using LAP/CAP or trastuzumab associated to capecitabine (TRAST/CAP) for this population.

RESULTS

182 patients were included in the analysis with documented HER2+, and chemotherapy treatment after progression to trastuzumab. Average patients age was 51 years with an average body surface area of 1.8 m² and an average weight of 64 kg. The mean treatment duration was 10.5 weeks (95% CI: 8.3 - 12.2).

Twenty five treatment protocols were identified after failure to trastuzumab, mainly: paclitaxel (29%), docetaxel (20%) and vinorelbine (14%) (Table 1).

The average costs per patient were R$19,114.68 (95% CI: 17,920.90; 20,395.97) in the CT scenario, R$25,977.61 (95% CI: 23,872.87; 28,082.34) in the LAP/CAP scenario and R$39,437.26 (95% CI: 37,185.16; 41,851.72) in the TRAST/CAP scenario.

However, in some specific CT combinations, LAP/CAP may result in lower costs, thus being considered an economically viable alternative. When compared to TRAST/CAP the association of lapatinib to capecitabine always resulted in lower costs. When compared to TRAST/CAP, the association of lapatinib to capecitabine always resulted in lower costs.

CONCLUSIONS

Patients treated with CT, eligible for treatment with LAP/CAP or TRAST/CAP, had lower treatment costs when compared to LAP/CAP or TRAST/CAP.

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METHODS

Evidence database contains data related to around 3,000,000 lives covered by private health plans in Brazil. In this database, patients diagnosed with HER2+ and treated with chemotherapy after failure to trastuzumab were reviewed. For every patient included in the analysis, data related to anthropometric characteristics, treatment protocols used after progression to trastuzumab and the respective drugs, and treatment duration were recorded in a one year timeframe.

Only drugs costs were included in the analysis. Unit costs for drugs were considered as the excise price with 10% VAT in the reference year 2011. Average real world treatment costs were calculated for the different chemotherapy protocols included in the analyses.

Three case scenarios were estimated: i) real chemotherapy (CT) used by patients; ii) hypothetical use of LAP/CAP; iii) hypothetical use of TRAST/CAP. Considering patients’ body surface area and the treatment duration for each chemotherapy protocol used after progression to trastuzumab and the respective drugs, and treatment duration were recorded in a one year timeframe.

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Considering the results segmented by CT protocol, LAP/CAP costs were lower than CT for patients treated with paclitaxel associated or not to gemcitabine, among others. The treatment costs with LAP/CAP exceeded the costs with CT in 36% of patients. For all patients, projected costs with LAP/CAP were lower than TRAST/CAP (Table 1).

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CONCLUSIONS

Patients treated with CT, eligible for treatment with LAP/CAP or TRAST/CAP, had lower treatment costs when compared to LAP/CAP or TRAST/CAP.

In some specific CT combinations, LAP/CAP may result in lower costs; thus being considered an economically viable alternative. When compared to TRAST/CAP, the association of lapatinib to capecitabine always resulted in lower costs.