

**PCN23**  
**ANÁLISE FARMACOECONÔMICA DO TRATAMENTO DO CÂNCER COLORRETAL METASTÁTICO COM BEVACIZUMABE NO BRASIL**Tonon LM<sup>1</sup>, Secoli SR<sup>2</sup><sup>1</sup>Hospital Sírio Libanês, São Paulo, SP, Brazil, <sup>2</sup>Universidade Federal de São Paulo, São Paulo, SP, Brazil

**OBJETIVOS:** Realizar análise custo-efetividade (ACE) das terapias antineoplásicas IFL (irinotecano, 5-fluorouracil e leucovorin) e o IFL + BV (IFL associado ao bevacizumabe) empregado no tratamento do câncer colorretal metastático em primeira linha no Brasil. **MÉTODOS:** Os custos foram estimados para a categoria de medicamentos, materiais e recursos humanos relacionados à execução da terapia. A efetividade dos protocolos foi medida pela proporção de pacientes livre do risco de progressão de doença. Os custos de materiais e medicamentos foram obtidos a partir da tabela de preços que regulamentam o mercado hospitalar. Os dados concernentes à efetividade foram obtidos através da literatura científica. Utilizou-se o modelo de análise de decisão para estimar o custo total da terapia antineoplásica. **RESULTADOS:** O protocolo IFL apresentou o menor custo por unidade de sucesso (R\$171,300.00 por paciente livre de progressão de doença), enquanto o IFL + BVb mostrou-se com a pior relação custo-efetividade (R\$218,444.09 por paciente livre de progressão de doença) aos 10 meses de tratamento. A análise incremental apresentou um custo adicional semelhante aos 5 e 10 meses de tratamento, enquanto aos 15 meses foi de R\$ 3,622,402.50. A análise de sensibilidade mostrou que essa conclusão foi robusta. **CONCLUSÕES:** As análises apontaram melhor relação custo efetividade para o protocolo IFL. No entanto, o custo adicional do protocolo IFL+BVb foi proporcional até os 10 meses de tratamento.

**PCN24**  
**COST-EFFECTIVENESS ANALYSIS OF LAPATINIB ASSOCIATED TO CAPECITABINE VERSUS CAPECITABINE ALONE AND OF TRASTUZUMAB ASSOCIATED TO CAPECITABINE VERSUS CAPECITABINE ALONE IN THE TREATMENT OF METASTATIC BREAST CANCER UNDER THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM PERSPECTIVE**Teich V<sup>1</sup>, Passos RBF<sup>1</sup>, Teich N<sup>1</sup>, Canella M<sup>2</sup><sup>1</sup>MedInsight, Rio de Janeiro, Brazil, <sup>2</sup>GlaxoSmithKline Brasil, Rio de Janeiro, RJ, Brazil

**OBJECTIVES:** To develop two separate cost-effectiveness analyses, evaluating costs and outcomes of lapatinib associated to capecitabine (LAP/CAP) versus capecitabine alone (CAP) or trastuzumab associated to capecitabine (TRAST/CAP) versus capecitabine alone in the treatment of HER2 positive, metastatic breast cancer patients, previously treated with trastuzumab, under the Brazilian private health care system perspective. **METHODS:** In the absence of a trial comparing directly treatments with LAP/CAP versus TRAST/CAP, two separate studies were identified, each evaluating the efficacy of the combination treatment versus capecitabine alone. Population severity and dosage of capecitabine in the combined arm differed between trials, so an indirect comparison was not possible. Therefore, two independent cost-effectiveness analyses were developed. Only direct medical costs were considered, including medications, follow-up, disease progression and treatment of adverse events. Outcomes were expressed as time-to-progression (TTP). Maximum Prices to Consumer were considered for drug costs and procedure costs were obtained from published tariffs. **RESULTS:** In one year, the analysis comparing LAP/CAP to CAP resulted in 7.01 progression free months for LAP/CAP and 5.74 to CAP. Average costs were BRL130,908 for LAP/CAP and BRL62,960 for CAP, resulting in an ICER of BRL53,484 per additional month without progression. In the same time horizon, the analysis comparing TRAST/CAP to CAP resulted in 7.86 progression free months for TRAST/CAP and 6.64 to CAP. Average costs were BRL179,522 for TRAST/CAP and BRL70,012 for CAP, resulting in an ICER of BRL89,852 (USD64,180) per additional month without progression. (2005 PPP index 1USD = 1.4BRL) **CONCLUSIONS:** Associating lapatinib to treatment with capecitabine leads to gains in time-to-progression of 1.27 months, with an average cost per additional month without progression of BRL53,484. In similar conditions, although evaluated in a different population, trastuzumab associated to capecitabine leads to 1.22 month gains in TTP with an average cost per additional month without progression of BRL89,852.

**PCN25**  
**REVISIÓN SISTEMÁTICA Y EVALUACIÓN ECONÓMICA DE LA ABLACIÓN POR RADIOFRECUENCIA EN TUMORES HEPÁTICOS**

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**OBJECTIVOS:** Evaluar la efectividad, seguridad y eficiencia de la ablación por radiofrecuencia, comparada con la resección quirúrgica, en el tratamiento de pacientes con tumor primario de hígado. **METODOLOGÍAS:** Se realiza una revisión sistemática de la literatura, con búsqueda bibliográfica de estudios originales en las bases de datos Medline, Embase, Pascal Biomed y Cinahl a través de la plataforma OVID. Para determinar la efectividad y seguridad de la técnica se incluyeron estudios originales en pacientes tratados mediante ablación por radiofrecuencia, con controles tratados por resección quirúrgica, con o sin asignación aleatoria entre grupos. La evaluación económica se basa en un modelo analítico de decisión que incluye la información de efectividad y seguridad resultante de la revisión de la literatura y datos de costes del entorno sanitario español. **RESULTADOS:** De la revisión se obtiene un ensayo clínico aleatorio y otros ocho estudios sin asignación aleatoria, que presentan resultados comparando los dos procedimientos. El ensayo clínico aleatorio no encuentra diferencias estadísticamente significativas en cuanto a supervivencia total y supervivencia libre

de enfermedad. En total dos de los siete estudios que comparan supervivencia total encuentran diferencias estadísticamente significativas favorables al grupo de resección quirúrgica. En supervivencia libre de enfermedad tres de los siete estudios que la comparan presentan diferencias con significación estadística a favor de la resección. El resultado preliminar de la evaluación económica muestra una razón costo-efectividad incremental de 7624 euros por año de vida ganado de la resección frente a la ablación. Pero los resultados no se muestran muy robustos en el análisis de sensibilidad, viéndose especialmente afectados por la incertidumbre en efectividad. **CONCLUSIONES:** No hemos encontrado suficiente evidencia de alta calidad para establecer conclusiones definitivas en efectividad. La ablación por radiofrecuencia como tratamiento de tumores primarios de hígado no ha demostrado ser superior a la resección quirúrgica, considerada la técnica de elección.

**PCN26**  
**COST-EFFECTIVENESS AND COST-UTILITY ANALYSIS OF SUNITINIB VS SORAFENIB AND BEVACIZUMAB + INTERFERON-ALFA AS FIRST-LINE TREATMENT FOR METASTATIC RENAL CELL CARCINOMA IN MEXICO**Salinas-Escudero G<sup>1</sup>, Contreras-Hernandez I<sup>2</sup>, Mould-Quevedo J<sup>3</sup><sup>1</sup>Hospital Infantil de México Federico Gómez, Mexico City, Mexico, <sup>2</sup>Social Security Mexican Institute, Mexico City, Mexico, <sup>3</sup>Pfizer Mexico, Mexico City, Mexico

**OBJECTIVES:** Metastatic renal cell carcinoma (mRCC) has been notoriously resistant to therapy. For decades, its treatment has been based on nephrectomy and limited use of toxic and often inefficient immunotherapy. However, new biologic agents are beginning to break the resistance barrier. The study aims to model the long-term economic and health consequences of current first-line treatments in adult patients with mRCC from the institutional perspective. **METHODS:** A cost-effectiveness and cost-utility analyses were developed using a stochastic Markov modeling approach. The model simulates treatment costs, progression free-years (PFY), life years gained (LYG) and Quality Adjusted Life Years (QALYs) gained in a five-year period among five possible health states (first-line treatment-no progression-, second-line treatment, palliative care, death due to mRCC and death due to other causes). The model compared in a six-week cycles: sunitinib 50 mg/day vs. sorafenib and bevacizumab+IFN-ALFA. Transition probabilities and utilities were obtained from previously published trials. Resource use and costs data was obtained from randomized hospital records at Hospital de Oncología CMN "Siglo XXI" in Mexico City (n = 80). Both costs and effectiveness were discounted using a 5% annual rate. Tornado Diagrams and probabilistic sensitivity analyses were performed. Acceptability curves were constructed. **RESULTS:** First-line treatment with sunitinib showed the highest PFY, LYG and QALYs (1.09 ± 0.14; 2.11 ± 0.41 and 1.38 ± 0.33 years) followed by bevacizumab + IFN-ALFA (0.92 ± 0.11; 2.06 ± 0.39 and 1.30 ± 0.34 years) and sorafenib (0.53 ± 0.11; 1.88 ± 0.35 and 1.14 ± 0.31 years). Expected health care costs for sunitinib in the five-year period resulted in US\$40,502 ± 4,349; bevacizumab + IFN-ALFA (US\$88,073 ± 9,583) and sorafenib (US\$40,885 ± 6,053). The ICER's per PFY, LYG and QALYs resulted negative indicating sunitinib dominance. Results were robust to second-order Monte Carlo sensitivity analysis (1,500 iterations). Acceptability curves showed that sunitinib would be a high cost-effectiveness strategy against sorafenib and bevacizumab + IFN-ALFA with a probability over 80% (p < 0.05) with a WTP < 3GDP. **CONCLUSIONS:** Sunitinib malate first-line treatment would be the most cost effective therapy among the new agents for patients with mRCC.

**PCN27**  
**COST MINIMIZATION ANALYSIS OF TEGAFUR-URACIL ASSOCIATED TO LEUCOVORIN (UFT/LV) VERSUS CAPECITABINE ALONE FOR METASTATIC COLORECTAL CANCER UNDER THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM PERSPECTIVE**

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**OBJECTIVES:** To perform a cost-minimization analysis comparing tegafur-uracil associated to leucovorin (UFT/LV) and capecitabine alone, in the treatment of metastatic colorectal cancer (MCRC), under the Brazilian public health care system perspective. **METHODS:** After a literature review, trials comparing directly UFT/LV to capecitabine in the treatment of MCRC were not identified. Therefore, an indirect comparison was performed, considering studies comparing UFT/LV to 5-fluorouracil associated to leucovorin (5-FU/LV) and capecitabine alone to 5-FU/LV. Capecitabine and UFT/LV showed equivalent efficacy to 5-FU/LV, while potentially avoiding the complications and inconvenience associated with intravenous regimens. Hence, equivalent efficacies between treatments with capecitabine alone and UFT/LV were assumed. Direct medical costs were estimated for both treatments, under the Brazilian public health care system perspective, in a 4 month time horizon. The treatment protocols used in the clinical trials were considered for the analysis, incorporating the possibility of having dose reductions or increases. Unit costs for drugs were obtained from a national Database of Healthcare Prices. The unit price considered for UFT was BRL 1,203.76, equivalent to the ex-factory price, excluding the percentage of price adaptation (24.92%), mandatory for sales of high cost drugs to public bodies. **RESULTS:** Total average costs in 4 months were equal to BRL5050 (US\$3607) for patients treated with UFT/LV and BRL8595 (US\$6139) for patients treated with capecitabine alone. Both adverse events treatment costs and drug costs were lower for UFT/LV. The economic advantage of UFT/LV was maintained varying the time horizon of the analysis, the average body surface of patients and considering a conservative dosage of capecitabine. (2005 purchasing power parity index 1USD = 1.4BRL) **CONCLUSIONS:** Considering UFT/LV as an equivalent therapy to capecitabine alone in terms