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Clinician-Reported Outcome Measure for Palonosetron Versus Standard of Care in Chemotherapy-Induced Nausea and Vomiting in Egypt

Mariam Mohammed Elattar[1], Ahmed H Abdelaziz[2], Boules Eshaak[3], Emad Shash[4], Heba El Zawahry[5,6], Hesham Tawfik[7], Ibtessam Saad[6,8], Khaled Abdel-Aziz Kamal[9], May El-Gazzar[4], Mohammad Sabry Alkady[2], Samir Eid[10], Tarek Hashem[11], Yousery Nada[12], Gihan Hamdy Elsisi[1,13]

[1]HEOR Department, HTA Office, Middle East and North Africa, [2]Clinical Oncology Department, Ain Shams University, Cairo, Egypt, [3]Cairo Cure Center, Cairo, Egypt, [4]Breast Cancer Institute, New Cairo, Egypt, [5]Misr International Hospital, Cairo, Egypt, [6]Faculty of Medicine, Cairo University, Giza, Egypt, [7]Faculty of Medicine, Tanta University, Tanta, Egypt, [8]Health Insurance Organization, Cairo, Egypt, [9]Mersal Hospital, Cairo, Egypt,[10]Faculty of Medicine, Assuit University, Assuit, Egypt, [11]Faculty of Medicine, Mennoufia University, Mennoufia, Egypt, [12]Medical Oncology Department, Maadi Armed Forces Medical Compound, Oncology and Hematology Hospital, Cairo, Egypt, [13]Ass Prof., Health Economics, American University in Cairo, Egypt.

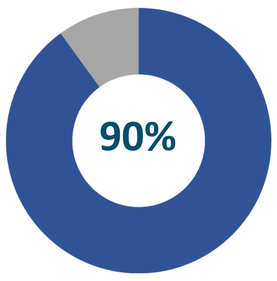
Introduction:

❑Chemotherapy-induced nausea and vomiting (CINV) is considered to be the most stressful aspect of chemotherapy affecting patients' quality of life (QoL)[1].

❑The 1st generation of 5-hydroxytryptamine 3-receptor antagonists (5HT3RAs) are the standard of care (SoC) as anti-emetics in the management of high/moderate emetogenic chemotherapy (H/MEC) nausea and vomiting (N/V) but mainly for acute CINV[2].

❑**Consequences of CINV:[3-4]**

Treatment discontinuation as patients' refusal to continue administration of anti-cancer medications



Percentage of poorly managed CINV patients with a reduced daily functioning

❑Our objective is to compare between palonosetron (a 2nd-generation 5-HT3RA with enhanced antiemetic effect for both acute and delayed CINV) and standard antiemetics in CINV in patients with different tumor types allocated on H/MEC using clinician reported outcome (ClinRO) measure. Statistical analyses were performed.

Methods:

Study design

❑Four online-surveys were sent to 11 Egyptian reputable oncology experts from different representative institutions all over Egypt.

Comparators:

❑Palonosetron and SoC (ondansetron, granisetron, aprepitant, or ondansetron/granisetron+dexamethasone) in patients completed at least three cycles of H/MEC within the last 6 months.

Assessed outcomes

❑Health-related QoL (HRQoL) domains (1ry outcomes):

- Performance of daily activities and being mentally and emotionally well
- Appetite
- Acceptance and trust toward anti-emetics
- Effect of anti-emetic failure and discontinuation

❑Secondary outcomes:

- Adherence
- Resources utilization
- Use of rescue medications
- Factors impact the physicians during prescription of prophylactic anti-emetic

Measurement Tools and Assessment

❑ The responses to the three-and four-point scales were weighted for a factor varying between (1 to 3) or (1 to 4) depending on the assessed HRQoL domain. The higher is the score, the better.

❑ Scores of numeric rating scales (NRS) was categorized into 3-degrees: severe HRQoL deterioration (0-5), moderate deterioration of HRQoL (6-7), nearly normal HRQoL (8-10). The severe deterioration, moderate deterioration and nearly normal QoL would be scored as 1, 2 and 3, respectively.

❑ Therefore, the sum of 8 components of 4 domains of primary outcome would generate an overall score of 27.

***Address correspondence to:**
Mariam Mohammed Elattar
Research Manager, HEOR Department, HTA Office, LLC, Cairo, Egypt
Mariam.attar@htaoffice.com

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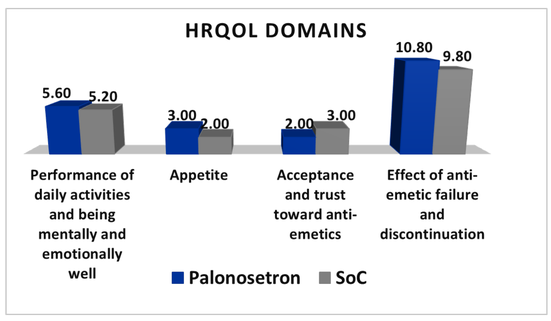
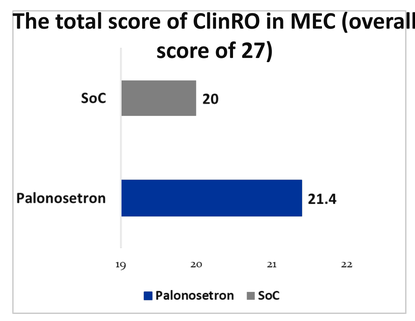
4. Haiderali, A., Menditto, L., Good, M. et al. Impact on daily functioning and indi-rect/direct costs associated with chemotherapy-induced nausea and vomiting (CINV) in a US population. Support Care Cancer 19, 843–851 (2011). https://doi.org/10.1007/s00520-010-0915-9

Results:

❑ ClinRO Results for MEC in CINV (10 respondents)

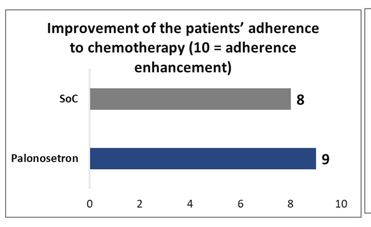
❑ Primary outcomes:

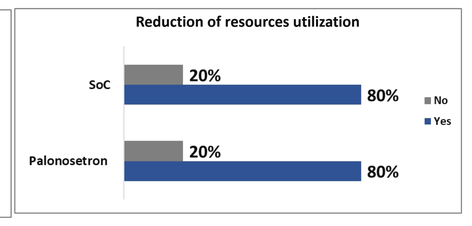


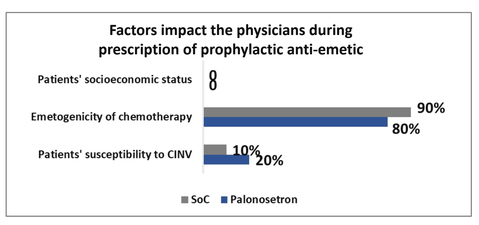


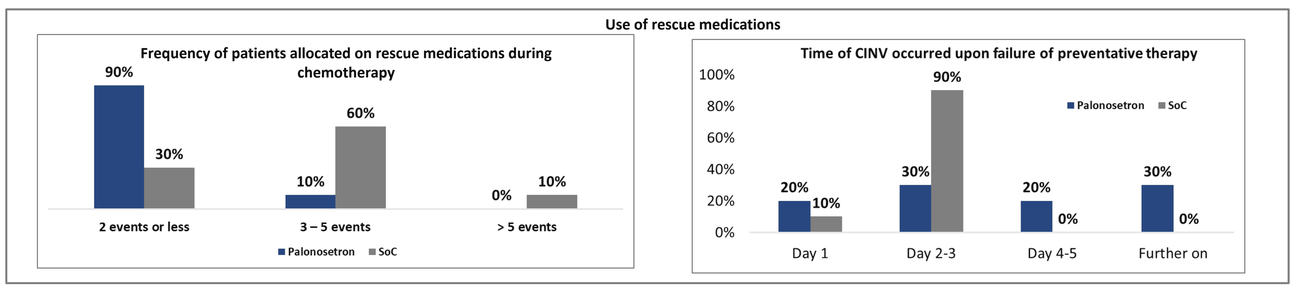
Palonosetron has a better response in functioning capability and emotionally better, significant food tolerance and less severe hardship after treatment failure due to less severe N/V episodes

❑ Secondary outcomes:



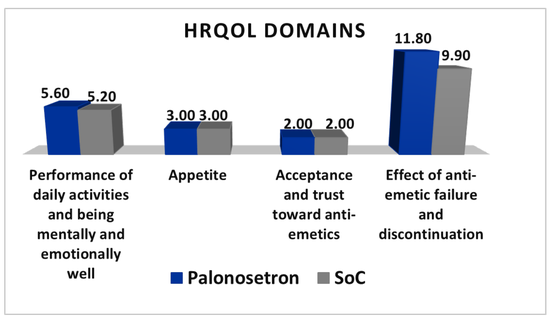


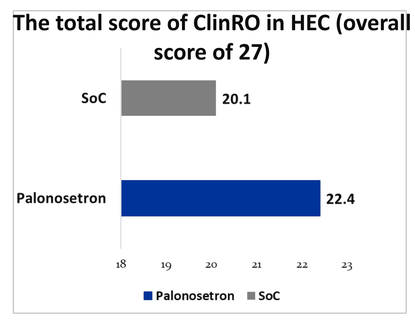




❑ ClinRO Results for HEC in CINV (11 respondents)

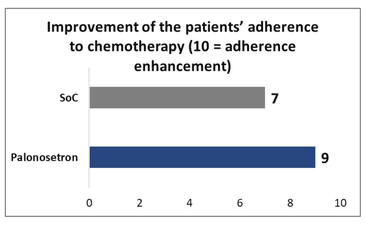
❑ Primary outcomes:

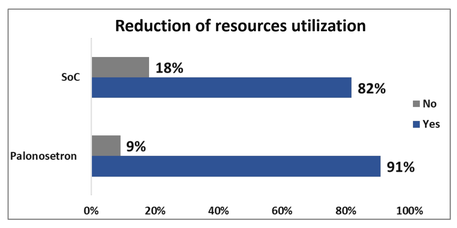


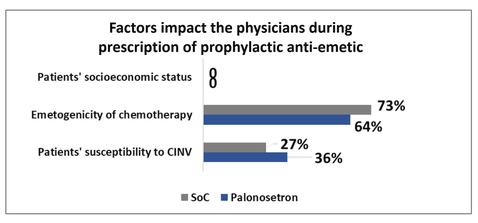


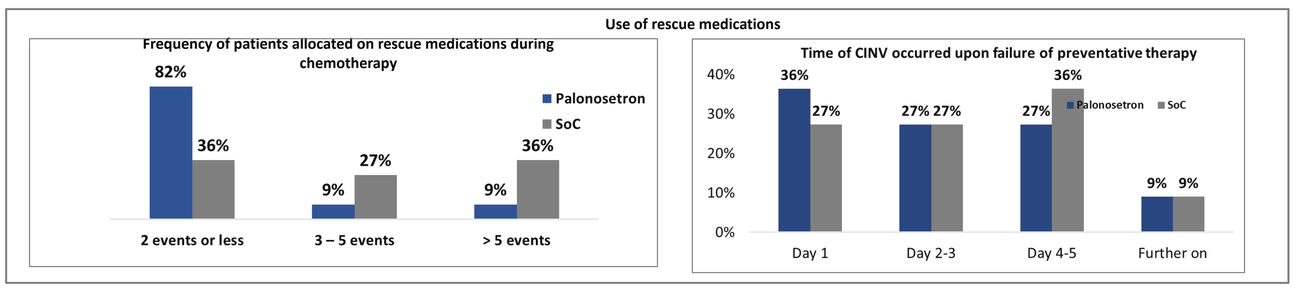
Palonosetron has a better response in functioning capability and emotionally well-being, patient continuity on their anti-emetics, and less severe hardship after treatment failure due to less N/V episodes

❑ Secondary outcomes:









Conclusion:

❑The total score of ClinRO of palonosetron vs SoC in MEC were 21.4 vs 20 out of 27, respectively.

❑In HEC, palonosetron compared to SoC generated a ClinRO score of 22.4 vs 20.1 out of 27, respectively.

❑Administration of palonosetron as a prophylactic anti-emetic in ambulatory chemotherapy settings and assessment of its effect over specified HRQoL domains resulted in HRQoL improvement within H/MEC among different types of cancer compared to SoC in CINV.

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