HEALTH TECHNOLOGY ASSESSMENT FOR PATIENTS WITH *EGFR*m LUNG CANCER IN A PRIVATE CANCER CENTER IN BRAZIL

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OBJECTIVES

The development of novel antineoplastic technologies, especially in terms of Precision Oncology has led to a substantial increase in costs of cancer care. This study aims to evaluate the suitability of new drug regimens for patients with *EGFR*m metastatic lung cancer in a Brazilian Private Healthcare perspective.

METHODS

RESULTS

Both the MARIPOSA-2 and PAPILLON trials achieved their primary endpoints for Progression-free Survival [HR 0.48 (95% CI 0.36-0.64; P<0.001) and 0.40 (95% CI 0.30-0.53; P<0.001), respectively]. However, the ROB-2 assessment tool classified these trials as high risk of bias, particularly due to their open-label design.

Regarding clinical benefit, both trials received modest scores from ESMO (3) and ASCO (46.8 and 43.3), with potential improvements in PAPILLON scores anticipated with longer follow-up.

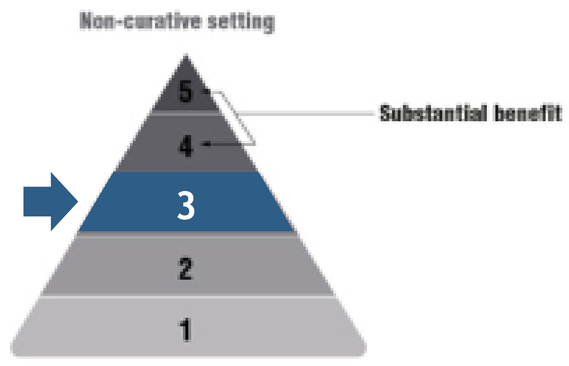

Table 1: Number Needed to Treat and Quality-Adjusted Life Years of MARIPOSA-2

Protocol	Number Needed to Treat (NNT)				
	OS 12m	NNT RAR	NNT OS_{RMST}	QALY	$QALY_{gain}$
Amiv-ChT	68.7%	61	10	1.04	0.13
ChT	67%			0.91	

Table 2: Number Needed to Treat and Quality-Adjusted Life Years of PAPILLON

Protocol	Number Needed to Treat (NNT)				
	OS 12m	NNT RAR	NNT OS_{RMST}	QALY	$QALY_{gain}$
Amiv-ChT	86.7%	20	10	1.23	0.17
ChT	81.4%			1.06	

CONCLUSIONS

Ami-ChT for *EGFR*m metastatic lung cancer reveals significant limitations :

- Short follow-up duration
- Open-label designs providing high risk of bias for PFS assessment;
- High NNT of MARIPOSA-2;
- Low QALYgain
- Low score of clinical benefit magnitude
- This underscores the urgent need for the development of more robust assessment methodologies to ensure reliable decision-making in the approval of cancer treatments, **especially when based on early endpoints**.