

ICPE 2019 Analysis Group Poster Presentations

SESSION A

Monday, August 26, 2019 | 8:00 a.m.–6:00 p.m. | Room: Hall A

DRUG EFFECTIVENESS–CANCER ▪ ABSTRACT #5923 ▪ PUBLICATION #249

Real-World Assessment Of Clinical Outcomes Among First-Line (1L) Sunitinib Patients With Metastatic Renal Cell Carcinoma (mRCC) By The International mRCC Database Consortium (IMDC) Risk Group

Background: Sunitinib is a standard treatment for first-line (1L) mRCC. Findings from several clinical trials suggest that clinical outcomes of mRCC patients treated with 1L sunitinib may vary across prognostic risk groups (i.e., favorable, intermediate, poor risk), defined by IMDC criteria. A gap in the literature on the effectiveness of 1L sunitinib by the IMDC prognostic risk group in the real-world setting exists.

Objectives: This study assesses clinical outcomes and provides benchmarks for mRCC patients treated with 1L sunitinib in the real world to provide contemporary benchmarks for outcomes and survival.

Conclusions: This real-world study based on a contemporary cohort of 1L sunitinib mRCC patients found a median overall survival (OS) rate of 52 months, which sets a new benchmark for clear cell mRCC in the favorable risk group. OS rates in the intermediate and poor risk groups are similar to previous reports. This affects patient counseling and clinical trial design.

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Factors Associated With Viral Suppression Among HIV-Positive Gay And Bisexual Men Who Have Sex With Men

Background: The UNAIDS 90-90-90 target has prioritized achieving high rates of viral suppression.

Objectives: We identified factors associated with viral suppression among HIV-positive gay, bisexual, and other men who have sex with men (GBMSM) in Kisumu, Kenya.

Conclusions: Despite extensive initiation, retention, and adherence support, the rate of viral suppression in this population did not meet the UNAIDS 90-90-90 target (81% for individuals aware of their HIV status). Pervasive stigma against male-male sex, especially men who practice receptive anal sex, may underlie our findings, which highlight the need for advocacy and stigma-reduction efforts. Because coping self-efficacy was a protective factor, efforts to promote resilience in addition to healthy sexual identity development may lead to improved care outcomes among GBMSM in this area.

Authors: *Colin Kunzweiler, MS, PhD*

Factors Associated With Receipt And Overall Survival Of Concurrent Chemoradiotherapy Versus Single Modality Therapy In Unresectable Stage III NSCLC

Background: While concurrent chemoradiotherapy (cCRT) is the standard of care for patients with unresectable stage III non-small cell lung cancer (NSCLC), some patients receive single-modality therapy, i.e., systemic therapy or radiotherapy.

Objectives: This study aimed to identify predictors of type of therapy received, and differences in overall survival (OS) by therapy type in a Medicare population.

Conclusions: Only 51% of patients received cCRT. Younger age, white race, having stage IIIA NSCLC, a favorable performance status (PS), and lower Charlson comorbidity index (CCI) scores were predictive of receiving cCRT. Given the survival benefit, physicians should be encouraged to pursue cCRT in patients with unresectable stage III NSCLC. Further efforts to develop less morbid therapies are critical in this population.

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Comparison Of Real-World Treatment Patterns, Persistence, Healthcare Resource Utilization (HRU) And Costs Between Octreotide And Lanreotide For The Treatment Of Neuroendocrine Tumors (NET)

Background: There has been limited research assessing differences between somatostatin analogues (SSAs) as treatments for neuroendocrine tumors (NET).

Objectives: This study aims to assess treatment pattern, persistence, healthcare resource utilization (HRU), and costs among patients with NET receiving long-acting octreotide versus lanreotide.

Conclusions: This study shows similar treatment patterns and persistence between SSA cohorts. Octreotide appeared to be associated with lower HRU and total healthcare costs compared with lanreotide.

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SESSION B

Tuesday, August 27, 2019 | 8:00 a.m.–6:00 p.m. | Room: Hall A

Estimating The Causal Effect Of Prenatal Lead On Prepulse Inhibition: A Prospective Study In Children And Adolescents

Background: During pregnancy, maternal lead from earlier exposures mobilizes and crosses placental barriers, placing the developing fetus at risk for lead exposure and neurodevelopmental deficits. Some neuronal circuits associated with cognitive deficits can be probed with simple physiological behavioral paradigms. One such neural biomarker is prepulse inhibition (PPI), an indicator of adequate sensorimotor gating processing. In clinical studies, PPI deficits have been associated with neurologic deficits. As such, PPI may be a useful biomarker for neurologic deficits associated with environmental neurotoxins.

Objectives: To estimate the causal effect of prenatal lead exposure (assessed by maternal cortical bone lead concentrations) on PPI deficits in children and adolescents using longitudinal real-world data.

Conclusions: Our results suggest that exposure to prenatal lead causes PPI deficits in children and adolescents. Thus, PPI may be a valuable adjunct screening tool for assessing neurotoxicant effects on the brain.

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Healthcare Costs And Resource Utilization Associated With Select Severe Adverse Events In Patients With Metastatic Urothelial Cancer Treated With First-Line Systemic Therapies

Background: Prior studies reported substantial economic burden due to metastatic urothelial cancer (mUC), but limited information on costs and HRU related to severe adverse events (SAEs) is available for this population.

Objectives: To estimate incremental healthcare costs and HRU associated with select SAEs among patients with mUC treated with 1L systemic therapy.

Conclusions: SAEs occurring during 1L therapy for mUC can result in significant burden to patients, families, and healthcare systems. Appropriate selection of therapies based on future validated biomarkers, patient education, and early adverse effect diagnosis may reduce the impact of SAEs on healthcare costs and HRU.

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