OBJECTIVES: To determine 1-year direct medical costs of treating patients with Chronic Lymphocytic Leukemia (CLL) from the Private Health Care perspective. METHODS: The Orizon database, an administrative database containing inpatient and outpatient claims to a pool of 102 HMOs representing 34% of the total Private Health System, was reviewed from Jan/2009 to Dec/2012. Eligibility criteria included 12-months of treatment from Jan/2009 to Dec/2011. Outcome was direct medical costs (DMC) per patient-year, calculated as the sum of the medical claims for each patient included in the analysis, for a maximum period of 12-months of treatment. Additional costs in the first two years of treatment included cost of lost productivity. Direct medical costs for each comparator were computed for each comparator. Only direct medical costs were included in the analysis. Costs estimated in the following domains: Hospitalization, chemotherapy, radiation therapy and adverse events: R$ 135,744 (US$ 52,500) for pazopanib; R$ 176,545 (US$ 68,000) for DMC, and only one patient had a record of radiotherapy (1% of DMC). A total of 326 hospitalizations were included in 79 (48%) patients, with an average hospitalization cost of R$ 16,386 ± 29,185 per hospitalization. Costs of chemotherapy drugs (6%). Of the 735 patients with CLL identified in the database, 164 met eligibility criteria and were included in the analysis, in the last two years (2011-12). We extracted data regarding treatment received, length of the treatment (months), and relevant national literature.

OBJECTIVES: The present analysis showed that pazopanib is an effective and cost-effective treatment for patients with metastatic renal cell carcinoma (mRCC). We report an updated cost-effectiveness analysis of pazopanib in mRCC. METHODS: A cohort of girls aged 10 years to represent the epidemiological situation, 3) a cohort of girls aged 10 years to represent the epidemiological situation, 4) a cohort of girls aged 10 years to represent the epidemiological situation. RESULTS: A total of 1,144,760 women were included in the analysis, representing 41.8% of all women aged 10 years in Brazil. The analysis showed that the use of screening programs could avoid 261 deaths and 759 DALYs in the Brazilian female population aged 10 years. CONCLUSION: The screening program based on HPV vaccination and Papanicolaou citology is a cost-effective strategy to control cervical cancer and improve the screening program sustainability and equity in a population perspective as well as to improve the screening program.

PCN17 COST-EFFECTIVENESS OF EVEROLIMUS AS ADDITIONAL TREATMENT IN BREAST CANCER PATIENTS WITH PROGRESSION FROM HER2+ TO HER2- OBJECTIVES: To evaluate the cost-effectiveness of using everolimus as an additional treatment in patients with HER2-negative breast cancer. METHODS: A Markov model was developed to simulate the clinical pathway of patients with HER2+ breast cancer who progress to HER2- disease. Costs were estimated from the perspective of the National Health System. RESULTS: The model predicted cost savings of $79,321 per patient compared to a control group that received only hormone therapy. CONCLUSION: The use of everolimus as an additional treatment in HER2-negative breast cancer patients is cost-effective compared to hormone therapy alone.

PCN18 ANALYSIS OF THE COST-EFFECTIVENESS OF AN HPV VACCINE FOR PREVENTION OF CERVICAL CANCER IN BRAZIL OBJECTIVES: To analyze the cost-effectiveness of an HPV vaccine for the prevention of cervical cancer in Brazil. METHODS: A cost-effectiveness analysis was performed using a Markov model with 12-month cycles. Costs were estimated from the perspective of the Brazilian National Health System. RESULTS: The HPV vaccine was estimated to cost $100 per person, and the expected savings were $300 per person. CONCLUSION: The HPV vaccine is a cost-effective strategy for cervical cancer prevention in Brazil.

PCN19 ANALYSIS OF THE COST-EFFECTIVENESS OF EVEROLIMUS AS ADDITIONAL TREATMENT IN BREAST CANCER OBJECTIVES: To evaluate the cost-effectiveness of using everolimus as an additional treatment in patients with HER2+ breast cancer who progress to HER2- disease. METHODS: A Markov model was developed to simulate the clinical pathway of patients with HER2+ breast cancer who progress to HER2- disease. Costs were estimated from the perspective of the National Health System. RESULTS: The model predicted cost savings of $79,321 per patient compared to a control group that received only hormone therapy. CONCLUSION: The use of everolimus as an additional treatment in HER2-negative breast cancer patients is cost-effective compared to hormone therapy alone.

PCN20 COST-EFFECTIVENESS OF PAZOPANIB AS FIRST LINE TREATMENT FOR METASTATIC RENAL CELL CARCINOMA IN BRAZIL: UPDATED ANALYSIS OBJECTIVES: To evaluate the cost-effectiveness of pazopanib as first-line treatment for metastatic renal cell carcinoma in Brazil. METHODS: A cost-effectiveness analysis was performed using a Markov model with 12-month cycles. Costs were estimated from the perspective of the Brazilian National Health System. RESULTS: The model predicted cost savings of $79,321 per patient compared to a control group that received only hormone therapy. CONCLUSION: The use of everolimus as an additional treatment in HER2-negative breast cancer patients is cost-effective compared to hormone therapy alone.