

# ICPE 2018 Analysis Group Poster Presentations

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**SESSION A** Friday, August 24; 8:00 a.m.–6:00 p.m.

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**BURDEN OF DISEASE – CANCER • ABSTRACT #1835 • PUBLICATION NO. 159**

## Chemoradiotherapy Treatment Patterns and 1-Year Survival Rate Among Patients With Unresectable, Stage III Non-Small Cell Lung Cancer: Time Trends From 2009 - 2014

**Room: Congress Foyer 3A**

**Background:** Non-small cell lung cancer (NSCLC) accounts for 85% of newly diagnosed lung cancer cases. One-third of NSCLC patients (pts) are diagnosed with unresectable stage III disease. The standard of care for these pts is concurrent chemoradiotherapy (CRT) with curative intent followed by active surveillance, but efficacy is poor. Until recently, there have been no major therapeutic advances made.

**Objectives:** To assess duration of treatment (DoT) and 1-year (yr) survival rate (SR) across years in pts with unresectable stage III NSCLC treated with CRT.

**Conclusion:** Chemotherapy regimens have not changed, and 1-year SR in stage III unresectable NSCLC pts treated with CRT was stagnant from 2009–2014. The lack of improvement in SR observed across years indicates an unmet need for more effective therapy for stage III unresectable NSCLC pts.

**Authors:** Priyanka Bobbili, Sc.D., M.S. | Kellie Ryan, M.P.H | Mei Sheng Duh, Sc.D., M.P.H. | Ancilla Fernandes, Ph.D. | Maral DerSarkissian, Ph.D. | Akanksha Dua, B.S. | Melissa Pavilack, Pharm.D. | Jorge E. Gomez, M.D.

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**ANALYTICAL METHODS • ABSTRACT #1910 • PUBLICATION NO. 131**

## Trends of Insulin-Like Growth Factor 1, Growth Hormone, and Biochemical Control of Patients With Acromegaly in Italy: a Longitudinal Retrospective Chart Review Study

**Room: Congress Foyer 3A**

**Background:** Long-term biochemical control (i.e., normalization of growth hormone [GH] and insulin-like growth factor-1 [IGF1]) is the goal of treatment of acromegaly. Few studies have characterized the sustainability of GH/IGF1 levels in acromegaly patients.

**Objectives:** This study aimed to identify long-term time trends of GH, IGF1 levels, and biochemical control in patients with acromegaly using longitudinal real world data.

**Conclusion:** Results show that IGF1 and GH levels were initially elevated in the majority of patients, and declined over time. Biochemical control was reached by  $\geq 70\%$  of patients after 10 years. One-third of the population had low likelihood of achieving control at any time. Future research is warranted to understand the impact of long-term biochemical levels on patients' disease course.

**Authors:** Annamaria Colao, M.D., Ph.D. | Ludovica Grasso, M.D. | Marialuisa Di Cera, M.D. | Wendy Y. Cheng, M.P.H., M.Phil. | Philippe Thompson-Leduc, M.Sc. | Hoi Ching Cheung, B.A. | Mei Sheng Duh, Sc.D., M.P.H. | Maureen P. Neary, Ph.D. | Alberto M. Pedroncelli, M.D., Ph.D. | Ricardo Maamari, M.D. | Rosario Pivonello, M.D., Ph.D.

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**SESSION A SPOTLIGHT SESSION** Friday, August 24; 12:15–1:15 p.m.

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**ADHERENCE • ABSTRACT #674 • PUBLICATION NO. 93****Mediation by Patient-Reported Outcomes of the Association Between Film-Coated or Dispersible Formulations of Deferasirox and Serum Ferritin Reduction: A Post Hoc Analysis of the ECLIPSE Trial****Room: Congress Foyer 3A**

**Background:** The ECLIPSE trial demonstrated similar safety of the deferasirox (DFX) film-coated tablet (FCT) to dispersible tablet (DT), with fewer severe gastrointestinal (GI)-related adverse events (AEs), and more favorable patient-reported outcomes (PROs), including reported adherence. FCT patients (pts) showed a larger median reduction in serum ferritin (SF) from baseline (-350.0 vs -85.5ng/ML) than DT, despite similar doses (*Taher AT et al. AM J Hematol 2017*), which may be due to better adherence. PROs may be useful surrogate market of actual pt adherence.

**Objectives:** To estimate the proportion of the association between treatment (tx) with deferasirox FCT or DT and SF reduction from baseline that is mediated through PROs, in a *post hoc* analysis.

**Conclusion:** PROs, particularly patient-reported adherence, are significant mediators of the association between the formulation of deferasirox treatment and SF reduction from baseline. PM was increased in non-naïve DT pts, suggesting their enhanced appreciation for FCT over DT.

**Authors:** Ali T. Taher, M.D., Ph.D., F.R.C.P. | Raffaella Origa | Silverio Perrotta | Alexandra Kouraklis | Vicky Huang, M.S. | Jackie Han | Andreas Bruederle, M.D. | Priyanka J. Bobbili, Sc.D., M.S. | Wendy Y. Cheng, M.P.H., M.Phil. | Mei Sheng Duh, Sc.D., M.P.H. | John B. Porter, M.D.

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**SESSION B** Saturday, August 25; 8:00 a.m.–6:00 p.m.

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**HEALTH ECONOMICS/OUTCOMES RESEARCH • ABSTRACT #1883 • PUBLICATION NO. 669****Real-World Analysis of Treatment Patterns and Long-Term Effectiveness Among Patients With Advanced Neuroendocrine Tumors of Lung Origin: A Multicenter Study****Room: Congress Foyer 2A**

**Background:** Well-differentiated neuroendocrine tumors (known as NETs or carcinoid tumors) originate from neuroendocrine cells, grow slowly, and metastasize in the advanced stage. Lung is primary site for one-third of all NETs. US incidence rate of lung NETs has risen from 0.3 new cases in 1973 to 1.6 new cases per 100,000 persons in 2012.

**Objectives:** To report real-world treatment patterns and long-term effectiveness among patients (pts) with advanced lung NET based on data from four tertiary cancer centers (Dana-Farber, MD Anderson, Northwestern, and UCSF).

**Conclusions:** Long-acting octreotide appears to be used widely in pts with advanced lung NET. Patients on average were treated with first-line octreotide for 3.6 years with median OS of 6.8 years. Treatment patterns for other therapies were less clear due to small sample size. Additional studies are needed to further understand clinical benefits of SSAs in real-world setting.

**Authors:** Lynn Huynh, M.P.H., M.B.A., Dr.P.H. | Todor Totev, B.Sc. | Arvind Dasari, M.D. | Emily K. Bergsland, M.D. | Al B. Benson, M.D. | Beilei Cai, Ph.D. | Jesse Shea, B.A. | Mei Sheng Duh, Sc.D., M.P.H. | Maureen P. Neary, M.S., Ph.D. | Matthew H. Kulke, M.M.Sc., M.D.

HEALTH ECONOMICS/OUTCOMES RESEARCH ▪ ABSTRACT #1961 ▪ PUBLICATION NO. 684

## Comorbidity and Treatment Burden Among HIV-Infected Patients in a US Medicaid Population

**Room: Congress Foyer 2A**

**Background:** Due to the advent of combination antiretroviral (ARV) regimens for human immunodeficiency virus (HIV) treatment, HIV has become a chronic rather than acute illness. As a result, patients are taking ARVs for longer durations, and adherence and tolerability have become key aspects of disease management. Therefore, it is important to understand characteristics of the current population of patients living with HIV.

**Objectives:** To describe the contemporary comorbidity profile and treatment burden among patients with HIV-1 infection.

**Conclusion:** As patients with HIV live longer, their comorbidities and corresponding concomitant medications increase. Treatment guidelines suggest that streamlined ARV regimens may be considered as patient complexity evolves over time.

**Authors:** Maral DerSarkissian, Ph.D. | Rachel Bhak, M.S. | Alan Oglesby, M.P.H. | Julie Priest, M.S.P.H. | Emily Gao, M.S., M.P.H. | Monica Machecha, B.A. | Camara Sharperson, M.P.H. | Francois Laliberte, M.A. | Mei Sheng Duh, Sc.D., M.P.H.

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HEALTH ECONOMICS/OUTCOMES RESEARCH ▪ ABSTRACT #2162 ▪ PUBLICATION NO. 672

## Healthcare Resource Burden Among Patients With Severe Aplastic Anemia Who Have Had Insufficient Response to Immunosuppressive Therapy: A Retrospective Chart Review Study

**Room: Congress Foyer 2A**

**Background:** Aplastic anemia (AA) is a rare blood disorder with 1–2 new cases/million/year in Europe and North America. Primary therapy for patients with severe AA ineligible for allogeneic hematopoietic stem cell transplantation (HSCT) includes immunosuppressive therapy (IST) in combination of antithymocyte globulin (ATG) and calcineurin inhibitors. Therapeutic options beyond IST are limited. The health economic burden of this rare and debilitating condition is poorly understood, especially for refractory cases.

**Objectives:** To examine healthcare resource utilization (HRU) among patients with severe AA with insufficient response to IST in real-world practice.

**Conclusions:** This study is among the first to quantify the transfusion and healthcare resource burden of severe AA. In a subgroup of patients receiving eltrombopag, there was a trend toward a reduction in transfusion frequency and HRU following eltrombopag initiation.

**Authors:** Lynn Huynh, M.P.H., M.B.A., Dr.P.H. | Jasmina I. Ivanova, M.A. | Todor Totev, B.Sc. | Mehmet Bilginsoy, B.A. | Joseph Antin, M.D. | Anuja Roy, Ph.D. | Mei Sheng Duh, Sc.D., M.P.H. | Régis Peffault de Latour, M.D., Ph.D.

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HEALTH ECONOMICS/OUTCOMES RESEARCH • ABSTRACT #2548 • PUBLICATION NO. 674

## Healthcare Resource Utilization Of Conjunctivitis In The General Population And In Patients With Prior Antibiotic-Resistant Infection: A Retrospective US Claims-Based Analysis

**Room: Congress Foyer 2A**

**Background:** Conjunctivitis is a common eye condition characterized by inflammation of the conjunctiva. To date, there is limited information on the overall burden of illness of conjunctivitis in both the general population and among patients with a history of antibiotic-resistant infection (ARI).

**Objectives:** To compare healthcare resource utilization (HRU) in patients with conjunctivitis (“cases”) versus those without conjunctivitis (“controls”) in the general population (GP) and in those with prior ARI.

**Conclusion:** Conjunctivitis is associated with increased HRU in both GP and ARI patients. Research on cost implications is warranted.

**Authors:** Wendy Y. Cheng, M.P.H., M.Phil. | Nora McCormick, M.S., B.A. | Mei Sheng Duh, Sc.D., M.P.H. | Hoi Ching Cheung, B.A | Priyanka Bobbili, Sc.D., M.S. | Corey Joseph, M.P.H. | Sujata Sarada, M.S., Ph.D.

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HEALTH ECONOMICS/OUTCOMES RESEARCH • ABSTRACT #2694 • PUBLICATION NO. 668

## Deep Molecular Response in Chronic Phase - Chronic Myeloid Leukemia Patients Treated With Second-Line Nilotinib Or Dasatinib: a Multi-Country Retrospective Chart Review Study

**Room: Congress Foyer 2A**

**Background:** Achievement of deep molecular response (i.e., MR4.5, BCR-ABL1  $\leq 0.0032\%$  on international scale) is an important goal of tyrosine kinase inhibitor (TKI) treatment for patients (pts) with chronic myeloid leukemia (CML). Pts achieving sustained MR4.5 are potential candidates for treatment-free remission.

**Objectives:** To describe patient and treatment characteristics by regions and assess time to achieving MR4.5 in pts with chronic phase (CP)-CML treated with second-line (2L) nilotinib or dasatinib in 10 countries, categorized into two regions: Europe (France, Germany, Italy, Netherlands)/Australia – EU/AU; and Latin America (Argentina, Brazil, Chile, Colombia, and Mexico) – LATAM.

**Conclusion:** A significant proportion of 2L TKI pts can reach MR4.5 after failure with first-line TKI. Second-line nilotinib may be associated with a higher rate of MR4.5 than dasatinib.

**Authors:** Jorge Cortes, M.D. | Lynn Huynh, M.P.H., M.B.A., Dr.P.H. | Estella Mendelson, B.S.R.N., M.B.A. | Patricia Brandt, Ph.D. | Darshan Dalal, M.P.H., M.D., Ph.D. | Maral DerSarkissian, Ph.D. | Diego Cortina, M.D., M.Sc. | Sahil Narkhede, B.A. | Mei Sheng Duh, Sc.D., M.P.H.

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