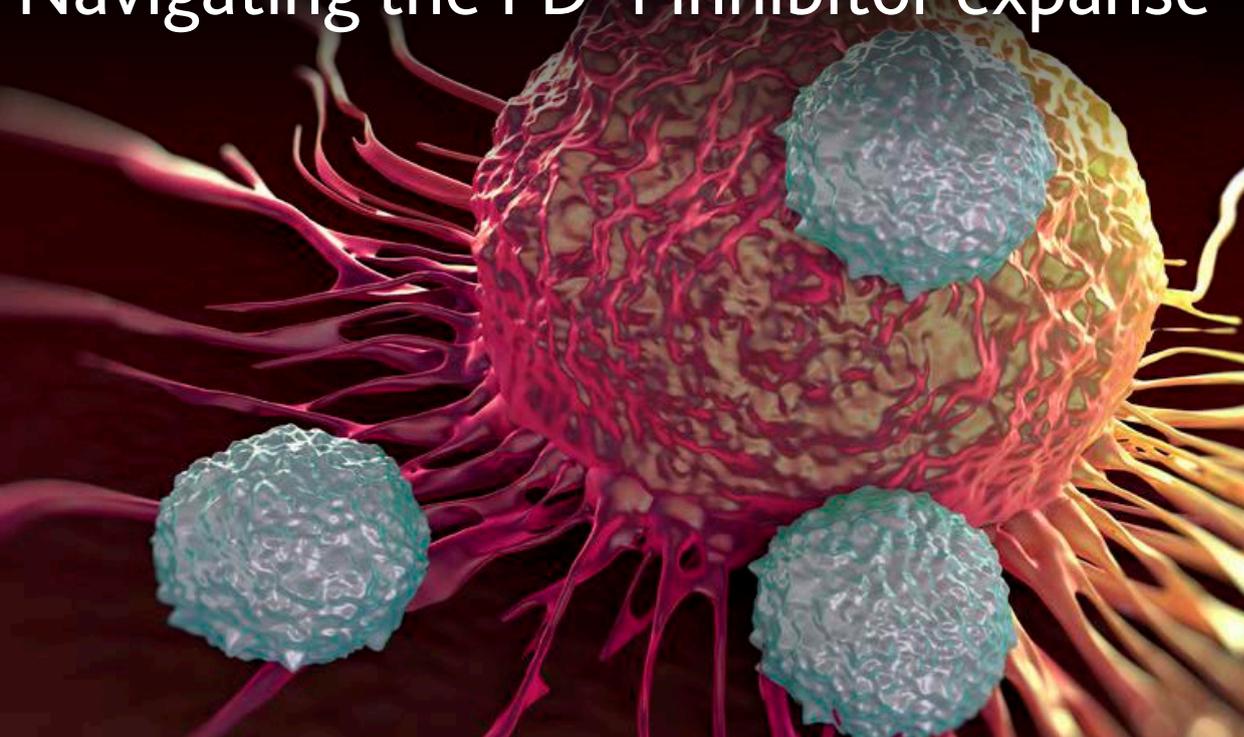




Navigating the PD-1 inhibitor expanse



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 **The oncology treatment space has witnessed a plethora of new product launches in recent years.**

their own definition of a positive threshold of PD-1 expression.

Some have focused on patients with a high expression ($\geq 50\%$), others less on level of expression, merely on any expression.

This has amplified confusion over which treatment to use for which patient, especially in markets where PD-1 testing remains low.

Adelphi Real World's portfolio of **Oncology Disease Specific Programmes™ (DSPs)** capture data on levels of all biomarker testing, PD-1 or otherwise, within a tumour type and for PD-1 positive patients also look to capture each patient's level of expression.

Using these data to profile the market and understand product usage will help to clarify the real-world use of these treatments.

The novel group of checkpoint inhibitors, known as PD-1s and PD-L1s, have generated extensive discussion and revenue – with the PD-1 market estimated at \$4,926 million in 2016, predicted to rise by at least 23% in 2017; and likely to rise even further in 2018.

With three PD-1 inhibitors on the market and more in the pipeline, Oncologists are beginning to realise the challenges in having such wide treatment choice, not least in terms of choosing between the available products.

Complicating selection has been a lack of comparable clinical trials, with most setting

Maintenance therapy in the solid tumour space

Maintenance therapy has always seen stronger association with haematological cancers, ensuring the benefits from any course of chemotherapy continue after the full regimen itself has been completed.

Recent years have seen emergence of maintenance as an option in solid tumours, most notably ovarian cancer, offering patients prolonged progression free survival in both the first line setting and in recurrent disease.

Understanding use of newer agents, such as poly ADP ribose polymerase (PARP) inhibitors in the maintenance setting is vital as extended use significantly impacts forecasting.

Alongside a broader understanding of platinum resistant/sensitive patients, Adelphi's benchmark **Ovarian Cancer DSP™** will provide evidence on maintenance use, profiling versus non-maintenance patients and the reasons for not using it. Results available from March.

The real world cost of living with cancer



The cost of living with cancer has been the focus of much media coverage in recent months.

Most articles focus on the price of treatment itself, with pending market entrants having to justify their price tag.

Little coverage has been given to expenses that patients may have to cover, outside insurance, as a result of their diagnosis.

Direct costs can range from travel to and from the treatment centre, the purchase of over the counter medication to assist with managing treatment side effects and the cost of any alternative therapies the patient undergoes.

Data from the **Breast Cancer Disease Specific Programme™** show that 69% of advanced breast cancer patients in the US have out-of-pocket expenses as a result of their treatment, spending an average of **\$158/month on additional transport and childcare** alone.

A broader cost should also be considered – that of the impact of living with cancer on the work presenteeism and productivity of both patient and caregiver.

In the **Breast Cancer Disease Specific Programme™** US sample, 28% of patients were employed and so **missing time at work due to treatment**; and among those who had a caregiver accompanying them to their medical consultations, **32% of those caregivers were employed.**

In addition, while direct treatment-related costs may end once the regimen has been completed, costs linked to issues which developed during treatment may persist.

New treatments have undoubtedly improved outcomes for patients, but **the question remains as to whether the cost of undergoing treatment is pushing patients into untenable financial distress.**

- RA
- SpA
- Crohn's/UC
- Psoriasis/PsA
- Lupus
- Sjogren's Syndrome
- Atopic Dermatitis
- Impetigo
- HIV-AIDS
- Hepatitis C
- Ophthalmology
- Heart Failure
- Stroke
- Atrial Fibrillation
- Dyslipidemia
- Diabetes Devices
- Diabetes
- DMO
- NASH
- CKD
- Hypothyroidism
- Endometriosis
- Asthma/COPD
- Pulm. Hypertension
- IPF
- Multiple Sclerosis
- Dementia
- Parkinson's
- Depression/Anxiety
- Schizophrenia
- Neuropathic/CLBP
- Migraine
- Osteoporosis
- Osteoarthritis
- Huntington's
- Hemophilia
- Breast Cancer
- Prostate Cancer
- NSCLC
- Gastric Cancer
- HCC
- Ovarian Cancer
- Melanoma
- Head/Neck Cancer
- Multiple Myeloma
- AML
- CLL
- FL/DLBCL
- GBM

Oncology DSP™ portfolio additions – 2018

Tumour type† (DSP™ wave)	Fieldwork*	Anticipated Coverage†
Hepatocellular Carcinoma (II)	Q2 2018	
Acute Myeloid Leukemia (II)	Q2 2018	
Non-Small Cell Lung Cancer (IV)	Q2/3 2018	
Colorectal Cancer (I)	Q2/3 2018	
Head & Neck Cancer (II)	Q2/3 2018	
Pancreatic Cancer (I)	Q3 2018	
Bladder Cancer (I)	Q3 2018	
Renal Cell Carcinoma (II)	Q3/4 2018	

† Additional cancer types/countries can be added upon request * Anticipated timings