EE100

ECONOMIC BURDEN OF HIGH-RISK LOCALIZED AND LOCALLY ADVANCED PROSTATE CANCER IN LATAM: EXPERTS PERSPECTIVE

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Key Takeaway

Surgery appears to be the preferred treatment for high-risk LPC/LAPC patients, and still a high proportion of them present disease recurrence in the first year, leading to an important economic impact and suggesting an opportunity to develop new therapeutic options

Conclusions

In general, the preferred treatment in LATAM are prostatectomy-based treatment.

There is relatively a high proportion of patients presenting disease recurrence even in the first year of treatment, suggesting that current treatment options might be sub-optimal in controlling the disease

Most costs are related to treatments for disease management in LATAM. Costs related to treatments and follow-up of disease recurrency are high, suggesting that more efficacious treatment regimens, with curative intent, might lead to better resource allocation

Acknowledgments

The authors are grateful to Amanda Yaeza for the support during project development.

Disclosures

Larissa La Gatta was employed by Janssen-Cilag Brazil at the time of study development. Yudy Andrea Medina Torres, Sara Rosas and Renato Watanabe de Oliveira are employees of Janssen-Cilag. Camilo Tamayo, David Rodriguez, Isandra Meirelles, Marina Tabares, Celeste Palma and Leticia Lopez are employees of IQVIA.

Introduction

- Globally, prostate cancer (PC) is one of the most common cancer among men, with estimated 1.5 million new cases in 2022[1]. In Latin America (LATAM Region), it is the most prevalent cancer and the main cause of death in men, with approximately 61,000 deaths in 2022[2].
- Early detection of PC is key to improve disease prognosis. As a result, it is estimated that 80% of patients are diagnosed with localized disease (LPC) or locally advanced disease (LAPC)[3].
- Despite having better prognosis, high-risk LPC and LAPC patients still present a higher risk of disease recurrence and cancer-related death compared to low-risk LPC[4].
- In LATAM, there is scarce evidence on how high-risk LPC and LAPC patients are managed. This study describes the treatments, resources use and direct costs of high-risk LPC/LAPC in Argentina, Brazil, Colombia, Dominican Republic and Mexico.

Methods

Figure 1: study design

Literature review

- Current data available on the management of high-risk LPC and LAPC was collected through a pragmatic literature review. The structured search was conducted in MEDLINE, LILACS, ISPOR, COCHRANE, and SCHOLAR, including grey literature.

Interviews

- Data on treatments and resources use were collected from double-blinded, semi-structured, online interviews with medical experts (10 per country, with at least five years of experience managing high-risk LPC/LAPC). Participants were from the private healthcare setting in Brazil and from public healthcare settings in other analyzed countries

Costing

- Bottom-up micro-costing: total direct costs were estimated by multiplying the healthcare resources by unit costs in each of the analyzed countries. Unit costs were collected from official price and reimbursement lists of the respective healthcare setting and country. Local currencies were converted to 2022 USD adjusted by purchasing power parity (PPP) obtained from The World Bank database.
- Results are described by country and treatment pathway

Results

Participant's profile

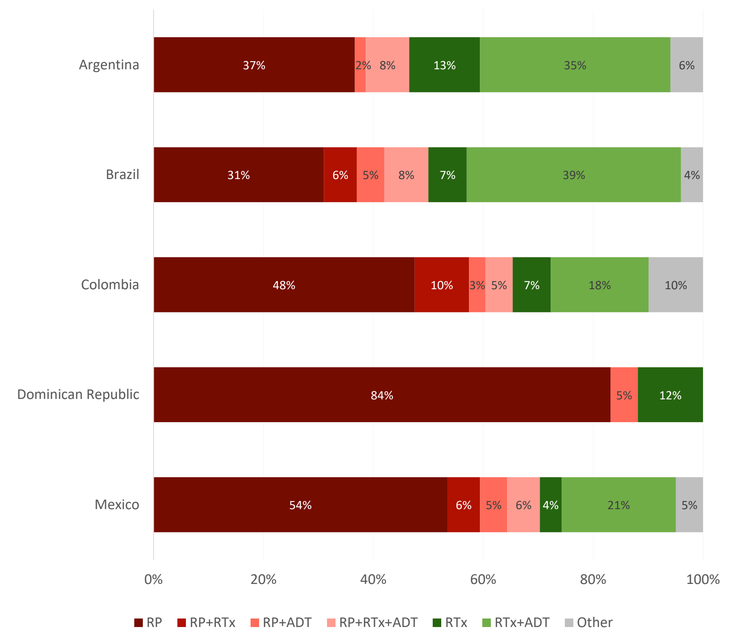
Table 1: Profile of participants

Variable	N (%)
Average years of experience in treating patients with PC, n	13
Average number of high-risk LPC/LAPC patients treated in the last 12 months, n	154
Specialty distribution, n (%)	
Oncologist	40 (80)
Urologist	10 (20)
Healthcare setting distribution, n (%)	
Argentina: Social Security	10 (100)
Brazil: Private Perspective	10 (100)
Colombia: Public Perspective (SGSSS)	10 (100)
Dominican Republic: Public Perspective	10 (100)
Mexico: Public Perspective	10 (100)

Healthcare resources use and treatment patterns

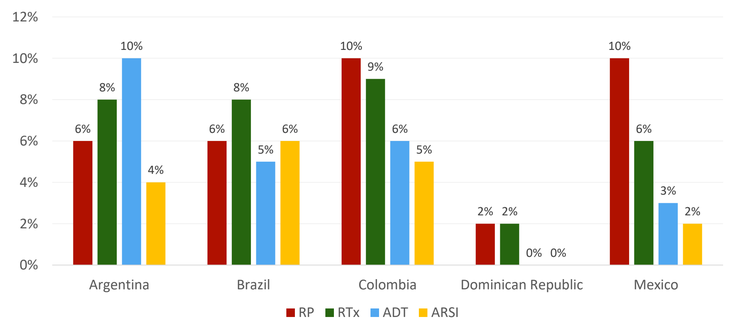
- In all analyzed countries, prostatectomy-based regimens were the preferred treatment, ranging from 47-89%. However, RTx-based regimens had also relevant presence across countries, especially in Argentina and Brazil.

Figure 2: Treatment patterns of high-risk LPC/LAPC patients across analyzed countries



RP: Radical Prostatectomy; RTx: Radiotherapy; ADT: Androgen Deprivation Therapy. Due to the low number, patients in ARSI or ADT were grouped in the group other.

Figure 3: Proportion of high-risk LPC/LAPC patients hospitalized during the first line of therapy, according to each treatment pathway



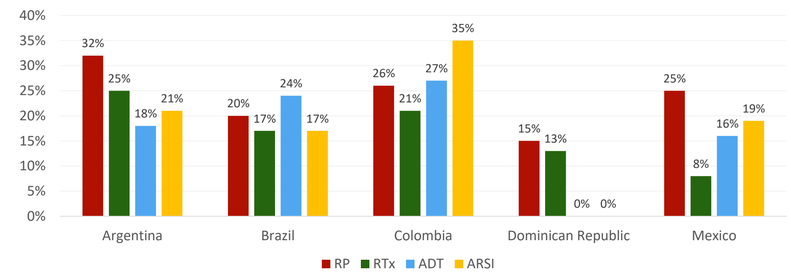
RP: Radical Prostatectomy; RTx: Radiotherapy; ADT: Androgen Deprivation Therapy. Due to the low number, patients in ARSI or ADT were grouped in the group other.

- In general, the average percentage of hospitalized patients varied between 2%-10%, according to analyzed countries and treatments received. Hospitalizations had an average duration of 3.13-4.1 days, with longer duration for patients receiving prostatectomy.

Disease recurrence

- The proportion of patients with recurrent disease (PSA level's recurrence) in the first year of treatment varied from 8% to 35% across countries regardless of treatment type

Figure 4: Proportion of high-risk LPC/LAPC patients with disease recurrence after first line of therapy, according to each treatment pathway

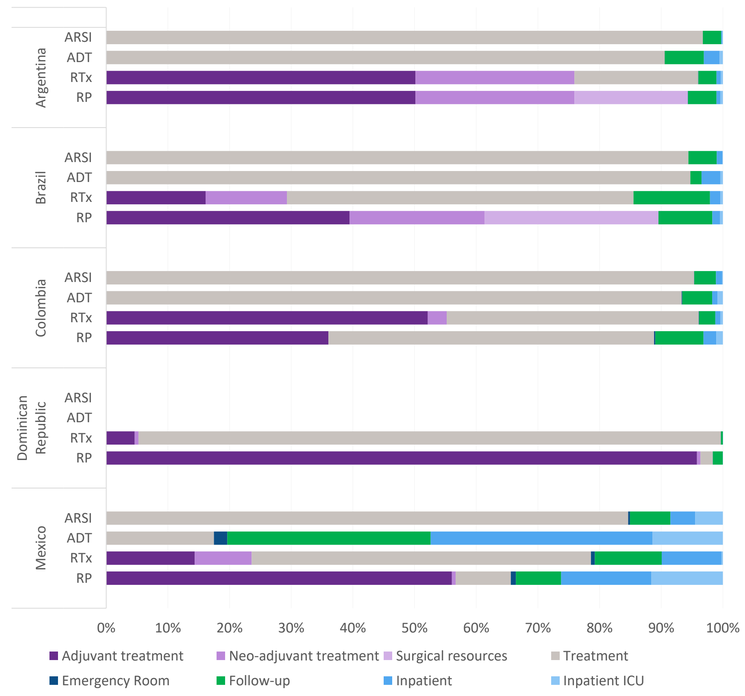


RP: Radical Prostatectomy; RTx: Radiotherapy; ADT: Androgen Deprivation Therapy; ARSI: Androgen receptor signaling inhibitors. Disease recurrence: recurrence based on PSA levels as reported by the medical expert

Costs

- In the total annual cost of first treatment line, the average direct cost varied from 46k USD to 115.2k USD in Argentina, 20.6k USD to 77k USD in Brazil, 12.1k USD to 50.6k USD in Colombia, 17.2k USD to 70k USD in Dominican Republic, and 4.9k USD to 35.3k USD in Mexico, according to main treatments received

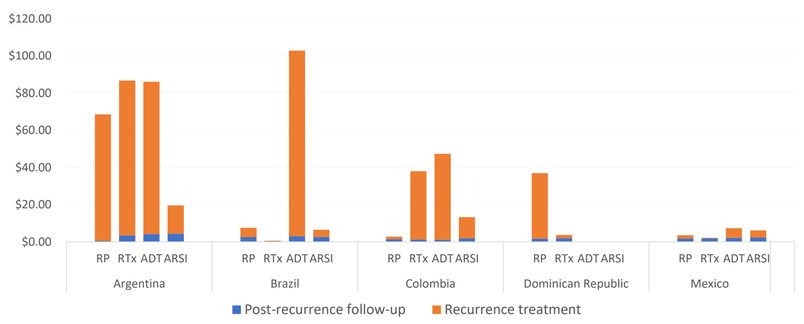
Figure 5: Proportion of total annual costs in PPP USD per patient and treatment pathway



RP: Radical Prostatectomy; RTx: Radiotherapy; ADT: Androgen Deprivation Therapy; ARSI: Androgen receptor signaling inhibitors; PPP: purchasing power parity; ICU: Intensive care unit

- The average direct costs of treatments and monitoring of recurrent disease ranged from 19.6k USD to 86.7k USD in Argentina, 9k USD to 102.8k USD in Brazil, 13.2k USD to 47.3k USD in Colombia, 18.7k USD to 36.9k USD in Dominican Republic, and 3.5k USD to 7.3k USD in Mexico

Figure 6: Total annual costs in PPP USD per patient and treatment pathway, for disease recurrence follow-up and treatment (x1,000)



RP: Radical Prostatectomy; RTx: Radiotherapy; ADT: Androgen Deprivation Therapy; ARSI: Androgen receptor signaling inhibitors; PPP: purchasing power parity; ICU: Intensive care unit

References

1. Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2024;74(3):229-63.
2. Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today, accessed [03 September 2024].
3. Winter A, Sirri E, Jansen L, Wawroschek F, Kieschke J, Castro FA, et al. Comparison of prostate cancer survival in Germany and the USA: can differences be attributed to differences in stage distributions? BJU Int. 2017;119(4):550-9.
4. Burgess L, Roy S, Morgan S, Malone S. A Review on the Current Treatment Paradigm in High-Risk Prostate Cancer. Cancers (Basel). 2021;13(17).

Presented at ISPOR Europe; November 18th, 2024 ; Barcelona, Spain