Nab-paclitaxel and gemcitabine is the cost-effective option for the first-line treatment of patients with metastatic pancreatic cancer (MPC) in combination with gemcitabine. Treatment with nab-paclitaxel and gemcitabine has been established as the standard of care for first-line treatment of patients with MPC to examine the costs and outcomes of nab-paclitaxel and gemcitabine versus gemcitabine, based on a positive phase III clinical trial (Paquette et al., 2013). The use of nab-paclitaxel and gemcitabine in association with chlorambucil (RClb) is considered a feasible and cost-effective option in comparison to other treatment options such as rituximab in association with chlorambucil (GClb) for chronic lymphocytic leukemia (CLL) previously untreated patients (Mainardi et al., 2013).

**Objectives:**

The objective of the current study was to conduct a cost-effectiveness analysis of nab-paclitaxel and gemcitabine versus gemcitabine as a first-line treatment for patients with metastatic colorectal cancer in Belgium and the Netherlands. The study used a Markov model developed by Roche to predict disease progression and mortality, assuming weekly cycles and a 25 years’ time horizon. Preplggion clinical data was based on CL11 clinical trial (Goede et al., 2015), and postprogression data based on Eichhorst et al. (2009). Utility values were obtained on Kosmas et al. (2014). Only direct medical costs were included, being resource consumption estimated through a seven Portuguese experts panel and unit costs taken from official sources. A 5% discount rate was applied to both costs and consequences. RESULTS: In comparison to RClb, GClb use resulted in an increase of 0.60 QALYs and incremental adjusted life years (QALYs) that are associated to an additional cost of 12,472€. When compared to Clb, the use of GClb increases clinical gains by 1.07 LY and 0.99 QALYs at an additional cost of 24,104€. Consequently, GClb costs 18,112€ per LY and 18,948€ per QALYs in comparison to RClb and 22,474€ per LY and 24,352€ per QALYs in comparison to Clb. Sensitivity analysis shows that results are mainly sensitive to the extrapolation methods of preplggion survival and to utility values. CONCLUSIONS: The use of chlorambucil in association with chlorambucil for CLL previously untreated patients that are unsuitable for full-dose fludarabine based therapy implies added costs per LY and per QALYs that are generally accepted in Portugal. The cost-effectiveness ratios of obinutuzumab in association with chlorambucil for CLL previously untreated patients is defined as the upper limit for conditional reimbursement in Slovakia.

**Studies:**

- **基至能-、花粉症における治療法の選択: 基至能の適応における薬物治療の選択:**
- **治療法の選択: 基至能の適応における薬物治療の選択:**
- **治療法の選択: 基至能の適応における薬物治療の選択:**
- **治療法の選択: 基至能の適応における薬物治療の選択:**

**Comparative Costs and Outcomes:**

- **Cost-effectiveness of cetuximab in first-line treatment of patients with metastatic colorectal cancer in Belgium and the Netherlands:**
  - **Krol M1, Ovčinnikova D1, von Hofhorst P1, Jarrett R1, 2Merck Serono, Schiphol-Rijk, The Netherlands, 3Map, London, UK, 4Merck Serono, Frankfurt, Germany.**

**Objectives:**

This study aimed to assess the cost-effectiveness of first-line treatment of patients with cetuximab in combination with either FOLFIRI or FOLFOX with wild type rat sarcoma viral oncogene (RAS) metastatic colorectal cancer in Belgium (€) and Netherlands (NL) compared with treatment with cetuximab or FOLFIRI or FOLFOX. METHODS: A Markov model was developed to estimate the incremental cost-effectiveness ratios (ICERs) of the following first-line treatment comparisons: cetuximab + FOLFIRI vs. FOLFIRI and cetuximab + FOLFOX vs. FOLFOX. The model was developed in a patient data where possible treatment combinations were considered including cetuximab and RAS metastatic colorectal cancer. Two versions of the model were created, one for NL and one for B. Country specific costs were included and second- and third-line treatments differed between NL and B. In line with the country's health economic guidelines, analyses were conducted from a societal perspective (NL) or a health care perspective (B). Costs were discounted with 4% (NL) or 3% (B) and effects with 1.5%.

The models adopted a 20 year time horizon. A probabilistic sensitivity analysis was conducted to account for uncertainty. RESULTS: The ICURs for NL and B were €86,180 and €55,430 for cetuximab + FOLFIRI vs. FOLFIRI and €83,151 and €42,453 for cetuximab + FOLFOX vs. FOLFOX. Uncertainty around the ICURs was estimated to be small in the FOLFIRI arms and considerable in the FOLFOX arms. CONCLUSIONS: NL and B have no official ICUR thresholds, but unofficial upper limits are assumed to be equal or slightly below costs to €65,000 in B. ICURs are close to $100,000. ICURs differed strongly between NL and B. This was mainly caused by lower drug costs in B.

**A Cost-Utility Analysis of Nab-Paclitaxel (Abraxane) Plus Gemicitabine in Metastatic Pancreatic Cancer in Slovak Republic:**

- **Štefka R1, Ondrušová M1, Piskora M2, Pastorek T2, Salek T3, 4Harrer-In Ltd., Bratislava, Slovak Republic, 5Colgene Ltd., Bratislava, Slovak Republic, 6National oncological unit, Bratislava, Slovak Republic.**

**Objectives:** Nab-paclitaxel is a solvent-free paclitaxel formulation approved for first-line treatment of patients with metastatic pancreatic cancer (MPC) in combination with gemicitabine. Treatment with nab-paclitaxel and gemicitabine has been shown to be clinically effective in an area of high unmet need. Patients treated with nab-paclitaxel and gemicitabine had an increase in median survival of 3.3 months compared to those treated with gemicitabine alone in patient subgroup with Karnofsky Performance Score 70-80. Consequently, GCB costs 18,112€ per LY and 18,948€ per QALYs in comparison to RClb and 22,474€ per LY and 24,352€ per QALYs in comparison to Clb. Sensitivity analysis shows that results are mainly sensitive to the extrapolation methods of preplggion survival and to utility values. CONCLUSIONS: The use of chlorambucil in association with chlorambucil for CLL previously untreated patients that are unsuitable for full-dose fludarabine based therapy implies added costs per LY and per QALYs that are generally accepted in Portugal. The cost-effectiveness ratios of obinutuzumab in association with chlorambucil for CLL previously untreated patients is defined as the upper limit for conditional reimbursement in Slovakia.