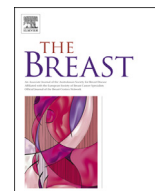




Contents lists available at ScienceDirect

## The Breast

journal homepage: [www.elsevier.com/brst](http://www.elsevier.com/brst)

Letter to the editor

## RE: Cost-utility of talazoparib monotherapy treatment for locally advanced or metastatic breast cancer in Spain



Dear Editor,

We read with interest the recent cost-utility analysis of talazoparib by de Labry Lima et al. [1]. We note the following limitations:

First, overall survival (OS) was based on the immature interim dataset [2] rather than the final dataset from EMBRACA trial (available at the time of publication) [3]. Specifically, the analysis chose a time horizon of 43 months; however, final OS showed a small proportion of patients receiving talazoparib survived beyond 60 months. Therefore, the selected time horizon was unable to fully capture the survival benefit of talazoparib. Second, the analysis only included conventional chemotherapies (capecitabine/eribulin/gemcitabine/vinorelbine) as subsequent treatments; however, it directly applied OS from EMBRACA that counted treatment effect of other subsequent treatments used in the trial. Treatment effect on OS adjusting for subsequent treatment was available at the time of publication [3]. The model should ensure the implemented OS data are aligned with the subsequent treatment modeled to give an unbiased estimate. Third, the study modeled utilities based on time to deterioration of EORTC QLQ-C30 global health status/QoL collected from EMBRACA trial [4]. However, it did not map the scales onto generic preference-based instruments, such as the EQ-5D, using appropriate mapping algorithms [5].

Funding: Pfizer.

## References

- [1] Olry de Labry Lima A, Spacirova Z, Fenix-Caballero S, Hoces AM, Vegas AS, Aranzana MC, et al. Cost-utility of talazoparib monotherapy treatment for locally advanced or metastatic breast cancer in Spain. *Breast* 2021;58:27–33.
- [2] Litton JK, Rugo HS, Ettl J, Hurvitz SA, Goncalves A, Lee KH, et al. Talazoparib in patients with advanced breast cancer and a germline BRCA mutation. *N Engl J Med* 2018;379:753–63.
- [3] Litton JK, Hurvitz SA, Mina LA, Rugo HS, Lee KH, Goncalves A, et al. Talazoparib versus chemotherapy in patients with germline BRCA1/2-mutated HER2-negative advanced breast cancer: final overall survival results from the EMBRACA trial. *Ann Oncol* 2020;31:1526–35.
- [4] Ettl J, Quek RGW, Lee KH, Rugo HS, Hurvitz S, Goncalves A, et al. Quality of life with talazoparib versus physician's choice of chemotherapy in patients with advanced breast cancer and germline BRCA1/2 mutation: patient-reported outcomes from the EMBRACA phase III trial. *Ann Oncol* 2018;29:1939–47.
- [5] Longworth L, Yang Y, Young T, Mulhern B, Hernandez Alava M, Mukuria C, et al. Use of generic and condition-specific measures of health-related quality of life in NICE decision-making: a systematic review, statistical modelling and survey. *Health Technol Assess* 2014;18:1–224.

Denise Zou, Alexander Niyazov, Bhakti Arondekar, Sherry Wu\*

\* Corresponding author. Modeling and Simulation, Evidera Inc., 450 Sansome Street, Suite 650, San Francisco, CA 94111, USA.  
E-mail address: [Sherry.Wu@evidera.com](mailto:Sherry.Wu@evidera.com) (S. Wu).

26 September 2021  
Available online 13 October 2021

DOI of original article: <https://doi.org/10.1016/j.breast.2021.04.004>.

<https://doi.org/10.1016/j.breast.2021.10.003>

0960-9776/© 2021 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).