

SUMMARY

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SUMMARY OF A RECOMMENDATION BY COHERE FINLAND ON AVELUMAB AS FIRST-LINE TREATMENT FOR UROTHELIAL CARCINOMA

The Council for Choices in Health Care in Finland (COHERE Finland) approved the recommendation at its meeting on 1 September 2021.

According to the recommendation, avelumab is included in the range of choices in the first-line treatment of locally advanced or metastatic urothelial carcinoma in patients who are progression-free following platinum-based chemotherapy provided that the marketing authorisation holder and the buyer agree on a sufficient price reduction. In the reasoning it is noted that avelumab treatment extended the overall survival in the poor prognosis patient group by seven months on average, but the treatment is expensive.

Avelumab is a monoclonal antibody that is indicated as a first-line maintenance treatment of adult patients with locally advanced or metastatic urothelial carcinoma who are progression-free following platinum-based chemotherapy. Avelumab is also used in the treatment of Merkel cell carcinoma and renal cell carcinoma. The medicine is administered as an intravenous infusion at two-week intervals.

The JAVELIN Bladder 100 study demonstrated the benefit of avelumab as a maintenance treatment in patients who are progression-free in the first line of treatment following platinum-based therapy. In the study, patients were randomised to receive avelumab and symptomatic treatment (n=350) or symptomatic treatment only (n=350). According to the results, overall survival was 7.5 months longer in the avelumab group than in the group of those who only received symptomatic treatment. Also, the median progression-free survival time was 1.7 months longer in patients who received avelumab compared to those

who received symptomatic treatment. No difference was observed in the quality of life between the patients who received avelumab and those who only received symptomatic treatment.

In the avelumab group, the incidence of adverse events from nearly any cause was higher than in the group of those who received symptomatic treatment. Treatment-related adverse events were observed in four out of five patients.

The incremental cost-effectiveness ratio (ICER) of avelumab maintenance treatment is approximately €96,000/QALY at list prices and the additional costs are €60,000 per patient when compared to symptomatic treatment alone. The cost-effectiveness assessment is affected by the prices of the immunotherapies used as follow-up treatment.

Urothelial carcinoma is a cancer of the inner lining, transitional epithelium, of the urinary tract. About 10 to 15% of patients with urothelial carcinoma are found to have developed metastases at the time when the disease is diagnosed. The prognosis of a metastatic disease is usually poor, and patients who receive the first-line treatment live 8 to 16 months on average. In 2018, 1,447 new bladder and urinary tract cancers were diagnosed, 1,101 of which were diagnosed in men and 346 in women.

This is a summary of a recommendation adopted by the Council for Choices in Health Care in Finland (COHERE Finland). The actual recommendation and the related background material are available in Finnish on the COHERE Finland website under [Recommendations](#).

The summary of the recommendation is also available on the website in [Swedish](#) and [Finnish](#).

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in healthcare is available on the [COHERE Finland website](#).