In an effort to improve quality of oncology care and reduce costs, payers have introduced other parameters, such as the cost of adverse event treatment and genetic testing, in their decision-making models. With pathway implementation, a 10% shift of patients from cetuximab to panitumumab was observed, resulting in a net cost savings of $350,000. The model projected savings of $79,000 annually per million member plan. Whether this figure is generalizable is uncertain, as the results are based on a hypothetical population.

The objective of this study was to compare the financial impact of pathways on cost of care. The specific pathway program modeled consisted of incentives to clinicians for use of specific regimens based on the No PathwayScenario. The model population was defined as adult patients with metastatic colorectal cancer (mCRC) who were initiated on either a cetuximab-containing regimen or a panitumumab-containing regimen. The prevalence of mCRC was estimated at 1.7% of the adult US population, which is estimated at 40.0 million people. The model considered patients who received cetuximab or panitumumab as first-, second-, and third-line therapy.

**RESULTS**

Several key results were observed:

- **Cost Savings:** The model projected savings of $79,000 annually per million member plan. Whether this figure is generalizable is uncertain, as the results are based on a hypothetical population.
- **Incentive Impact:** With pathway implementation, a 10% shift of patients from cetuximab to panitumumab was observed, resulting in a net cost savings of $350,000.
- **Net Impact:** The net impact of pathways on cost of care is not clear given the additional costs associated with pathway implementation.