to induction cost and percentage transplants. At a willingness-to-pay threshold of £30,000 per QALY gained, VTD has a 57% probability to be cost-effective in this setting. CONCLUSIONS: VTD induction is a cost-effective strategy for nDM patients eligible for ASCT in Germany compared to TD.

PCN101
A COST-EFFECTIVENESS ANALYSIS OF CISPLATIN PLUS Pemetrexed DOUBLE INDUCTION TREATMENT FOLLOWED BY Pemetrexed MAINTENANCE COMPARED WITH Cisplatin PLUS CISPLATIN DOUBLE INDUCTION TREATMENT FOLLOWED BY BEVACIZUMAB MAINTENANCE FOR NON-SQUAMOUS NSCLC IN SWEDEN

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OBJECTIVES: This analysis compared the cost effectiveness (CE) of an induction and maintenance sequence of a cisplatin plus pemetrexed (cis+pem) doublet followed by bevacizumab with that of a bevacizumab (7.5mg or 15mg) plus cisplatin plus gemcitabine (bev-cis+gem) triplet followed by bevacizumab (7.5mg or 15mg) for the treatment of non-squamous non small cell lung cancer (NSCLC) in Sweden. METHODS: As no head-to-head trial data are available comparing these relevant regimens in the first-line induction and maintenance treatment settings, decision modelling and evidence synthesis were used to estimate CE. A series of network meta-analyses were performed to obtain hazard ratios for overall survival (OS) and progression-free survival (PFS) for each induction and maintenance comparator, and odds ratios for response for induction comparators. All analyses were performed using TreeAge Pro software. The ICER of the bev-cis+gem triplet was compared with bev-cis+pem by the use of an age-under-the-curve approach. Costs and benefits were discounted at 3% per annum, consistent with Swedish practice. RESULTS: Cis-pemetrexed induction followed by pemetrexed maintenance was used as the base case sequence. The incremental cost-effectiveness ratio (ICER) of cis+pem doublet followed by pemetrexed maintenance sequence, and 541,677SEK for the bev (15mg)+cis+gem induction triplet followed by bevacizumab 15mg maintenance sequence. Total QALYs were 0.73 and 0.97 for the cis-pem doublet and bev-cis+gem triplet and maintenance sequence. The incremental cost-effectiveness ratio (ICER) of cis+pem followed by bevacizumab compared with bev(7.5mg)+cis+gem followed by bev-cis+gem and bev-5mg was 360,831SEK (10,404US $) per QALY. The bevacizumab dose of 15mg was dominated by the cis+pem doublet followed by pemetrexed maintenance sequence. The results of the probabilistic analysis support these results. CONCLUSIONS: The results of the CE analysis suggest that cis-pem doublet induction followed by pemetrexed maintenance is a cost-effective treatment sequence compared with the bevacizumab options for NSCLC in Sweden.

PCN102
A COST-EFFECTIVENESS ANALYSIS OF AXITINIB AND SORAFENIB FOR 2ND LINE TREATMENT OF ADVANCED RENAL CELL CARCINOMA AFTER FAILURE OF CYTOKINES IN THE UNITED STATES

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OBJECTIVES: To assess the cost-effectiveness of axitinib compared to sorafenib from the perspective of a third-party payer for post-cytokine induction treatment of patients with advanced RCC who failed cytokines. METHODS: Phase III AXIS trial reported that axitinib increased median progression free survival (PFS) compared to sorafenib (12.0 months vs 6.6 months, p<0.001), while overall survival (OS) showed no difference (29.4 vs 27.8 months, p=0.144) in patients failing treatment with cytokines. A costpartition model was constructed to estimate direct medical costs and health outcomes, discounted at 3% per annum. Patients were apportioned into 3 health states (progression-free survival, dead) based on OS and PFS Kaplan-Meier curves from the AXIS trial. Active treatment was applied until progression, followed by best supportive care (BSC) thereafter. The wholesale acquisition costs and adverse event (AE) costs were obtained from published sources. All rates and utility values were informed by the AXIS trial. US administrative claims data (MarketScan®) was analyzed to estimate routine care costs. Probabilistic sensitivity analysis (PSA) was conducted. RESULTS: The total per-patient lifetime costs were estimated to $242,750 for axitinib and $168,880 for sorafenib and 84% of the cost difference was due to the higher total medication cost of axitinib. The quality-adjusted life-years (QALY) gained on axitinib vs. sorafenib was 1.3 vs 1.2 and the incremental cost-effectiveness ratio in the PSA iterations showed that axitinib was more expensive than sorafenib and the QALY difference between axitinib and sorafenib was no greater than 0.7. CONCLUSIONS: For post-cytokine subgroup, axitinib resulted in an ICER > $650,000/QALY versus sorafenib due to high drug costs and lack of OS benefit, indicating that axitinib may not present good value for money as 2nd line treatment of advanced RCC when compared to sorafenib in the US.

PCN103
COST-EFFECTIVENESS OF COBAS® EGFR MUTATION TEST VS SANGER SEQUENCING IN THE TREATMENT OF LOCALLY ADVANCED OR METASTATIC NSCLC: A PAYER PERSPECTIVE IN THE UNITED KINGDOM

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OBJECTIVES: We explored the cost-effectiveness of using the CE-IVD marked cobas® EGFR Mutation Test Versus Sanger sequencing for identifying EGFR mutations in locally advanced or metastatic NSCLC patients from a UK payer perspective. METHODS: A decision-tree model was developed to compare testing methodologies and resulting treatment pathways in a hypothetical NSCLC population in the UK with a baseline of 35% per QALY gained, VTD has a 57% probability to be cost-effective in this setting. CONCLUSIONS: VTD induction is a cost-effective strategy for nDM patients eligible for ASCT in Germany compared to TD.