outputs include total costs (Singapore dollars (SGD); 1 SGD=0.82 USD), IFIs avoided, life-years saved, and incremental cost-effectiveness of posaconazole versus fluconazole/itraconazole. A probabilistic sensitivity analysis (PSA) was conducted, where probabilities of IFI, IFI-related death, and 100-day other cause mortality were assigned beta distributions from trial data. RESULTS: Total costs of prophylaxis with fluconazole/itraconazole and posaconazole were SGD 4,476 and SGD 3,458, respectively. Correspondingly, 1,440 (44%) received Tx1; 274(8%) received subsequent treatments. The analysis was restricted to patients who received any chemotherapy/biologics treatment. Cox regression and partitioned least squares regression were utilized to obtain the incremental survival benefit and the overall incremental cost associated with the receipt of Tx2 within a five-year period, respectively. The regression controlled for patient demographic and clinical characteristics including cancer related measures, Charlson comorbidity index and proxy for poor performance status. Bootstrapping was used to produce 95% confidence intervals (CI). RESULTS: Of the 3,266 elderly Medicare mCC who received Tx1, 2,744 (84%) died within the observation period, 1,440 (44%) received Tx2; 274(8%) received subsequent treatments. The incremental survival benefit associated with the receipt of Tx2 was 0.631 years (CI: 0.517 – 0.761), and the associated overall incremental cost was SGD 107,027 (CI: 93,401 – 120,887). The incremental cost-effectiveness ratio for Tx2 was SGD 169,722 per life year saved. CONCLUSIONS: Use of posaconazole in place of fluconazole/itraconazole for prevention of IFIs in a high-risk neutropenic population is cost-effective at a willingness-to-pay threshold of SGD 80,000 per life year saved in Singapore.

PCN63

ASSOCIATION BETWEEN OVERALL INCREDIBLE COST AND SURVIVAL BENEFIT OF SECOND LINE CHEMOTHERAPY/BILOGICS TREATMENT AMONG ELDERLY MEDICARE METASTATIC COLON CANCER PATIENTS

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OBJECTIVES: To examine the overall incremental cost and survival benefit associated with the receipt of second line chemotherapy/biologics (Tx2) among elderly Medicare metastatic colon cancer (mCC) patients who had received first line chemotherapy/biologics treatment (Tx1). METHODS: Elderly (66+) SEER-Medicare patients diagnosed with mCC in 2003-2007 were identified and followed until death. The model was restricted to patients who had received any chemotherapy/biologics treatment. Cox regression and partitioned least squares regression were utilized to obtain the incremental survival benefit and the overall incremental cost associated with the receipt of Tx2 within a five-year period, respectively. The regression controlled for patient demographic and clinical characteristics including cancer related measures, Charlson comorbidity index and proxy for poor performance status. Bootstrapping was used to produce 95% confidence intervals (CI). RESULTS: Of the 3,266 elderly Medicare mCC who received Tx1, 2,744 (84%) died within the observation period, 1,440 (44%) received Tx2; 274(8%) received subsequent treatments. The incremental survival benefit associated with the receipt of Tx2 was 0.631 years (CI: 0.517 – 0.761), and the associated overall incremental cost was SGD 107,027 (CI: 93,401 – 120,887). The incremental cost-effectiveness ratio for Tx2 was SGD 169,722 per life year saved. CONCLUSIONS: Use of posaconazole in place of fluconazole/itraconazole for prevention of IFIs in a high-risk neutropenic population is cost-effective at a willingness-to-pay threshold of SGD 80,000 per life year saved in Singapore.

PCN64

COST-EFFECTIVENESS OF IPILOMUBUM IN PREVIOUSLY TREATED PATIENTS FOR ADVANCED MELANOMA IN PORTUGAL

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BACKGROUND: Metastatic melanoma (MM) is the deadliest form of skin cancer. It’s associated with high mortality with a median overall survival (OS) of 6 to 9 months, which is consistent with evidence from clinical trials. It's associated with high mortality with a median overall survival (OS) of 6 to 9 months, which is consistent with evidence from clinical trials.

RESULTS: Use of posaconazole in place of fluconazole/itraconazole for prevention of IFIs in a high-risk neutropenic population is cost-effective at a willingness-to-pay threshold of SGD 80,000 per life year saved in Singapore.

CONCLUSIONS: Use of posaconazole in place of fluconazole/itraconazole for prevention of IFIs in a high-risk neutropenic population is cost-effective at a willingness-to-pay threshold of SGD 80,000 per life year saved in Singapore.