

Cost calculator of immunotherapies in 1L endometrial cancer treatment for the dMMR, pMMR and ITT populations from the Brazilian private healthcare system

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Conclusions



Dostarlimab showed the lowest 3-year treatment costs across the evaluated populations (ITT, dMMR and pMMR), which may support better budget allocation in a constrained budget scenario.



Durvalumab + olaparib in the pMMR population represented the highest financial cost of all therapeutic regimens.



This calculator model can be customised for different populations and time periods, providing strategic support to payors in decision-making and contributing to the sustainability of the private healthcare system.

Background

- The adoption of immunotherapies for the frontline management of EC represents a significant clinical advancement for patients, regardless of MMR status¹⁻⁴
- Trials of these agents have demonstrated significant PFS benefits,²⁻⁴ and dostarlimab + CP, is the only immunotherapy regimen to clinically and meaningfully demonstrate a statistically significant OS benefit among patients with primary advanced EC vs placebo + CP, redefining treatment paradigms⁴
- However, within the Brazilian private healthcare system, assessing their economic impact is crucial to ensure feasibility and sustainable integration into clinical practice

Aim

To evaluate the cost of adopting recently approved immunotherapies for primary advanced or recurrent EC in ITT, dMMR and pMMR populations over the first 3 years of treatment

Study design

1

Pembrolizumab^{2,5}

First 6 cycles
200 mg every 3 weeks

Dostarlimab^{4,6}

First 6 cycles
1200 mg every 3 weeks

Durvalumab⁷

First 6 cycles
1200 mg every 3 weeks

Durvalumab + olaparib^{*8}

First 6 cycles
1200 mg every 3 weeks

Up to 14 cycles or progression/death
400 mg every 6 weeks

Up to 23 cycles or progression/death
1000 mg every 6 weeks

Until progression/death
1500 mg every 4 weeks

Until progression/death
1500 mg every 4 weeks + 300 mg olaparib twice daily

2

Drug acquisition costs for each immunotherapy and olaparib were based on the list price, including an additional 18% state taxes from the Brazilian official drug list prices – Chamber of Regulation of the Medicines Market, as of May 2025.⁹

- 3

PFS curve data from the RUBY trial for the ITT, dMMR and pMMR populations were used as an assumption for treatment duration for all studied treatments.
- 4

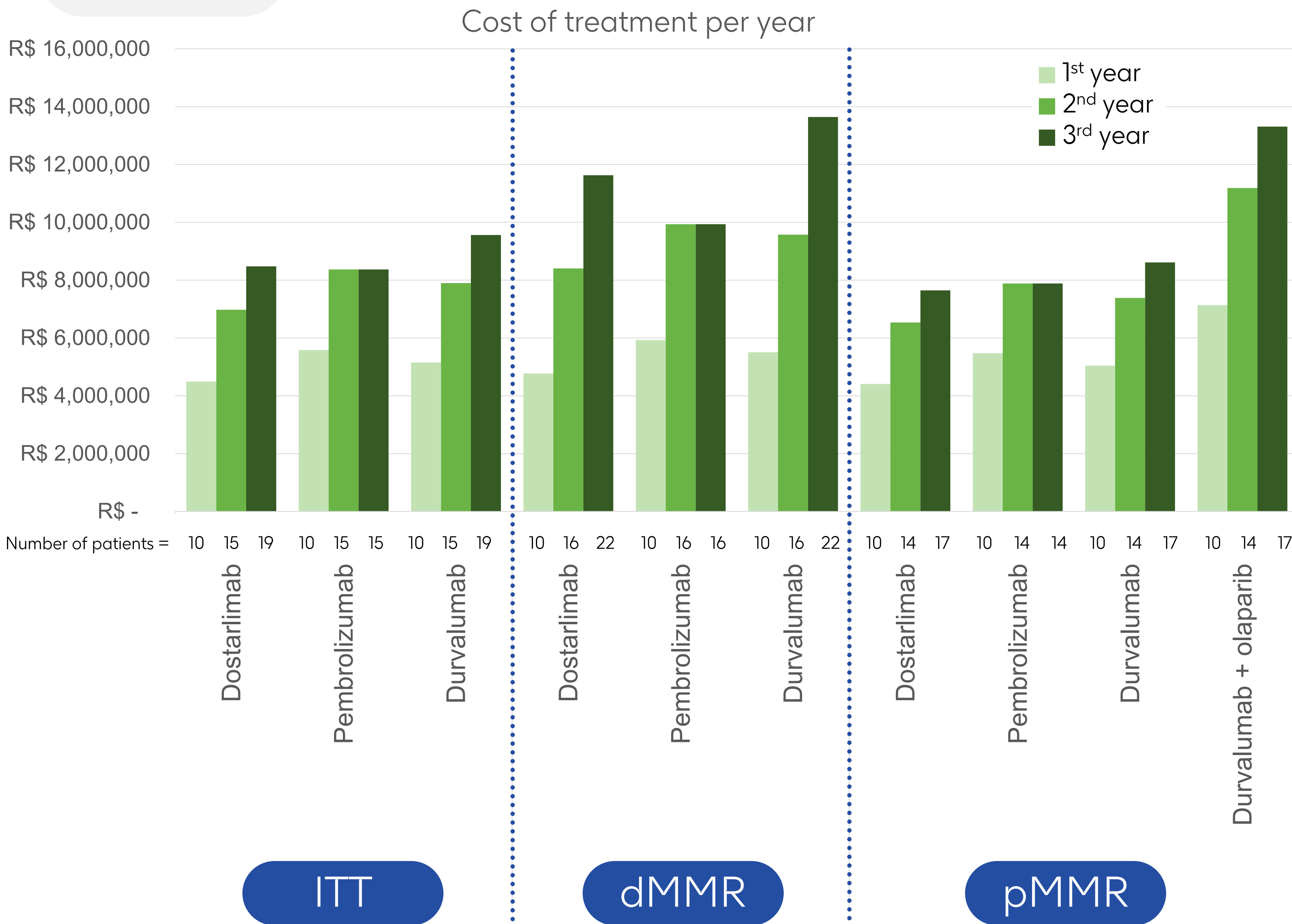
Costs for chemotherapy were not considered, as the chemotherapy portion of treatment was the same for all evaluated regimens.
- 5

For the budget impact analysis, a scenario considering 10 new patients per year for each treatment arm over 3 years was evaluated, as shown below for illustration.

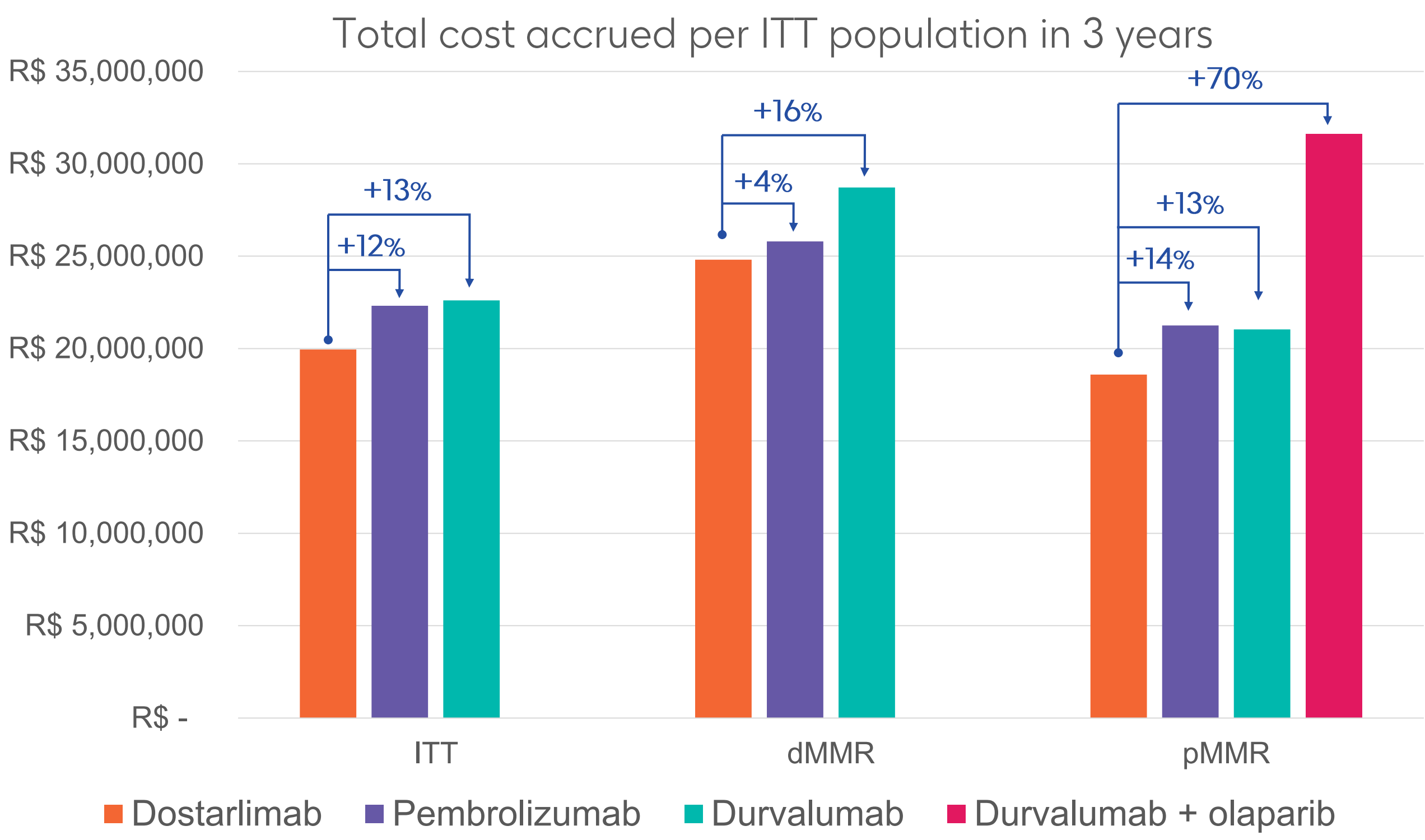
Treatment	1 st year	2 nd year	3 rd year
Pembrolizumab	10 patients	10 new + (1 st year) [†]	10 new + (2 nd year)
Dostarlimab	10 patients	10 new + (1 st year) [†]	10 new + (1 st year) + (2 nd year)
Durvalumab	10 patients	10 new + (1 st year) [†]	10 new + (1 st year) + (2 nd year)
Durvalumab + olaparib	10 patients	10 new + (1 st year) [†]	10 new + (1 st year) + (2 nd year)

^{*}Imfinzi (durvalumab) in combination with olaparib is indicated for 1L treatment of patients with advanced or recurrent EC that is pMMR.⁸ [†]Patients who continued with treatment into the 2nd year.

Results



Exchange rate: the value of R\$ 1 (Brazilian reais) is \$0.19 (United States Dollar).¹⁰



Treatment	ITT	dMMR	pMMR
Dostarlimab	R\$ 19,947,786	R\$ 24,810,040	R\$ 18,593,552
Pembrolizumab	R\$ 22,317,641	R\$ 25,798,868	R\$ 21,248,054
Durvalumab [*]	R\$ 22,610,468	R\$ 28,719,729	R\$ 21,038,932
Durvalumab + Olaparib	No indication	No indication	R\$ 31,633,298

^{*}In Brazil, Imfinzi (durvalumab) is indicated without restriction on mutational status⁸

Abbreviations

1L, first line; CP, carboplatin paclitaxel; EC, endometrial cancer; ITT, intention to treat; (d/p)MMR, (deficient/proficient) mismatch repair; OS, overall survival; PFS, progression-free survival.

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Disclosures

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