from peer reviewed literature. A multivariate sensitivity analysis using a Monte Carlo simulation was conducted to ensure scientific rigour. RESULTS: VATS lobectomies are associated with higher procedural costs, but this is offset by a shorter length of stay and a lower postoperative complication rate. The model estimates that for a Canadian hospital performing 150 lobectomies increasing the proportion of VATS cases by 10% reduces costs by over C$1,000 per patient for a potential $2,565,600.01 annually. CONCLUSIONS: In a Canadian hospital, VATS lobectomy is a more cost-effective procedure than open lobectomy for early stage lung cancer.

PCN36 ESTIMATING THE ECONOMIC IMPACT OF RADIX RA 223 DICHLORIDE (RADIX-223) IN TREATMENT OF CASTRATION-RESISTANT PROSTATE CANCER (CRPC) WITH SYMPTOMATIC BONE METASTASES AND NO KNOWN VISCERAL METASTATIC DISEASE Valderrama A1, Bilir S2, Wehler EA, Seal BS3, Len W1, Yaldo A, Munakata J1 1Alliance Life Sciences, Somerset, NJ, USA, 2Pfizer, Inc., New York, NY, USA

Methods: We developed two separate scenarios from a payer’s perspective. The model compared scenarios with and without crizotinib in the crizotinib scenario all patients testing positive for the ALK mutation were given crizotinib. Comparators were platin-containing regimens (ex pemetrexed, platinum/pemetrexed, erlotinib/gefinitin, and crizotinib). Endpoint, market basket, adverse event costs, and drug costs were informed through ten local physician questionnaires and published literature. The survey was administered to oncologists in six different private and public hospitals of varying sizes within Argentina. Costs are in 2013 USD (± 5.88 ARS). RESULTS: Considering the population of Argentina (42,610,981) and applying age based incidence rates, the number of lung cancer patients was estimated to be 12,139. Of those patients 62.5% were estimated to be have metastatic NSCLC, and 74% were likely to be treated, leaving 7,411 treated patients in the model. The estimated one-year cost for treating these patients without crizotinib was estimated to be $205,874,409. In the scenario including crizotinib, 154 patients (market uptake 2%) of the 7,411 were given crizotinib. Adding crizotinib in an estimated one-year cost of $224,651,145. The incremental total cost between these scenarios was $18,776,736 while the incremental costs per ALK+ patient and person were $211 and $0.4 respectively. These results were robust under standard and sensitivity analyses.

PCN37 BUDGET IMPACT OF ORAL CHEMOTHERAPY IN BRAZIL: A REAL WORLD DATA ANALYSIS FROM THE PRIVATE PAYERS’ PERSPECTIVE CastilhOAC, Castro AF, Alves AF, Goes L, Borges L, Facioni, Campinas, Brazil

OBJECTIVES: In Brazil, health insurance companies (HIC) must, according to the law, offer coverage for intravenous (IVChem) antineoplastic drugs. The obligation to pay for oral chemotherapy (OChem) was only defined after January 2014. Our goal was to estimate the incremental costs and budgetary impact of the incorporation of OChem, using real world data, from the private payers’ perspective. METHODS: During one year (Jan 2012-may 2013) we prospectively collected data on chemotherapy usage in 25 HIC, with a total of 1,000,000 members from different regions in Brazil. first we calculated the costs of IVChem actually used. After that, we identified which patients would have formal indication for OChem either as a substitute treatment or in association with IVChem, when OChem was associated with this treatment. Finally, the budgetary impact of using OChem for the eligible patients was calculated. Only acquisition costs were taken into account. We analyzed two scenarios: one with a total substitution of IVChem for OChem, when OChem treatment was less expensive than IVChem and another, using a “worst case scenario” approach, where OChem was used only in cases where it added costs. RESULTS: During the one-year period, 2,104 patients that received intravenous chemotherapy also had formal indication to receive OChem. If OChem had been used, in a worst case scenario, there would have been an economy of $0.10 (USD 0.02) per HIC user per month. In the worst-case scenario, the incremental cost would be an additional $0.39 (USD 0.16) per HIC user per month. CONCLUSIONS: The budgetary impact second to OChem adoption may vary from decreasing costs to increasing them, depending on how the patients are used and to which patient they are prescribed. HIC should pay close attention to the profile of use of OChem in order to avoid unnecessary costs.

PCN38 BUDGET IMPACT OF ALBUMIN-BOUND PACLITAXEL + GEMCITABINE IN THE TREATMENT OF METASTATIC PANCREATIC CANCER

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OBJECTIVES: In a Phase III clinical trial (Von Hoff, NEJM 2013) albumin-bound paclitaxel (nab-P) plus gemcitabine (nab-P/G) significantly improved median overall survival (OS) in first-line metastatic pancreatic cancer (11mPanc) patients vs gemcitabine (G) alone (8.7 vs 6.8 months, hazard ratio 0.72, P<0.001). The objective of this analysis is to estimate the budget impact of adding nab-P/G for 11mPanc treatment at a US health plan. METHODS: A budget impact model was built to estimate 11mPanc costs for nab-P/G, Erlotinib + Gemcitabine (EG), Other G combinations (OG), and FOLFIRINOX (F). From a US health plan perspective in 2013 US dollars. Inputs for drug, administration, G-CSF, and adverse events were derived from prescribing information, publications, Medicare reimbursement rates, and other public sources. Sensitivity analysis assessed utilization mixes and elderly populations. RESULTS: A 1,000,000-member health plan mirroring the US population age mix would have 70 patients with 11mPanc annually. The model assumed equal proportions of G, EG, OG, and F (25% of patients) at baseline, and equal use (20%) after nab-P/G 11mPanc approval. Total course of therapy costs were $2,634, EG $22,555, OG $10,840, F $39,437. Baseline total mPanc costs were $1.3 million, or $0.11 per member per month (PMPM). Adding nab-P/G at $29,096 per course of therapy added $42,610, or $0.01 PMPM, to the baseline. In a sensitivity analysis with 50% of patients using nab-P/G, incremental cost was $0.03 PMPM. For a health plan population age 65-79, baseline cost of $0.48 PMPM rose $0.05 PMPM from nab-P/G use. For only 70% of 11mPanc patients received drug, costs from nab-P/G rose $0.01 from $0.08 PMPM at baseline. CONCLUSIONS: The budget impact of adding albumin-bound paclitaxel plus gemcitabine for a US health plan’s first-line metastatic pancreatic cancer patients was estimated at $0.01 PMPM; the impact was consistent across several sensitivity analyses.

PCN39 BURDEN OF DISEASE ATTRIBUTABLE TO SMOKING IN COLOMBIA

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Variable estimates of smoking-related burden of disease (BOD) were obtained from the national registry and published literature. Cost of smoking was obtained from Medicare average sales prices (ASP). Assumptions of out-of-pocket costs of smoking (tobacco, rờing) and lifetime earnings (for death), informing decisions about adjuvant chemotherapy use. Accordingly, non-small cell lung cancer (NSCLC) is expected to increase chemotherapy use, decrease recurrences, and improve health outcomes for health plan members at a reasonable cost.