UTILISATION (HRU) COLLECTED IN A PROSPECTIVE EUROPEAN METASTASES TO SOLID TUMOURS BASED ON THE HEALTH RESOURCE PCN115 AT, CMF and FEC. AC is characterized by a clear cost advantage and comparable effectiveness vs. ZA with fewer SREs predicted over patients lifetime. The estimated incremental cost-effectiveness ratio (ICER) per SRE avoided was €26,524, €44,622, and €11,660 for Erca, Prca and OS, respectively. One-way sensitivity analyses were performed including, Athens, Greece, "Kantonsspital Gruniblum, Chr, Switzerland, "University Hospital, Flens, Czech Republic, "Amgen Ltd, Cambridge, UK

OBJECTIVES: Patients with BMs from advanced cancer experience SREs (radiation/surgery to bone, pathologic fracture or spinal cord compression). Limited data exist on the financial burden of SREs. HRU data will support healthcare resource planning and the assessment of new products that prevent/delay these events. METHODS: Eligible patients with BMs from breast/lung/prostate cancer or multiple myeloma were enrolled in clinical trials in Austria, Czech Republic, Poland, Portugal, Sweden and Switzerland. HRU extracted from patient charts included inpatient stays, outpatient visits, day care visits, emergency room visits, procedures, etc. We present HRU data for Austria, Czech Republic, Poland, Sweden and Switzerland (collected retroactively beginning from hospital admission and 3 months after the SRE). RESULTS: A total of 658 eligible patients with at least one SRE were enrolled across five countries (36%, 13%, 27% and 25% had breast, lung and prostate cancer and multiple myeloma, respectively). Across all tumour sites and SRE types, mean increase from baseline in number of inpatient stays per SRE for Austria, Czech Republic, Poland, Sweden and Switzerland, respectively, were 1.095(95%CI:0.7-1.3), 0.895(95%CI:0.6-1.0), 0.9(95%CI:0.7-1.1), 0.895(95%CI:0.6-0.9) and 0.895(95%CI:0.6-0.9).