RESULTS: In spite of the same quality of life score at the first session of chemotherapy (74.5 out of 100), after finishing the chemotherapy cycle, patients in TAC arm had the lower score of QOL (64 in TAC vs. 68 in FAC) and higher range of toxicity and their medical costs were higher as well (the average costs in TAC was 391,176,968.2 Rials vs. 2,427,775.2 in FAC). ICER was negative that showed the dominant result for FAC comparing with TAC. CONCLUSIONS: It seems because of that the short horizon of the study, TAC regimen had the worse impact on the patient’s quality of life during the chemotherapy cycle because of more side effects than FAC. It is believed that there is need for other studies with longer time horizons and specific attention to the effects of these treatments on survival and quality of life.

PCN98

PROJECTING THE POTENTIAL COST-EFFECTIVENESS OF A BREAST CANCER VACCINE IN COMPARISON TO OTHER STANDARD TREATMENTS: A DECISION ANALYTIC MODEL

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OBJECTIVES: Breast cancer is known to be one of the leading causes of death among the female population. Preventive measures may provide an economic and outcome advantage by reducing treatment costs and increasing survival rates. The objective of this study was to evaluate the cost-effectiveness of a breast cancer vaccine versus current standard treatment. METHODS: TreeAge software was used to calculate the cost-effectiveness. A decision tree was constructed for different probabilities of success and failure for the vaccine versus standard treatment. Costs and outcomes (life-years saved) ranges were obtained from published clinical trials. The vaccine effectiveness was projected from available studies, with human clinical trials expected within a year. The range of effectiveness of the vaccine was considered between 30% and 90% with a baseline at 80%. The costs included for standard treatments ranged from $20,000 to $45,000 and the cost of the vaccine was assumed at $50 for three doses; therefore, the cost for vaccine ranged from $100 to $200 depending on the number of doses. The incremental cost-effectiveness ratios were calculated from the range of costs and outcomes. Sensitivity analyses were performed to determine the robustness of the findings. RESULTS: Vaccination was found to be a potentially cost-effective option with an ICER of $2,146,687 compared to standard treatment. The incremental effectiveness was 8.2 life-years saved. The highest cost-effectiveness of the vaccine was at 90% success and a cost of not more than $1000 per individual. Sensitivity analyses indicated that the vaccine remained cost-effective over the range of model parameters.

CONCLUSIONS: The breast cancer vaccine was projected to be the most cost-effective treatment option in this analysis. It is expected that better screening for breast cancer vaccine patient candidates will be available in the future.

PCN99

COMPARATIVE RETROSPECTIVE NON-RANDOMIZED PHARMACOECONOMIC TRIAL OF EFFICIENCY AND SAFETY OF USE OF PACLITAXELS (PACLITAXEL-LENS OR TAXOL) IN A MONOMODE FOR 2ND LINE OF TREATMENT OF METASTATIC BREAST CANCER PATIENTS

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OBJECTIVES: For the first time in a modern Russian economic conditions, it has been made pharmacoeconomics trial (PE) using Russian generic of paclitaxel (Paclitaxel-Lens [PL] in comparison with original drug (Taxol [T]) at chemotherapy (ChT) in a modern Russian economic conditions. METHODS: It has been provided retrospective comparative nonrandomized clinical trial which have been included 70 patients for 35 patients of each group (PL or T) after analysis of 148 case records. RESULTS: At the analysis of effectively treatment MIC in group of the patients who have received T, the partial remission (PR, 28.5% against 10%) statistically significantly has been more often reached. At the analysis of safety, it has been shown that in group of the patients who have received PL, statistically significantly has been more often fixed hepatotoxicity (23.3% against 3.8%) and an anemia (19.2% against 3.5%). In group of the patients who have received T the statistically significantly has been more often fixed arthralgia/ myalgia (29.8% against 0%). Total direct costs (DC) in group of patients with T also there were above, than in group of PL, namely $10,727 and $9765 accordingly. Calculation of efficiency of expenses has shown that treatment of MIC by T more expensive and more effective, than treatment by PL. CONCLUSIONS: Thus, as a result of research, it has been established that: 1) Applying of T was more (from 7% to 11%) expensive, and 2) Thus, it is necessary to take into consideration, what application of PL was more often accompanied by hepatotoxicity and anemia, like arthralgia/ myalgia after using of T.

PCN100

PHARMACOEPIDEMIOLOGICAL AND PHARMACOECONOMIC EVALUATION OF OXALPLATIN IN PALLIATIVE CHEMOTHERAPY OF METASTATIC COLORECTAL CANCER (MCCCR)

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The problem of original drugs substitution on generics presents in the Russian clinical practice due to rational expenditures allocation. Pharmacoeconomic non-inferiority of generic should be confirmed by therapeutic one. Only after such kind of confirmation, the mentioned substitution could be made in different segments of doctors’ practice especially in anticancer chemotherapy. OBJECTIVES: To evaluate the clinical-economics interchangeability of the original oxaliplatin FOLFOX (OX) and the generic Exorum (EX) in the chemotherapy of mCRC. METHODS: The retrospective clinical-economics analysis of FOLFOX scheme for chemotherapy of mCCR with EL and EX in the real practice has been performed. Fifty case histories (23 with using of EL, 27 with using of EX) was used nomogram of model was (OX) vs. (EX). The calculation of direct total cost and cost-effectiveness ratio (CER) based on “partial regres + stabilization” parameter no less than 80% has been performed. RESULTS: For achievement of equal efficacy EL had less number of chemotherapy cycles and total dosage compared with EX (3.0 and 7.3, 670 mg and 900 mg, respectively). Adverse effects were more frequent in EX versus EL (59 and 38, respectively) and caused additional costs and prolonged hospitalization (9 days/patient compared to EL group). The utilitarian EX program cost per patient was less compared to EL by 7.7%. In the same time, CER calculated with total costs due to side effects treatment was practically equal (difference is 1.6% only). Cost prognosis for equal efficacy results with EL using is less by 28.6% versus EX. The alternative scenario has confirmed the clinical-economy added value of EL. CONCLUSIONS: The change of original EL for generic EX in FOLFOX scheme for mCRC has no economic advantages. EL substitution leads to increased number of chemotherapy cycles, higher dose of oxaplatin, higher rate of adverse effects, and higher costs.