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Wang, Han I orcid.org/0000-0002-3521-993X, Aas, Finn Erik, Roman, Eve orcid.org/0000-0001-7603-3704 et al. (3 more authors) (2013) PCN15 – Differences in Medical Cost and Survival Between Trial and Non-Trial Patients with Acute Myeloid Leukaemia – A UK Population-Based Propensity Analysis. In: UNSPECIFIED.

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or 500mg. The indirect analysis did not show a statistically significant difference in OS between enzalutamide and placebo.

PCN12 SMALL MOLECULE TARGETED THERAPIES FOR THE SECOND LINE TREATMENT OF METASTATIC PROSTATE CANCER: A SYSTEMATIC REVIEW AND INDIRECT COMPARISON OF SAFETY AND EFFICACY

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OBJECTIVES: Patients with mRCC and a good performance status typically receive an anti-VEGF TKI (sunitinib or pazopanib) as initial therapy. Upon disease progression, patients are treated with targeted and immune-therapy. We performed a systematic review of randomized controlled trials evaluating the efficacy and safety of sunitinib or pazopanib. The evidence from this ITC shows that sunitinib and pazopanib have similar efficacy in OS in mRCC post chemotherapy. However, sunitinib is cost saving compared to pazopanib in this analysis.

PCN15 DIFFERENCES IN MEDICAL COST AND SURVIVAL BETWEEN TRIAL AND NON-TRIAL PATIENTS WITH ACUTE MYELOID LEUKAEMIA – A UK POPULATION-BASED PROPENSITY ANALYSIS

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OBJECTIVES: Information about acute myeloid leukaemia (AML) includes the costs of treatment and survival estimates, which are usually derived from clinical trial data. However, unlike other information, this is generalizable to non-trial patients. This study was carried out to evaluate the differences in medical costs and survival between trial and non-trial patients with AML. The evidence from this ITC shows that the external validity of trial data to the general patient population. METHODS: The Haematological Malignancy Research Network (HMNRN, www.hmnrn.org) is an established population-based patient cohort that registers around 2000 newly diagnosed patients each year. All data collected from 2013 for randomized controlled trials evaluating at least one of the four agents in 2nd. line mRCC. Bayesian MTC models were fitted to assess comparative effectiveness based on multiple endpoints: tumour response, progression free survival (PFS), grade III/IV toxicities such as diarrhoea, fatigue, hand foot skin reaction, rash and stomatitis as well as treatment discontinuations. RESULTS: A total of four randomized trials meeting the inclusion criteria were appropriate for the statistical pooling exercise. All four agents seemed to improve the progression-free survival of patients with AML. The indirect analysis did not show a statistically significant difference in OS, with hazard ratios ranging from 0.75; CI 95% to 0.949 (95% CI: 0.712-1.26). In outcomes, and propensity score analyses were applied to measure differences by adjusting for baseline imbalance in pre-treatment characteristics between trial and non-trial patients. RESULTS: Overall, 173 patients treated with induction intent were included, of which 106 were trial and 67 non-trial. Trial participation was associated with younger age, fewer comorbidities, better prognosis, and being treated at teaching hospitals. Before controlling for patients’ characteristics, trial patients had better survival and survived higher proportions of patients (p<0.001). Comparing patients’ characteristics by carrying out propensity score analyses, these differences remained significant in both survival (median survival 28.7 vs 8 months; p<0.001) and medical costs. Conclusion: AML patients treated with induction intent, significant differences were observed in treatment costs and survival according to trial status, both before and after controlling for patients’ pre-treatment characteristics. Data generated solely from clinical trials may therefore not be generalizable to non-trial patients and should be treated with some caution when used to facilitate decision-making.

PCN16 THE EFFECT OF POSITIVE MARGINS ON OUTCOMES IN BREAST CANCER

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OBJECTIVES: To review the data available on excision margins following breast-conserving therapy (BCT), focusing on definitions of positive and clear margins, per- centage of operations resulting in positive margins, the effect of positive margins on future treatment, and the relationship between positive margins and disease-free and overall survival. METHODS: Targeted searches of PubMed were conducted using a prespecified search strategy. Data from robust systematic reviews and/or meta-analyses were included. RESULTS: Absence of a standard definition of positive margins remains controversial. None-the-less, final margin status is a key prognostic variable, but typically a clear margin of 2 mm is considered acceptable. Most studies indicate positive margins in 20%-40% of patients after wide local excision. Guidelines recommend close follow-up of patients with positive margins after wide local excision, and in surveys, most physicians said they would recommend re-excision when there is tumour within 1 mm of the margin. In the identified studies, 20%-30% of patients undergoing excision and providing data had close follow-up. Of those with positive margins, 10%-15% of patients who initially had lumpectomy later had a mastectomy. There is a significant association between margin status and local recurrence (in a recent meta-analysis, the odds ratio was 2.42 for positive vs. negative margin status. However, in a recent meta-analysis, the odds ratio was 2.42 for positive vs. negative margin status (95% confidence interval, 1.94-3.02; P<0.001). However, among patients with a clear margin, width is not clearly related to risk of local recurrence. Four studies that assessed the effect of margin status on overall or disease-specific survival were identical, three reported a significant association (e.g., cause-specific survival at 12 years significantly associated with margin status, P<0.001). CONCLUSIONS: Definition of adequate mar- gins remains controversial. None-the-less, final margin status is a key prognostic factor following BCT. The data identified suggest that an intervention that reduces the rates of positive margins during BCT may have the potential to improve outcomes and reduce the burden on patients and health care providers.

PCN17 A MIXED TREATMENT COMPARISON (MTC) TO COMPARE PROGRESSION FREE SURVIVAL (PFS) ASSOCIATED WITH DIFFERENT CHEMOTHERAPY REGIMENS FOR PLATINUM-SENSITIVE OR PARTIALLY PLATINUM-SENSITIVE RECURRENT ADVANCED OVARIAN CANCER

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OBJECTIVES: This research was conducted during a review of the manufacturer’s submission (MS) to the NICE Single Technology Appraisal programme for bevacizumab, a vascular endothelial growth factor (VEGF) inhibitor. Bevacizumab in combination with chemotherapy is recommended for use in patients with platinum-sensitive or partially platinum-sensitive recurrent advanced ovarian cancer. This research compared this new triple therapy with treatments used in clinical practice in the UK: platinum monotherapy, gemcitabine/carboplatin, and paclitaxel/docetaxel (Paclitaxel) for platinum-resistant ovarian cancer. METHODS: Randomised controlled trials (RCTs) for inclusion were identified using the MS for bevacizumab. RCTs were assessed for comparability based on patient characteristics. The evidence from this ITC shows that bevacizumab and paclitaxel have similar efficacy in PFS in mRCC post chemotherapy. However, bevacizumab is cost saving compared to paclitaxel in this analysis.