We developed a decision model comparing IHC/MSI tumor testing (IHC/ MSI), followed by pegfilgrastim and filgrastim, to standard chemotherapy for rectal cancer using data from the randomized phase III trial. The model included three treatment arms: (1) IHC/MSI; (2) IHC/MSI followed by pegfilgrastim and filgrastim; and (3) standard chemotherapy. The model was based on the NICE guidelines for rectal cancer and included the following outcomes: overall survival, disease-free survival, and toxicity. The model was validated against real-world data and the results showed that the IHC/MSI followed by pegfilgrastim and filgrastim strategy was more effective and cost-effective compared to the standard chemotherapy strategy. The cost-effectiveness of this strategy was estimated to be lower than the willingness-to-pay threshold of £20,000 per quality-adjusted life-year (QALY) gained in the UK. Therefore, the IHC/MSI followed by pegfilgrastim and filgrastim strategy is recommended for the treatment of rectal cancer in the UK.

**BACKGROUND:** In Mexico, breast cancer is one of the leading causes of mortality among women. A decision model was developed to evaluate the cost-effectiveness of pazopanib for the treatment of metastatic renal cell carcinoma (mRCC) in Mexico. The model was based on published clinical trial data and included the following outcomes: overall survival, quality-adjusted life-years (QALYs), and costs. The model was validated against real-world data and the results showed that pazopanib is a cost-effective strategy for the treatment of mRCC in Mexico. The ICER for pazopanib was estimated to be lower than the willingness-to-pay threshold of $50,000 per QALY gained in Mexico, which is below the threshold. Therefore, pazopanib is recommended for the treatment of mRCC in Mexico.

**OBJECTIVES:** The primary objective was to assess the cost-effectiveness of pazopanib for the treatment of mRCC in Mexico, compared to sunitinib. The secondary objective was to assess the cost-effectiveness of pazopanib in comparison with pazopanib plus bevacizumab. The study was conducted from a societal perspective and the analysis was performed from a public payer perspective.

**MATERIALS AND METHODS:** A decision model was developed using TreeAge Pro software. The model included the following stages: diagnosis, treatment options, and outcomes. The key input parameters included the probability of progression, the probability of death, and the quality of life. The model was validated against real-world data and the results showed that pazopanib is a cost-effective strategy for the treatment of mRCC in Mexico. The ICER for pazopanib was estimated to be lower than the willingness-to-pay threshold of $50,000 per QALY gained in Mexico, which is below the threshold. Therefore, pazopanib is recommended for the treatment of mRCC in Mexico.

**CONCLUSIONS:** Pazopanib is a cost-effective strategy for the treatment of mRCC in Mexico. The ICER for pazopanib was estimated to be lower than the willingness-to-pay threshold of $50,000 per QALY gained in Mexico, which is below the threshold. Therefore, pazopanib is recommended for the treatment of mRCC in Mexico.