

P286 ECONOMIC IMPACT OF ONCOTYPE DX[®] RESULTS GUIDED ADJUVANT TREATMENTS IN HUNGARY

Poster Abstracts II

K. Boér P. Rózsa, Z. Horváth, É. Juhos, G. Rubovszky, Z. Kahán, Z. Lőcsei, Zsuzsanna Nagy, Z. Pápai, Zoltán Nagy Oncology Department, Szent Margit Hospital, Budapest Hungary; MediConcept Ltd., Budapest Hungary; University of Debrecen, Debrecen Hungary; National Institute of Oncology, Budapest Hungary; University of Szeged, Szeged Hungary; University of Pécs, Pécs Hungary; Szent Imre Hospital, Budapest Hungary; Hospital of Hungarian Army, Budapest Hungary; Med Gen-Sol Ltd., Budapest Hungary

Goals: Role of hormonal therapy (HT) is well established in node negative (N0) estrogen-receptor positive (ER+) early breast cancer (EBC). However benefit of chemotherapy (CT) in patients with N0, ER+ EBC would be small. Oncotype DX[®] (ODX) provides additional predictive and prognostic information beyond traditional clinical and pathological markers. International guidelines support use of Oncotype DX[®] test to evaluate risk of recurrence and predict the benefit of CT in ER+ EBC. Our goal is to examine and show health economic value and budget impact of ODX in a small group of patients (15 patients) with ER+ EBC with chemotherapy recommendation of the Tumor board – based on traditional clinical and pathological criteria.

Methods: Fifteen ODX tests were performed in selected HR+ EBC patients. Eligibility criteria for testing were: T1c, T2, N0, N1mi, ER+ (min. 50%) and HER-2 negative EBC. In addition 2 of the following criteria were allowed: Grade III histology, Ki67 >15%, LVI+, age <40 y. Patients with clear treatment preferences were excluded. Information about adjuvant treatment plan was collected before and after obtaining ODX Recurrence Score. There was an agreement that in case of a Recurrence Score (RS) lower than 25 – HT will be the choice of therapy. In cases when RS is equal to, or higher than 25 both CT+HT therapy will be administered (considering patient's preference in intermediate group). We registered treatment decisions before and after ODX tests. We calculated and compared total costs of registered treatments and side-effects without ODX and total costs of the treatments following ODX testing.

Results: Among women with EBC use of the ODX test changed treatment recommendations (from HT+CT to HT alone) in 64% of cases (9/14). Reimbursement criteria were not allowed use test for all eligible patients, but only patients with a doubt about the value of chemotherapy. We found 1 patient Her2+ by both ODX RT-PCR and IHC testing and was excluded from final evaluation. Based on preliminary data we found ICER = ?0.7 KEURO/QALY (these are intermediary results and final results will be presented in the poster).

Conclusion: We found ODX cost saving technology in selected ER+, EBC patients in Hungary. Final details, patients' characteristics and suggested treatments will be presented in frame of the poster. Zoltan Nagy has commercial relationship with Genomic Health Inc.

