FIRST-LINE BEVACIZUMAB-BASED THERAPY VS Pemetrexed + CISPLATIN FOR THE TREATMENT OF ADVANCED ADENOCARCINOMA NON-SQUAMOUS NON-SMALL CELL LUNG CANCER: INDIRECT COMPARISON APPLYING REAL-LIFE OUTCOMES

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OBJECTIVES: To explore the presence of head-to-head clinical trial data, an indirect comparison of bevacizumab (BEV) versus pemetrexed (PMX) was conducted to compare survival outcomes among adenocarcinoma nonsquamous metastatic Non-Small Cell Lung Cancer (nSSCLC) patients. METHODS: An adjusted matched indirect analysis was conducted for overall survival (OS) in adenocarcinoma nSSCLC patients treated with BEV + cisplatin doublet therapy using patient-level data from Solar (ECCO/ESMO 2009). These estimates were indirectly compared to previously published survival outcomes for PMX + cisplatin-treated patients (Oncologist 2009;14:253–263) by calculating the median ratio (MR) for OS. A subset of the Solar population was selected to more closely approximate the PMX population by excluding patients who did not have cisplatin doublet as their baseline treatment, those with a baseline Eastern Cooperative Oncology Group (ECOG) performance status (PS) of > 2, and those with non-adenocarcinoma histology. This sample of BEV patients was representative of the adenocarcinoma subgroup from the PMX trial on stage of disease and ECOG PS. One thousand repeated random matched samples of the Solar data were produced to generate a distribution of survival outcomes and infer a 95% confidence interval (CI) around the mean of all sampled median survival estimates. RESULTS: After adjusted matching, the estimated median OS benefit for BEV was 15.6 months (95% CI: 15.0, 15.6) compared to the published median OS of 12.6 months (95% CI: 10.7, 13.6) for PMX patients. BEV patients had longer median OS with an MR of 0.81 (95% CI: 0.71, 0.82). CONCLUSIONS: Results from this indirect comparison show that BEV-based therapy provides superior overall survival outcomes when compared to PMX in adenocarcinoma nSSCLC patients.

EFFECTIVENESS OF ADJUVANT CHEMOTHERAPY WITH GEMCITABINE (GEM) COMPARED TO SURGERY-ONLY IN PATIENTS WITH RESECTED PANCREATIC CANCER: SYSTEMATIC REVIEW (SR) AND META-ANALYSIS (MA)

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OBJECTIVES: To evaluate the effectiveness and safety of adjuvant chemotherapy versus surgery alone in patients with resected pancreatic adenocarcinoma. METHODS: We conducted a systematic review and meta-analysis of all clinical randomized controlled trials comparing surgery alone with adjuvant chemotherapy with gemcitabine. The primary endpoints were overall survival and disease-free survival. A total of 733 references were identified, of which 70 were selected for full text review, leaving 25 articles for analysis. RESULTS: Overall survival was better in patients treated with adjuvant gemcitabine compared to surgery alone (HR 0.50 to 0.70; P < 0.0001) but no heterogeneity was found (I2 = 0.01, df = 1 (P = 0.94); F2 = 0.0%). Overall survival was also better in patients treated with gemcitabine (fixed effect: HR = 0.81, CI 95% = 0.67 to 0.98; P = 0.03) yet again no heterogeneity was detected (I2 = 0.07, df = 1 (P = 0.79); F2 = 0.0%). CONCLUSIONS: Adjuvant chemotherapy with gemcitabine increased progression-free survival and overall survival of patients with resected pancreatic cancer.