Based on the adjusted PEAK-FIRE3 results, Panitumumab showed treatment out- and a mean discounted PFS of 14.8 and 10.8 months. The total average cost with Cost-PCN170 in the Russian Federation is more reasonable from a pharmacoeconomic point of view.

OBJECTIVES: Conduct a cost-effectiveness assessment of panitumumab in mCRC in WT patients in Spain.

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OBJECTIVES: The recent indication adjustment of anti-EGFR antibodies cetuximab and panitumumab according to RAS biomarker evidences the need to update their incremental cost-effectiveness ratios (ICER) as first line therapies in WT mCRC patients.

METHODS: Literature review about overall survival (OS) with both antibodies in WT mCRC patients. Analysis from the hospital pharmacy point of view of the cost of life year gained (LYG) based on the results of effectiveness in the published reviews for each therapy. The review of the specifications data sheets and clinical practice guidelines were used to establish the frequency of administration whereas dose regimen was calculated considering the standard values for weight as 70kg and body surface as 1.79m². RESULTS: CRYSTAL trial shows a difference of 8.2 months in OS for cetuximab + FOLFIRI vs FOLFIRI (28.4m vs 20.2m; HR: 0.69; p<0.005) estimates a gain of 0.674 LYG for cetuximab vs FOLFIRI (20.6m vs 20.2; HR: 0.78; p=0.04) and FIRE study finds a difference of 8.1m for cetuximab+FOLFIRI vs bevacizumab+FOLFIRI (33.1m vs 25.0m; HR: 0.69; p<0.005). The ICER for cetuximab+FOLFIRI vs FOLFIRI is estimated in 27,215 €/QALY in late relapse. Sensitivity analyses showed that the result was highly sensitive to the costs of drugs. CONCLUSIONS: The results indicate that PAP could notably improve the cost-effectiveness of cetuximab versus nilotinib and high-dose imatinib among imatinib-resistant mCRC patients, likely to be cost-saving versus nilotinib or imatinib 800 mg strategies in CML-CP patients.

PCN173

COST-EFFECTIVENESS OF IDELISALOB PLUS RITUXIMAB IN CHRONIC LYMPHOCYTIC LEUKAEMIA

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OBJECTIVES: Chronic Lymphocytic Leukaemia (CLL) is an indolent progressive hematologic malignancy. Current treatments for CLL are not curative and subjects become increasingly resistant to subsequent therapies. Patients relapsing after a disease-free period shorter than 2 years have an anticipated overall survival of 45% at 5 years. Idealisalob + rituximab is improving overall and progression-free survival compared to rituximab among single-line refractory patients. This trial was stopped early because of overwhelming efficacy. We estimated the cost-effectiveness of idealisalob + rituximab in the French context. METHODS: A partitioned survival model was used to compare idealisalob + rituximab to currently available treatments in France: alemtuzumab, bendamustine-rituximab and ibritunib for CLL patients with early relapse and fludarabine-cyclophosphamide-rituximab, bendamustine-rituximab and ibritunib for CML patients with late relapse. Because of the lack of an identifiable trial network and the presence of single arm trials, we used an innovative approach for comparing survivals. In essence, the modelling was based on fitting a general survival parametric function for all treatments and then adjusting the scale parameter of the function to fit the observed survivals in each study (i.e. “common gamma approach”). Time horizon was 10 years. Utilities associated with different stages of disease were based on existing literature. French hematologic medical costs were used and subjects’ costs were discounted at 4%. Price for idealisalob was the price used in the early access program in France. RESULTS: Idealisalob + rituximab was associated with incremental cost-effectiveness ratios of 30 480 €/QALY in early relapse and 31 912 €/QALY in late relapse. Sensitivity analyses showed that the result was highly sensitive to the efficacy of idealisalob partly explained by the immaturity of the survival data coming from a clinical study with early termination. CONCLUSIONS: Idealisalob is a cost-effective option for the treatment of early and late relapse CLL patients.

PCN174

HEALTH ECONOMICS AND RADIODUC-232 (XOFIGOR) IN THE TREATMENT OF METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (mCRPC).

A CASE HISTORY AND A SYSTEMATIC REVIEW OF THE LITERATURE ON COST-EFFECTIVENESS ANALYSIS (CEA)

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OBJECTIVES: Prostate cancer (PC) is the most common cancer in Western countries. Recent advances in the treatment of metastatic castration resistant prostate cancer (mCRPC) have caused significant pressure on health care budgets. We aimed to exemplify this dilemma presenting an example, radium-223 (Xofigor®), and review the literature on health technology assessments (HTA), cost-effectiveness analysis (CEA) and guidelines. METHODS: The literature was searched using the following search criteria: “radium-223”, “alapharad”, “Xofigor” and “prostate”. Exclusion and inclusion criteria were applied. Guidelines and CEAs were focused. We also searched the websites of ASCO, ISMO and ISPOR. The web was searched, using Yahoo and Google search engines, for Health Technology Assessments (HTA). RESULTS: 181 publications were identified in the Medline database. Only

health outcomes and cost-savings when used as prophylaxis of FN in patients with solid tumors or lymphoma receiving chemotherapy.