In general, Pearson’s coefficients indicated a strong or very strong association across almost all subgroups, including chemotherapy and hormonal or targeted therapy, and for line of therapy.

Results were unchanged for chemotherapy and hormonal or targeted therapy, and for line of therapy.

A total of 40 studies were identified (Pearson’s coefficient = 0.741, p < 0.0001). In colorectal, breast, and other cancers, several therapies have been approved based on improved PFS. However, few have reported an improvement in OS.

Methods

An exploratory analysis investigated the impact of three covariates (treatment strategy, subtypes PS, and subtypes HR) on the OS of the incremental PFS/TTP correlation.

Results

A total of 41 studies were included (Figure 1). The incremental PFS is above the previously set STE of 5–6 months that is required to be predictive of incremental OS.

Summary of OS months = (0.579 + 1.13 × PFS months) / 0.78

This may justify the use of PFS/TTP as a surrogate for OS benefit during regulatory approval and subsequent reimbursement of new therapies in HR+, HER2– MBC.

Conclusions

The results of this study indicate a significant association between PFS/TTP and OS.

References


