provides benefits at other fracture sites as shown in the postmenopausal pivotal trial FREEDOM, the ICER reduces to €19,726. A probabilistic SA showed that denosumab was a cost-effective option for a willingness to pay €600,000. CONCLUSIONS: Denosumab prevents vertebral fractures in patients with PrCa receiving ADT and is cost-effective versus no treatment. Vertebral fractures significantly reduce quality of life and since there is no other licensed treatment in Sweden, denosumab represents an important option in PrCa at commonly accepted CE thresholds in Sweden.

PCN86
COST-EFFECTIVENESS OF SORAFENIB AND SUITINIB IN METASTATIC RENAL CELL CARCINOMA (NSCC) IN FIT ELDERLY PATIENTS: AN ECONOMICAL ANALYSIS OF A PROSPECTIVE PHASE 2 STUDY (GFP 0504)

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OBJECTIVES: Median age of newly diagnosed non-small cell lung cancer (NSCLC) is 70 years (with 1/3 older than 75 years) and elderly are more vulnerable to chemotherapy. In this population, gemcitabine and docetaxel or erlotinib are both active in advanced NSCC treatment. The GFP0504 randomized prospective phase 2 study assess in fit elderly patients with advanced NSCLC, efficacy of weekly chemotherapy followed by erlotinib if progression (arm A) versus erlotinib followed by chemotherapy if progression (arm B). The main objective of this study was time before second progression, secondary objective was overall survival. The objective of this study is to assess the cost-effectiveness of erlotinib in first-line treatment of NSCC in fit elderly patients. METHODS: Outcomes (PFS and overall survival) and direct medical costs until second progression (from the third-party payer perspective) were respectively derived from the literature. Medical costs until second progression (from the third-party payer perspective) were respectively derived from the literature. Results: Outcomes (PFS and overall survival) and direct medical costs until second progression (from the third-party payer perspective) were respectively derived from the literature. CONCLUSIONS: In this population of fit elderly patients, erlotinib in first line, followed by chemotherapy if progression appears as dominant compared to chemotherapy followed by erlotinib if progression.

PCN87
PHARMACOECONOMIC ANALYSIS OF DIRECT MEDICAL COSTS OF METASTATIC COLORECTAL CANCER TREATMENT WITH XELOX OR XELOX + BEVACIZUMAB IN FIRST-LINE TREATMENT

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OBJECTIVES: Pharmacoeconomic analysis of direct medical costs of mCRC therapy using XELOX/XELOX + BV, XELOX + BV and XELOX with BV. METHODS: Costs of diagnosis, medical services, and hospitalization were based on the price list for diagnostic and therapeutic procedures of Cancer Research Center n.a. N.N.Blokhin RAMS. The medical services patient should receive during the treatment and the frequency of their appointments were taken from the standards of medical care for patients with colon and rectum cancer. Cost analysis of anticancer drugs (16 courses of XELOX/XELOX + BV, 24 courses of FOLOFOX/FOLOFOX + BV and related drugs were based on the information about maximum selling import prices, registered, and entered into the State Register of prices of vitally essential drugs. The cost of other drugs was based on a database of retail prices for drugs in pharmacies, which was adjusted and subsequently reduced by trade discount. RESULTS: In was calculated that the cost of diagnosis was 16,757 rubles and the medical services—179,315 rubles. The mCRC therapy as a first line by XELOX was 1,172,731 rubles and by XELOX + BV—1,261,110 rubles; by FOLOFOX—1,487,627 rubles and by FOLOFOX + BV—2,843,558 rubles. The cost saving in applying the regime XELOX compared to XELOX + BV was 314,896 rubles. In applying the regime of XELOX in combination with BV in comparison with the regime of FOLOFOX in combination with BV amounted to 317,448 rubles. Sensitivity analysis showed that the decrease and increase of the cost of capecitabine and bevacizumab in 20% for XELOX/XELOX + BV does not exceed the cost of regimes FOLOFOX/FOLOFOX + BV. CONCLUSIONS: From the pharmacoeconomic point of view, the most optimal is the use of XELOX and XELOX + BV regimes because of lower costs for neotropism treatment, associated with an increased risk of infectious complications, as well as with a large number of hospitalization days.

PCN88
COST-EFFECTIVENESS ANALYSIS OF CANCER TREATMENTS IN SOUTH OF IRAN

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OBJECTIVES: To calculate the incremental cost-effectiveness of docetaxel-adriamycin-cyclophosphamide (TAC) against Adriamycin- cyclophosphamide-5 fluorouracil (FAC) in treatment of breast cancer in south of Iran. METHODS: A double blind study was applied on a cohort of 100 patients suffering from breast cancer with node-positive in the radiotherapy center of Namaz hospital, Shiraz, Iran. The European organization for research and treatment of cancer questionnaire (EORTC QLQ-C30) was used for the measuring of quality of life at the first and last session of chemotherapy cycle. Third-party payer perspective was applied for costing side of evaluation. At last, two-way sensitivity analysis was used for ensuring the robustness of the results.
RESULTS: In spite of the same quality of life score at the first session of chemotherapy (74.5 out of 100), after finishing the chemotherapy cycle, patients in TAC arm had the lower score of QOL (64 in TAC vs. 68 in FAC) and higher range of toxicity and their medical costs were higher as well (the average costs in TAC was 391,176,968.2 Rls. vs. 2,427,775.2 in FAC). ICER was negative that showed the dominant result for FAC comparing with TAC. CONCLUSIONS: It seems that because of the short horizon of the study, TAC regimen had the worse impact on the patient’s quality of life during the chemotherapy cycle because of more side effects than FAC. It is believed that there is need for other studies with longer time horizons and specific attention to the effects of these treatments on survival and quality of life.

PCN98

PROJECTING THE POTENTIAL COST-EFFECTIVENESS OF A BREAST CANCER TREATMENT IN COMPARISON TO THE STANDARD TREATMENTS: A DECISION ANALYTIC MODEL
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OBJECTIVES: Breast cancer is known to be one of the leading causes of death among the female population. Preventive measures may provide an economic and outcome advantage by reducing treatment costs and increasing survival. The objective of this study was to evaluate the cost-effectiveness of a breast cancer vaccine versus current standard treatments. METHODS: TreeAge software was used to calculate the cost-effectiveness, a decision tree was constructed for different probabilities of success and failure for the vaccine versus standard treatment. Costs and outcomes (life-years saved) were obtained from published clinical trials. The vaccine effectiveness was projected from 3 animal studies, with human clinical trials expected within a year. The range of effectiveness of the vaccine was considered between 30% and 90% with a baseline at 80%. The costs included for standard treatments ranged from $20,000 to $45,000 and the cost of the vaccine was assumed at $450 for three doses; therefore, the cost for vaccine ranged from $100 to $200 depending on the number of doses. The incremental cost-effectiveness ratios were calculated from the range of costs and outcomes. Sensitivity analyses were performed to determine the robustness of the findings. RESULTS: Vaccination was found to be a potentially cost-effectiveness option with an ICER of 2,146.57 compared to standard treatment. The incremental effectiveness was 8.2 life-years saved. The highest cost-effectiveness of the vaccine was at 90% success and a cost of not more than $1000 per individual. Sensitivity analyses indicated that the vaccine remained cost-effective over the range of model parameters. CONCLUSIONS: The breast cancer vaccine was projected to be the most cost-effective treatment option in this analysis. It is expected that better screening for breast cancer vaccine patient candidates will be available in the future.

PCN99

COMPARATIVE RETROSPECTIVE NON-RANDOMIZED PHARMACEUTICAL ECONOMIC TRIAL OF EFFICIENCY AND SAFETY OF USE OF PACLITAXELS (PACLITAXEL-LEN OR TAXOL) IN A MONOMODE FOR 2ND LINE TREATMENT OF METASTATIC BREAST CANCER PATIENTS
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OBJECTIVES: For the first time in a modern Russian economic conditions, it has been made pharmacoeconomics trial (PE) uses Russian generic of paclitaxel (Paclitaxel-Lens - Petersburg State University, Saint Petersburg, Russia). The retrospective clinical analysis of 148 case histories was performed. The retrospective clinical analysis of 148 case histories was performed. The retrospective analysis included patients who received 2nd line treatment of metastatic breast cancer (mBC) for a median of 146 cycles. METHODS: TreeAge software was used to calculate the cost-effectiveness, a decision tree was constructed for different probabilities of success and failure for the vaccine versus standard treatment. Costs and outcomes (life-years saved) were obtained from published clinical trials. The vaccine effectiveness was projected from 3 animal studies, with human clinical trials expected within a year. The range of effectiveness of the vaccine was considered between 30% and 90% with a baseline at 80%. The costs included for standard treatments ranged from $20,000 to $45,000 and the cost of the vaccine was assumed at $450 for three doses; therefore, the cost for vaccine ranged from $100 to $200 depending on the number of doses. The incremental cost-effectiveness ratios were calculated from the range of costs and outcomes. Sensitivity analyses were performed to determine the robustness of the findings. RESULTS: Vaccination was found to be a potentially cost-effectiveness option with an ICER of 2,146.57 compared to standard treatment. The incremental effectiveness was 8.2 life-years saved. The highest cost-effectiveness of the vaccine was at 90% success and a cost of not more than $1000 per individual. Sensitivity analyses indicated that the vaccine remained cost-effective over the range of model parameters. CONCLUSIONS: The breast cancer vaccine was projected to be the most cost-effective treatment option in this analysis. It is expected that better screening for breast cancer vaccine patient candidates will be available in the future.

PCN100

COMPARATIVE RETROSPECTIVE NON-RANDOMIZED PHARMACOECONOMIC TRIAL OF EFFICIENCY AND SAFETY OF USE OF PACLITAXELS (PACLITAXEL-LEN OR TAXOL) IN A MONOMODE FOR 2ND LINE TREATMENT OF METASTATIC BREAST CANCER PATIENTS
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OBJECTIVES: The effect of second line of treatment included patients who received Paclitaxel-Lens minus in 2nd line treatment of metastatic breast cancer (mBC). Paclitaxel-Lens minus was used in the treatment of patients with adeno carcinoma non-squamous NSCLC. The additional cost per patient was 18,840 pln (1 EURO = 4.1 PLN) over patient's lifetime when Bevacizumab was used instead of Pem + Cis regimen. The incremental cost-effectiveness ratio (ICER) was at an acceptable 91,216 pln. The sensitivity analyses demonstrated that the duration of 2nd line treatment (assumption of 2nd line treatment continuation for more than six cycles) considerably influenced the ICER (1,198 pln). Other sensitivity analyses confirmed the base-case results, proving conclusions' robustness. CONCLUSIONS: Based on this modeling analysis, Bevacizumab + Pem + Cistherapy is a clinically superior and cost-effective treatment for patients with adenocarcinoma non-squamous NSCLC when compared to chemotherapies such as Pem + Cis.

PCN101

PHARMACOEPIEMIOLOGICAL AND PHARMACOECONOMIC EVALUATION OF OXALIPLATIN IN PALLIATIVE CHEMOTHERAPY OF METASTATIC COLORECTAL CANCER (mCRC)
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The problem of original drugs substitution on generics presents in the Russian clinical practice due to rational expenditures allocation. Pharmacoeconomic and pharmaco-epidemiological researches should be made in different segments of doctors’ practice especially in anticancer chemotherapy. OBJECTIVES: To evaluate the clinical-econo- mic interchangeability of the original oxaliplatin (Eloxatin—EL) and its generic (Exosome—EX) in the chemotherapy of mCRC. METHODS: The retrospective clinical-economic evaluation of FOLFOX scheme for chemotherapy of mCRC and EL and EX in the real practice has been performed. Fifty case histories (23 with using of EL, 28 with using of EX) were studied. The calculation of direct cost and cost-effectiveness ratio (CER) based on “constant regimen” parameter no less than 80% has been performed. RESULTS: For achievement of equal efficacy EL had less number of chemotherapy cycles and total dosage compared with EX (5.0 and 7.3, 670 mg and 900 mg, respectively). Adverse effects were more frequent in EX versus EL (59 and 38, respectively) and caused additional costs and prolonged hospitalization (9 days/patient compared to EL group). The utilitarian EX program cost per patient was less compared to EL by 7.7%. In the same time, CER calculated with total costs due to side effects treatment was practically equal (difference is 1.6% only). Cost prognosis for equal efficacy results with EL using is less by 28.6% versus EX. The alternative scenario has confirmed the clinical-economic added value of EL. CONCLUSIONS: The change of original EL for generic EX in FOLFOX scheme for mCRC has no economic advantages. EL substitution leads to increased number of chemotherapy cycles, higher dose of oxaliplatin, higher rate of adverse effects, and higher costs.

PCN102

COST-MINIMIZATION ANALYSIS OF XELOX (CAPECTABINE + OXALIPATIN) VERSUS FOLFOX-4 (5-FU/LV + OXALIPATIN) AS ADJUVANT TREATMENT IN STAGE III COLON CANCER UNDER THE BRAZILIAN PRIVATE PAYER PERSPECTIVE
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BACKGROUND: Colorectal cancer is the third leading cancer worldwide (INCA with nearly 1.2 million cases and about 630,000 deaths expected in 2007 [ACS 2007]. In Brazil, it is estimated 28,110 new cases in 2010 [INCA 2010]. For patients with stage III colon cancer, the benefits from fluorouracil (5-FU)-based adjuvant chemo-