

## COST-EFFECTIVENESS OF DOSTARLIMAB IN ADVANCED RECURRENT DEFICIENT MISMATCH REPAIR ENDOMETRIAL CANCER PATIENTS

E-Poster Viewing

### ORAL FEATURED POSTERS

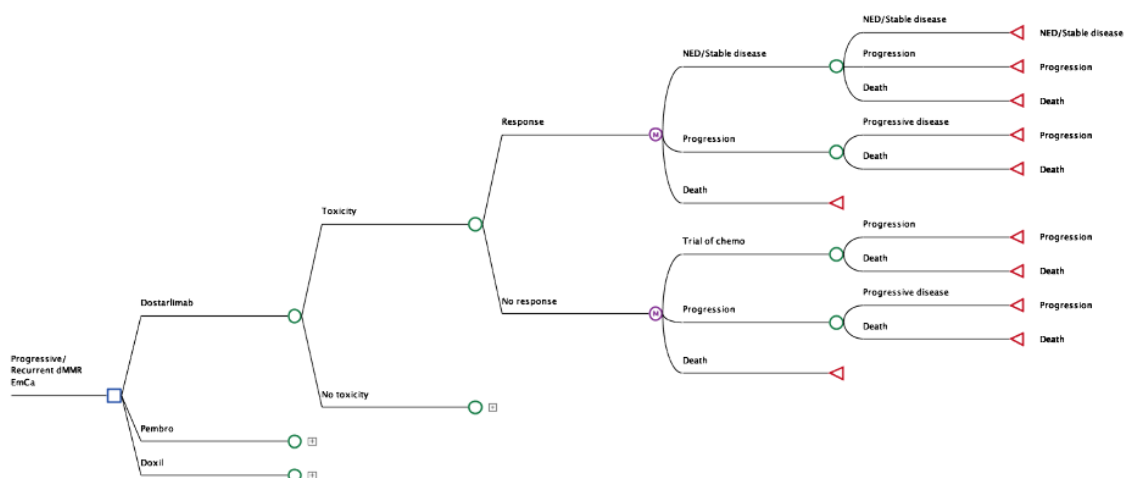
#### Lecture Title:

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**Objectives:** Women with recurrent endometrial cancer who fail carboplatin and paclitaxel have a poor prognosis with few effective options. The recent GARNET Trial showed promising results for dostarlimab in these patients. We developed a decision model to compare the cost-effectiveness of dostarlimab to other treatment options in patients with progressive/recurrent deficient mismatch repair (dMMR) endometrial cancer who have failed first-line chemotherapy.

**Methods:** A Markov model was created to simulate the clinical trajectory of women with progressive/recurrent dMMR endometrial cancer who failed carboplatin and paclitaxel (Figure 1). The initial decision point in the model was treatment with either dostarlimab, pembrolizumab or pegylated liposomal doxorubicin (PLD). Model probabilities, cost and utility values were derived with assumptions drawn from published literature. The effectiveness was measured in terms of quality adjusted life years (QALYs) gained. The primary outcome was incremental cost-effectiveness ratios (ICERs), expressed in 2018 US dollars/QALYs. One-way sensitivity analyses were performed to vary the assumptions across a range of plausible values.



**Results:** PLD was the least costly strategy at \$54,307, followed by pembrolizumab (\$160,780) and dostarlimab (\$251,132). PLD was cost-effective compared with dostarlimab with an ICER of \$199,621, while pembrolizumab was subjected to extended dominance (Table 1). Multiple one-way sensitivity analyses did not substantially impact the cost-effectiveness.

Table 1. Outcomes of Study Population

Treatment	N	Response Rate (%)	Total Costs (\$)	QALYs	ICER
PLD	2,000	10	108,615,907	1,102	N/A
Pembrolizumab	2,000	29	321,561,768	1,876	Extended dominance
Dostarlimab	2,000	42	502,265,891	3,074	199,621

Assuming a population of 6,000 progressive/recurrent dMMR endometrial cancer patients

**Conclusions:** Dostarlimab is associated with greater survival compared with other treatments for women with recurrent dMMR endometrial cancer. However, the agent is substantially more costly.