COST-EFFECTIVENESS OF VISMODEGIB VS STANDARD-OF-CARE THERAPY IN THE TREATMENT OF LOCALLY ADVANCED OR SYMPTOMATIC METASTATIC BASAL CELL CARCINOMA IN HUNGARY – AN ADAPTATION TO THE GLOBAL COST-EFFECTIVENESS MODEL

Boglárka Mikudina1, Tünde Péter1, Bence Nagy MD1, Katalin Horváth MD2
1Healthware Consulting Ltd., Budapest 2Roche Hungary, Budapest

BACKGROUND
Basal cell carcinoma (BCC) is a slow-growing, locally invasive, malignant epithelial skin tumor. Cumulative sun exposure promotes tumor development. Consequently, although BCC can appear on any part of the body surface, it is found usually on the surfaces exposed to sunlight, including the face, and head-neck area. Most BCCs are small and are typically treated successfully by dermatologists using various surgical methods, photodynamic therapy, and approved topical treatments. Cure rates are generally high. A very small proportion of BCCs may progress to an advanced state (aBCC) that is locally advanced (aBCC) or metastatic (mBCC). Treatment options for aBCC are limited.

The Hedgehog signaling pathway is a key driver in the pathogenesis of BCC. Vismodegib is a first-in-class small-molecule inhibitor of the Hedgehog pathway, it is indicated for the treatment of adult patients with symptomatic metastatic basal cell carcinoma (mBCC) and locally advanced basal cell carcinoma (lA BCC) inappropriate for surgery or radiotherapy. [1]

AIM
In order to adapt the model locally and generate pharmacoeconomic data, it was necessary to define more accurately the disease-specific survival assumptions. Consequently, a literature review, no relevant data were then used as base-case assumptions for adapting the global model to incorporate a comparator arm, SOC.

METHODS
Based on a literature review, no relevant data were available to clarify the survival rates of patients with laBCC or mBCC. The small patient number, and heterogeneity of relevant physicians treating patients with aBCC (oncologists, dermatologists, otolaryngologist-oncologists, plastic surgeons) could have influenced the methodology of the research. A local questionnaire was used, and it resulted in a wide range of data end points, potentially increasing the uncertainty of the right estimates to be used in the model. Therefore, a Delphi-panel survey was conducted to estimate the overall survival (OS) of patients with laBCC and mBCC who were treated with SOC.

REFERENCES