REAL-WORLD DATA ON THE USE OF ANTINEOPLASTIC PHARMACOTHERAPY REGIMENS AMONG PATIENTS WITH SKIN MELANOMA IN RUSSIA

Ledovskikh Yu., Semakova E., Omelyanovskiy V., Zhelezniakova I.

Center for Healthcare Quality Assessment and Control of the Ministry of Health of the Russian Federation

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OBJECTIVES

Antineoplastic pharmacotherapy at Russian hospitals is mostly reimbursed by compulsory medical insurance (CMI) through a system of diagnosis-related groups (DRGs). Since 2018, the particular treatment regimen prescribed to a patient became the main classification criterion affecting the value of such reimbursement. Thus, information on regimens usage can be obtained from administrative claims data. Although data for the year 2018 is not yet complete it allows preliminary analysis of treatment regimens usage.

METHODS

We chose skin melanoma for analysis as in ICD-10 this diagnose represents both topography and histology type of cancer that makes data on skin melanoma clinically homogeneous. Data was obtained from medical invoices for the cases reimbursed by CMI in 2018 with the exception of several regions that did not use the federal model of DRG. We checked if the regimens used in 2018 aligned with clinical guidelines and best clinical practices and conducted an expert review on prescription rates of the regimens.

RESULTS

Data set included 11,190 cases of antineoplastic pharmacotherapy both in inpatient hospitals and in day inpatient units. 3,327 cases (29.7%) carried no information on the regimen, in 940 cases (8.4%) prescribed regimens did not aligned with the clinical guidelines. The most frequently prescribed regimens are anti-PD-1 therapy (40.8% of cases), decarbazine alone (27.1%), interferon-alfa (9.6%). Expert estimation on best practice usage of the regimens are 47.8% for anti-PD-1, 0.5% for decarbazine alone, 33.1% for interferon-alfa (Figure 1).

CONCLUSIONS

Preliminary results show rather low data encoding quality but we expect it to improve when hospitals get more experience with the new DRG system. Clinical specialists do not always take into account clinical guidelines or best clinical practices and might need more training. This can be made possible with the help of additional financial resources set aside to support the government cancer program.

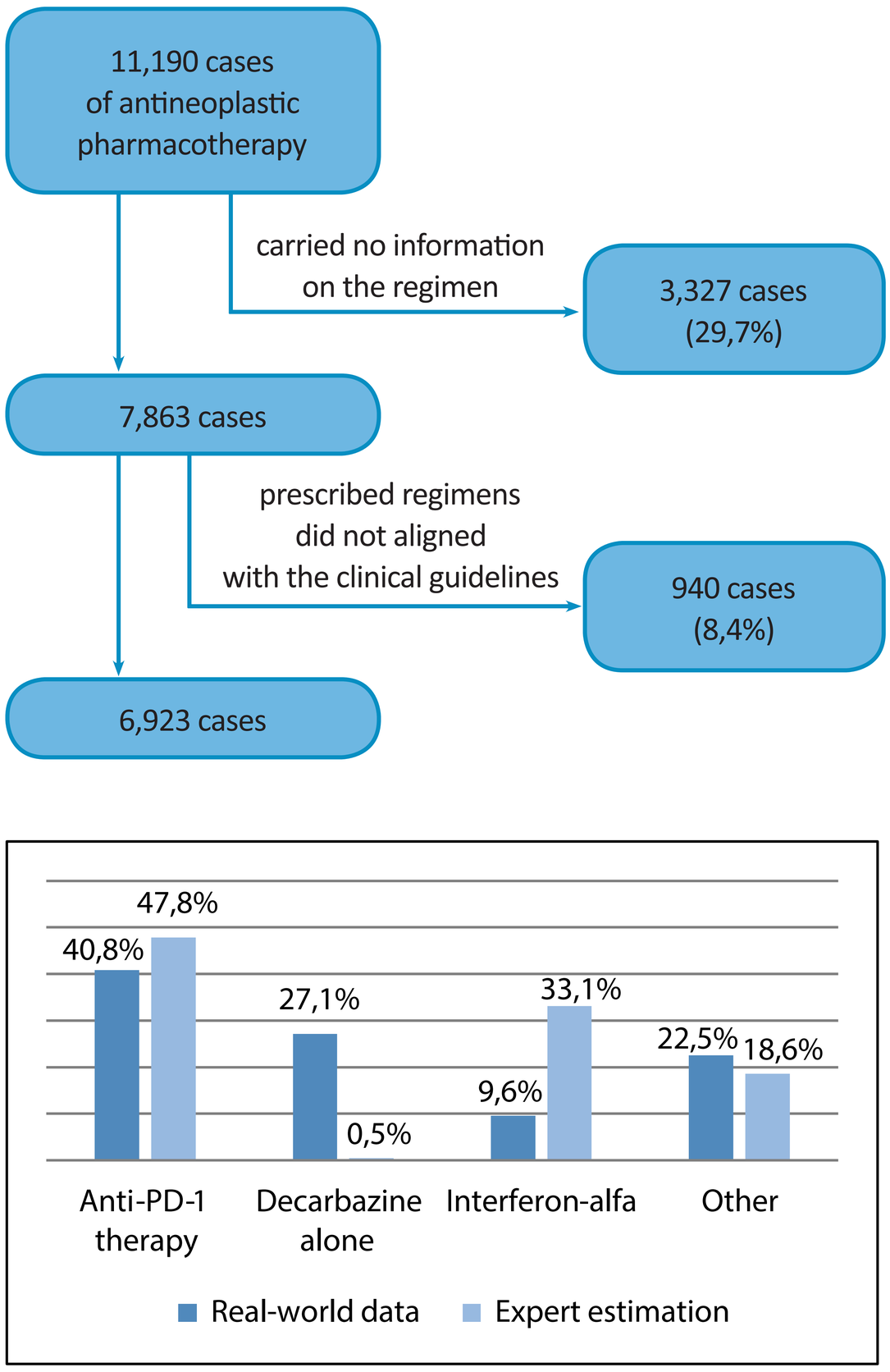

Figure 1. Analysis of the antineoplastic pharmacotherapy regimens used for skin melanoma treatment in Russia (real world data) in comparison with expert estimations of the best clinical practices

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