Are NCCN evidence block affordability ratings representative of real-world costs? An evaluation of advanced non-small cell lung cancer (aNSSCLC)

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ABSTRACT

INTRODUCTION

Value frameworks have evolved to address the rising concerns about the value of medical therapies. Innovative frameworks have been developed by organizations like the National Comprehensive Cancer Network (NCCN) to assist healthcare providers and patients in making informed decisions regarding cancer care. These frameworks aim to prioritize therapies based on a combination of key measures: efficacy, safety, quality, and quantity of evidence, and consistency of evidence, and affordability (Figure 1). To characterize the correlation between real-world costs and the NCCN Evidence Blocks, this study evaluates cost of care for patients with advanced NSCLC.

METHODS

● Modality- and treatment-matched patients (2011–2016) were included, with continuous health-plan enrolment for at least 1 year prior to and 60 days after the index date and those who received first-line treatment within 60 days of surgery for lung cancer.

● Data from the MarketScan® Claims Database were used, which includes claims for patients with a diagnosis code of NSCLC from 2011 to 2016.

● Patients were included if they were continuously enrolled for at least 1 year prior to and 60 days after the index date.

● The mean (SD) PPPM cost across all regimens was $22,782 ($23,651) and median PPPM was $16,412.

● The total mean (SD) PPPM cost for patients treated with Osimertinib/Bevacizumab/carboplatin/pemetrexed was $29,604 ($26,181)

● Inclusion criteria included having advanced NSCLC at diagnosis, treating with one of the NCCN-recommended treatment regimens, and continuous enrollment after first NSCLC claim.

● The analysis was focused on patients aged <18 on the index date.

● First-line treatment was defined as the first treatment for lung cancer delivered within 60 days of diagnosis.

● The sample size for this study was limited, which may affect the statistical reliability of the results. Future analyses should include a larger sample size.

● All costs were adjusted to 2017 US dollars ($US) values based on the Producer Price Index Medical Product category.

● The average cost PPPM ($) on first-line mNSCLC treatments by AR is presented in Figure 2.

● CONCLUSIONS

This study suggests that oncologists may be rating affordability based on the cost of cancer drugs alone instead of the overall episode level. Further research is needed to understand the factors that influence oncologists’ decision-making process.

ACKNOWLEDGMENTS

This research was supported by Genentech and third-party medical writing assistance, under the direction of the authors, was provided by Nicola Griffin, of Gardiner-Caldwell Communications. The authors would like to thank Nicola Griffin for her contribution to the manuscript.

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