PCN42

BUDGETARY IMPACT OF METASTATIC RETINAL CELL CARCINOMA (mRCC) TREATMENT ON THE COLOMBIAN GENERAL HEALTH SOCIAL SYSTEM (SGSSS)

Cardona AF1, Cercares HA1, Spoth A2, Lujan M1, Lopera D3, Otero JM4, Carranza H4, Godoy Jf

1Catálan Institute of Oncology – Hospital Germans Trias i Pujol, Barcelona, Spain, 2Pfizer SA, Bogotá, DC, 3Instituto de Cáncerología – Clínica Las Américas – Universidad Pontificia Bolivariana, Medellín, NA, Colombia, 4 Oncologías de Occidente, Manizales, NA, Colombia, 5Foundation for Clinical and Molecular Cancer Research (FLMCN), Bogotá, NA, Colombia, 6Fundación Santa Fe de Bogotá, Bogotá, NA, Colombia, 7Hospital Militar Central, Bogotá, DC, Colombia

OBJECTIVES: Medical treatment for mRCC during 2002 represented around 4% of the resources designed for cancer treatment in Colombia; a local study has shown that Sunitinib (SU) was the most cost-effective medication for first-line treatment of mRCC.

We evaluated the budgetary impact of including SU as choice for first-line treatment of mRCC compared to the current treatment being offered in Colombia. The aim of this study was to compare the costs and the benefits associated with different treatment strategies, adding SU to the current therapy, and to predict the future costs in terms of healthcare resources needed to treat patients with mRCC.

RESULTS: The total budgetary impact of SU as first-line treatment for mRCC was estimated at COL$ 6,499,000 in 2010, COL$ 6,064,559,409 in 2011, and COL$ 1,923,678,137 in 2012 and COL$ 1,840,110,375 in 2013. This would represent an overall saving of COL$ 10,085,976,048 for the next 5 years. CONCLUSIONS: Including SU as the option of choice for first-line treatment of mRCC in the Colombian SGSSS would be favorable and cost-saving.

PCN44

PHARMACOECONOMIC ASPECT OF ONCOTHERAPY TREATMENT

Dubovga V1, Polina V2, Tomok D3, Dubai M4

1Comenius University, Bratislava, Slovak Republic, 2Slovak Society for PharmacoEconomics, Bratislava Slovak Republic, 3University Hospital Nitra, Slovak Republic

OBJECTIVES: In current era the costs of the health keeping are increasing, therefore the pharmacoeconomic has determining role. Analysis includes all stages of health keeping, but spotlights are drug costs. Selection of drugs according general criteria helps to save public finance and allows it better utilization. METHODS: Valuation of utilization of drugs in oncological practice is based on data from the State Institute for Drug Control in Slovakia which have been evaluated for time period 10 years. Data from the Public Health Insurance, which consist of drug costs, costs on diagnostic and therapy of oncological disease are attached to the former Public Health Insurance invested €9.19 mld on the therapy of the patients with oncological disease, which presented 10% from all costs on health keeping. Drugs represented about 35%, hospitalization represented 28%, costs of diagnostic represented 15% and ambulation health keeping represented 14%. But costs on ambulation health keeping have increased more than 28%, drug costs more than 15% and diagnostic costs more than 13%. According these data the most expensive diagnosis are breast cancer, colorectal cancer and the cancer of lungs. CONCLUSIONS: Health Insurances as financial institutions play the most important role in payment of complex therapy of oncological patients. Because of new technology on diagnostic and therapy in oncology, economic value of costs is increasing. Costs of modern oncological therapy per one patient are more than approximately €1000.

PCN45

PHARMACOECONOMIC EVALUATION OF THE USE OF SOMATOSTATIN ANALOGS HANDLING THE ASSOCIATED SYMPTOMS OF CARCINOID SYNDROME

Salinas EG, Idrovo J, Zapata L

Health Insurance, Mexico DF, Mexico

OBJECTIVES: There is a group of neoplasia that secretes vasoactive peptides causing carcinoid syndrome. Surgical treatment is the election, however, if after surgery a residual tumor is maintained, the use of somatostatin analogs: lanreotide Autogel® y octreotide, is the treatment to follow. The objective of this research paper is to evaluate which of the somatostatin analogs is the most effective in the symptomatic control of carcinoid syndrome, associated with the lowest cost. METHODS: Cost minimization analysis from an institutional perspective was estimated, considering only direct medical costs for a one-year temporary horizon, using a decision tree model. Univariate sensitivity and probability analysis was carried out for this purpose. Costs were estimated using prices of 2008 and expressed in US dollars (US$1 = 14.11 pesos / 1 US dollar). RESULTS: According to the model, 41.3% of patients would achieve control of their symptomatology either with Lanreotide Autogel® or with octreotide, when adjusting the reported efficacy in the literature by the survival rate of one year for this illness. Treatment with Lanreotide Autogel® implies the lowest average cost per patient with carcinoid syndrome: $15,137.18 followed by the treatment with octreotide with a cost of $19,231.42. Sensitivity analyses show that lanreotide would support the treatment with the lowest cost, which would make it the dominant treatment or at least the treatment above the efficiency line. CONCLUSIONS: Lanreotide Autogel® is the treatment that minimizes attention cost for carcinoid syndrome, from the institutional perspective within the Mexican context.

PCN46

PHARMACOECONOMIC EVALUATION OF SUNITINIB MALATE FOR FIRST-LINE TREATMENT OF METASTATIC RETINAL CELL CARCINOMA IN MEXICO

Romero C1, Vergas J2, Razo-Rios F3, Flores-Gil O4, Martínez-Fonseca J5, Mould-Quevedo J5, Davila-Louza G6

1Instituto Nacional de Cancerología, Mexico DF, Mexico, 2 oncogroup Consulting SA de CV, Mexico DF, Mexico, 3Instituto Nacional de Cancerología, Mexico City, Mexico, 4ESCEULA MÉDICO NAVAL, Mexico City, Mexico, 5IncoPharma Consulting SA de CV, Mexico City, Mexico, 6Pfizer Mexico, Mexico City, Mexico

OBJECTIVES: Metastatic Renal cell carcinoma (mRCC), the most prevalent kidney cancer, is a rare malignancy with a poor prognosis; fewer than 10% of patients with metastatic disease survive beyond 5 years. The purpose of the study was to model the economic and health consequences of first-line treatments in adult patients with mRCC, in stages III and IV from an institutional perspective. METHODS: A cost-effectiveness analysis was developed using a stochastic Markov modeling approach. The model simulates treatment costs, progression-free months (PFS) and overall survival (OS) in a three-year period among four possible health states (no new progression, death due to mRCC, history of new progression and death due to other causes). The model compared in a six-week cycles: sunitinib 50 mg/d vs. sorafenib, bevacizumab+IFN-alpha and IFN-alpha alone (baseline). Transition probabilities were obtained from previously published trials. Resource use and costs data were obtained from random- selected hospital records at Hospital de Oncología CMN “Siglo XXI” in Mexico City (n = 35). Both costs and effectiveness were discounted using a 3% annual rate. One-way and probabilistic sensitivity analyses were performed and acceptability curves were constructed. RESULTS: First-line treatment with sunitinib showed the best PFS and OS (10.1 and 19.9 months) followed by bevacizumab+IFN-alpha (9.4 and 19.1 months); sorafenib(5.1 and 17.3 months) and IFN-alpha alone(4.72 and 16.35 months). Expected health care costs for sunitinib in the three-year follow-up period resulted in US$44,181; bevacizumab+IFN-alpha (US$85,363); sorafenib (US$50,265)