INTRODUCTION

Melanoma, an aggressive form of skin cancer is less common than other cutaneous malignancies such as basal and squamous cell carcinomas but accounts for a major share of skin cancer-related deaths. 

Methods and materials

The anti-PD1 human monoclonal antibody nivolumab (NIVO) was initiated on these new therapies.

METHODS (CONT.)

Unit costs for the analysis were ascribed from a UK NHS perspective.

Nivolumab and ipilimumab

NIVO - 40 mg vial: £439; 100 mg vial: £1,097

Surgery

Procedures

NIVO mono cohort due to a reduction in the use of subsequent therapies, reflecting the longer time to progression associated with the combination, and a sustained duration of response (Figure 3).

Drug costs account for more than 90% of the total costs for each of the three (Figure 2). Of these drug costs, concomitant drug costs are insignificant (Figure 5).

Aggregated Month-by-Month Melanoma-Specific Cost-Drug Costs Analysis in Type and Progression Stage for Different Regimen Cohorts in the CheckMate 067 Trial

RESULTS

The pre-progression costs incurred by the NIVO + IPI cohort were higher by only 0.5% with the IPI mono cohort being considered for the respective costs of the combination at the NIVO + IPI regimen due to a reduction in the use of subsequent therapies, reflecting the longer time to progression associated with the combination, and a sustained duration of response (Figure 3).

Drug costs account for more than 90% of the total costs for each of the three (Figure 2). Of these drug costs, concomitant drug costs are insignificant (Figure 5).

CONCLUSIONS

• These results suggest that, 5 advanced melanoma patients treated with NIVO + IPI regimen may actually benefit from lower melanoma-specific healthcare costs as compared to IPI monotherapy. This adds to the significant clinical benefit offered by the combination.

• The higher costs seen for the NIVO + IPI regimen cohort in the pre-progression period is compensated in the post-progression period, due to a reduction in the use of subsequent therapies reflective of its superior and more durable efficacy.

• To understand the impact of the interventions on healthcare costs over the longer term, the analysis should be replicated when more mature data becomes available.

REFERENCES


DISCLOSURES

• This study was funded by Bristol-Myers Squibb, Pfizer, and NCI. Assistance in the creation of this paper was provided by Aquilion Medical Communications LLC. Ridgewood, NJ and LAASA Design, Los Angeles, CA.

• Javier Sabater and Sudipta Kapil are employees of Shrinetraytic Inc. or its subsidiaries. SmartAyta Inc. was contracted by Bristol-Myers Squibb to perform this analysis.

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