MINIMIZATION OF COSTS ON MEDICINES USED IN THE TREATMENT OF STOMACH CANCER

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Relevance: oncological diseases rank second after cardiovascular diseases in terms of mortality. Stomach cancer is one of the most common oncological diseases. Gastric cancer ranks 5th in terms of oncological diseases (7%), and 3rd in terms of mortality from cancer (9%). According to statistics, only 29% of patients recover. Metastases are observed in 80-90% of patients with stomach cancer, with an early diagnosis of the disease, the 6-month survival rate is 65%, and in the late stages of the process - less than 15%. The highest survival rate for stomach cancer is in Japan (53%), in other countries it does not exceed 15-20%. It can develop in any part of the stomach and spread to other organs, especially the esophagus, lungs, and liver. More than 800,000 people die from this disease every year in the world. The highest incidence is observed in people over 60 years of age and in men 2 times more often than in women. Gastric cancer was recorded in them more than 20 times more often than in people aged 30-39 years.

Purpose of the study: study of the rational use of drugs used in gastric cancer, analysis of clinical guidelines and recommendations for gastric cancer, and conducting pharmacoeconomic research on drugs used in the treatment of the disease.

Materials and methods: comparative analysis of drugs, clinical observations, cost analysis of the disease, cost-minimization analysis and reflection, as well as modern statistical analysis. Retrospective analysis of the "Medical Report of the Patient in the Hospital," the nomenclature of drugs used for stomach cancer.

Results: a pharmacoeconomic assessment of the second line of therapy was carried out using the "cost-effectiveness" method and the "budget impact analysis" method in the treatment of stomach cancer using the drug Ramutsirumab. Ramutsirumab is considered the only antioangiogenic agent and is currently registered as an agent used in the treatment of late stages of stomach cancer. Compared to standard regimens of the second line of gastric cancer chemotherapy, the use of the drug ramutsirumab is statistically significant and at the same time contributes to an increase in the overall survival rate to 30%. Ramutsirumab can be characterized as a worthy technology from a clinical and economic point of view, since the analysis conducted under the "value-effectiveness" scenario showed that ramutsirumab was comparable in price to or lower than other antitumor drugs containing monoclonal antibodies included in the list of antiviral drugs. According to the "Budget Effect" analysis, the provision of ramutsirumab to patients in the late stages of stomach cancer caused budget savings relative to the provision of oncological patients with bevatsizumab, trastuzumab, and setuximab drugs used in the treatment of the corresponding nosology.

Conclusions: according to the results of the conducted research, it can be seen that ramutsirumab has a good effect on patients when used in a monoregime, and we believe that this drug can be recommended for the treatment of patients in outpatient settings.