**ABSTRACT**

**INTRODUCTION:** Subcutaneous variants of different oncology therapies are available since few years for which the patient relevant and treatment benefits have not been assessed in real life.

**METHODS:** In order to analyze the impact of subcutaneous administrations in rituximab and trastuzumab in comparison to the respective intravenous mode a primary research in Italy was executed. The study's primary objectives were to analyze the resource and cost implications from different perspectives (patient, medical staff) in real world. The route of administration was discussed and aligned with the participating centers in order to select relevant reimbursement parts. After the successful execution of a pilot study centers in a region in Italy were recruited to participate.

**RESULTS:** Significant time savings are achieved with the subcutaneous mode through significantly lower patient preparation time including drug preparation to each individual patient. The administrative difference in 2.3 hours with the intravenous therapy (95% CI: ±3.53 hours) which adds up to 23.05 hours for a full course of treatment per patient over all preparation time. 4.0 hours (95% CI: ±0.22 hours) reduced time savings were reported for the first cycle and the total time saving for patient preparation is 17.2 hours (95% CI: ±0.88 hours) which is significant. In addition the time of medical staff was reduced and could hence be utilized otherwise. Firstly in case management was experienced with experimental therapies there were significant differences in total preparation time being 25% to 50% with the intravenous therapy versus subcutaneous therapy, respectively for the full treatment course.

**CONCLUSIONS:** There are significant resource and cost savings due to subcutaneous administration with rituximab and trastuzumab in Italy.

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**REFERENCE**


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**ISPOR POSTER OUTLINE**

**INTRODUCTION**

- Oncology is a variety of different diseases and indications and can hardly be seen as one disease on its own.
- In the adjacent indications where the tumor is being detected early in stage curative can also be achieved such as the innovation being launched in early breast cancer with the drug trastuzumab in the 1990s. In the last century we experienced a very similar innovation compared to rituximab.
- Oncology and hematology therapy have historically been administered intravenously. Subcutaneous formats of different oncology therapies are available since mid-2014 (1,3). Subcutaneous therapy should benefit all stakeholders in the health care system. Patients could receive their treatment in a fixed dose format and hence reducing the burden on the health care system. The hypothesis behind the analysis was that available drugs could support the health care system not only through the direct patient impact but also through the indirect cost savings.

**METHODS**

- The purpose of the underlying study was to analyze the benefits of a subcutaneous therapy in comparison to an intravenous therapy, as well as health care system and patient preparation time, and hence resource savings.
- A subcutaneous therapy is delivered in a fixed dose format there is not a 100% saving as the 1st cycle of therapy still requires intravenous therapy (1,4). The hypothesis behind the analysis was that available drugs could support the health care system not only through the direct patient impact but also through the indirect cost savings.

**RESULTS**

- Time difference in patient preparation for the administration of an intravenous versus subcutaneous therapy is 25% to 50% with the intravenous therapy versus subcutaneous therapy, respectively for the full treatment course. The saving is significant from a patient preparation (3.3 hours vs. 4.0 hours for the first cycle and the total time saving for patient preparation is 17.2 hours) and from a resource perspective (0.33 hours for the first cycle and the total time saving for patient preparation is 0.88 hours) which is significant. In addition the time of medical staff was reduced and could hence be utilized otherwise. Firstly in case management was experienced with experimental therapies there were significant differences in total preparation time being 25% to 50% with the intravenous therapy versus subcutaneous therapy, respectively for the full treatment course.

**CONCLUSIONS**

- There are significant resource and cost savings due to subcutaneous administration with rituximab and trastuzumab in Italy.