vied 0.30 and Docetaxel 0.31. Therefore, Erlotinib therapy is positioned as a dominant (more effective and less costly) compared to Docetaxel and Pemetrexed. These results were consistent in the sensitivity analysis, giving strength to them. Therefore, Erlotinib could represent annual savings of $5860 compared to Docetaxel and $7900 with Pemetrexed per patient. Additionally, Erlotinib contributes to costs reduction in patients with NSCLC, because it is a chemotherapy administered for a year in the first and second year of treatment, and with a better safety profile with no hematologic toxicity in comparison with standard chemotherapy. CONCLUSIONS: The cost-utility analysis of the use of Erlotinib vs. Docetaxel or Pemetrexed in the treatment of previously treated metastatic or advanced NSCLC showed that Erlotinib is a cost-effective therapy because it consumes fewer resources to obtain clinical success. Under the perspective of the Mexican public health system Erlotinib is dominant alternative in second-line treatment for patients with advanced or metastatic NSCLC.

PCN91

CONSUMPTION OF ANTIMICROBIAL AGENTS IN THE SLOVAK REPUBLIC WITHIN THE PERIOD OF 2008-2011

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OBJECTIVES: Cancer is the second leading cause of death in the Slovak Republic with 23 000 new cases diagnosed every year and highest incidence in age group over 60. Antineoplastic agents prevent or inhibit the maturation and proliferation of neoplasms. The main objective of this study was to evaluate the consumption of antineoplastic agents in Slovak Republic within the period of 2008-2011.

METHODS: Analysed data were abstracted from the Slovak Institute of Drug Control and provided by wholesalers due to their legal obligation towards the SIDC. Processed informations include the number of medicine packages and financial expenditures. RESULTS: There was a gradual rise in antineoplastic agents utilised in terms of financial expenditures from €98 605 418 in 2009 to €105 786 256 in 2011. Third quartal of 2010 was hitting a peak with 27 261 629 € respectively while the first quartal plummeted to 23 307 249 € which presents the lowest performance within the study period. The number of packages rose sequentially from 513 193 in 2008 to 593 067 in 2011. Average price per package was fluctuating from 168 € in 2010 to 192 € in 2008. Highest financial decline was observed in group of plant alkaloids and other natural products (from 12 977 717 € in 2008 to 6 840 618 € in 2011). Most significant expenditure increase from the group of antineoplastic agents reached capcitabine with 3 491 954 € in 2008 and 4 560 623 € in 2011. Its number of packages almost doubled from 8 725 in 2008 to 14 145 in 2011.

CONCLUSIONS: The slight rise in consumption of antineoplastic agents is caused by higher incidence and prevalence and better diagnosis of cancer disease in Slovak population. Higher use of capcitabine can be interpreted in pursuance of breast and colorectal cancer occurrence.

PCN92

THE LIFECYCLE VALUE OF ONCOLOGY MEDICINES

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OBJECTIVES: Innovative pharmaceutical treatments contribute significant value for improving and extending the lives of cancer patients. Many innovative oncology products become standard of care and continue to produce significant value well past the period of innovator exclusivity. Current approaches for assessing the value of such variables in BC survival rates.

CONCLUSIONS: To derive utilities in myelofibrosis and compare the results with disease-specific measures.

PCN95

USING A CONDITION-SPECIFIC MEASURE OF PATIENT-REPORTED OUTCOMES TO DERIVE UTILITIES IN MYELOFIBROSIS

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OBJECTIVES: The limitations of generic preference-based measures in disease areas such as oncology are widely recognised. Condition-specific measures offer more relevant assessments of health and can be used to derive utilities. The aim of this study was to use data collected with the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire for Cancer (QLQ-C30) in a myelofibrosis clinical trial to derive utilities.

RESULTS: QLQ-C30 data were collected from 310 patients over 48 weeks. QLQ-C30 was labelled as either BAT (ruxolitinib) versus best-available therapy (BAT) (n=73). Two algorithms were used to map QLQ-C30 scores to utilities: the first mapped to EQ-5D utilities, the second to condition-specific preference weights using a QLQ-C30 item subset (EORTC-8D). Changes from baseline (CFB) in utility were calculated by taking the baseline utility minus the current health status. CFB was 0.038 (0.013) for ruxolitinib and 0.012 (0.040) for BAT. From the EORTC-8D algorithm, mean (SE) change in utility was 0.30 and 0.31.

CONCLUSIONS: This cross-sectional study was conducted at a medical center in southern Taiwan from June 2011 to January 2012. Outpatients with defined diagnosis of CML and receiving imatinib were invited to participate. After TTO measurement, semi-structured interviews were conducted to explore participants’ perceptions. The interviews were audio-taped, transcribed verbatim and analyzed by constant comparison until saturation. RESULTS: Of all, 22 (mean age: 52.4±15.83 years, male: 63.6%) of the 24 participants completed the study. The average utility was 0.774±0.219. Most participants accepted current health status and life expectancy, and considered current health status different from ideal situation. Mid-age participants traded off life span with parenting duty, while the elderly considered companion time with their partners. For those who chose shorter life span with better health, the main concern was financial burden to family because the disease-related fatigue constrained activity and work ability. In addition, regular medical treatment was also considered by those who desired better career paths, long-term traveling and those consisting of multi-comorbidity. Moreover, uncertainty about future, limited sociocultural and financial impacting factors were also considered. CONCLUSIONS: TTO is applicable to measure utility for CML patients. Participants receiving imatinib generally presented satisfactory health status and trading remaining years of life with other concerns. To validate this tool, further studies need to explore disease symptoms and drug-related side effects, and compare the results with disease-specific measures.