the approach of the cheapest drug in the market, only three regimens are covered by the APAC: cisplatin+docetaxel (574BRL~179USD), carboplatin+docetaxel (1,002BRL~313USD) and carboplatin+paclitaxel (984BRL~307USD). In addition, with the exception of target therapies, all regimens are recommended for 21 days, being two months of APAC correspondent to 3 cycles. Considering this time mismatch, only cisplatin+docetaxel fits the APAC. **CONCLUSIONS:** Our analysis indicated that patients may not have access to recommended treatment because the reimbursement system is not updated to the advent of new technologies.

PCN65
A PHARMACOECONOMIC ANALYSIS OF COSTS FROM THE TUMOR BANK OF THE INSTITUTO NACIONAL DE CANCEROLOGIA MEXICO

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OBJECTIVES: To estimate the budgetary impact of the samples produced by the Tumor Bank of the 'Instituto Nacional de Cancerología' of Mexico in order to set a recuperation fee for the samples that provides from the perspective of the Health Sector of Mexico. **METHODS:** The study was an observational, retrospective review of the direct medical costs (CDMs) of each of the processes involved in the cryopreservation of samples collected at the tumor bank, on a per sample basis. Including materials, laboratory tests, personnel and administration costs. Materials and labor costs were determined from hospital information. Costs were determined depending on the sample: plasma, tissue and biopsy and costs were calculated depending on the process required to preserve each kind of sample. Sensitivity analysis was performed using bootstrap. **RESULTS:** Recuperation costs range from 130 to 155 USD. These costs were considered on a five-year time frame for the maintenance per sample, which is the average time a sample is kept in the bank. **CONCLUSIONS:** This cost analysis, perceive an adequate recuperation fee per sample needed in order to guarantee the correct development of the bank.

PCN66
SOBREVIDA DE CINCO ANOS E FATORES ASSOCIADOS AO CÂNCER DE BOCA PARA PACIENTES EM TRATAMENTO ONCOL"GICO AMBULATORIAL PELO SISTEMA ÚNICO DE SAÚDE, BRASIL

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OBJETIVOS: Analisar a sobrevida específica de cinco anos e fatores associados para câncer de boca no Brasil **MÉTODOS:** Trata-se de coorte retrospectiva, cuja fonte de dados foi a Base Onco, que realizou o relacionamento probabilístico-determinístico de todos os registros de autorização para radioterapia e/ou quimioterapia pelo Sistema Único de Saúde, entre 2000 e 2006, gerando-se cadastro único para cada paciente. O evento de interesse foi o tempo decorrido entre o diagnóstico do câncer de boca e o óbito por este câncer. O Modelo de Regressão de Cox foi utilizado para avaliar os fatores individuais associados ao evento de interesse. **RESULTADOS:** O presente estudo incluiu os pacientes diagnosticados entre 2002 e 2003 com câncer de boca, exceto lábio, e idade entre 19 e 100 anos (N = 6.180). A taxa de sobrevida específica em cinco anos foi de 60%. Foram associados à menor sobrevida específica: ter idade > 40 anos; apresentar estádio III ou IV; localização em língua, assoalho de boca e base de língua; não realizar tratamento cirúrgico, realizar somente quimioterapia ou radioterapia e quimioterapia e residir em determinados estados do Brasil. **CONCLUSÕES:** Os resultados reforçam a necessidade de incluir a avaliação das disparidades dos territórios de planejamento como possibilidade para incrementar as ações de saúde e melhorar os indicadores de sobrevida

PCN67
CHANGE IN THE DEMOGRAPHIC PROFILE AND IMPACT IN THE MORTALITY OF MELANOMA AND LUNG CANCER IN PUERTO RICO 2000-2010

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OBJECTIVES: The demographic profile of Puerto Rico is changing; according the 2000 and 2010 Census of the Population, Puerto Rico has 3810,605 and 3,722,133 inhabitants, respectively. In this period the population of 65 years or older increased from 11.2% to 15%; the median age increased from 33.8 years in 2004 to 37.0 years in 2010. The extent to which these population changes affect cancer mortality is not known. The objective was: to assess the impact of changes in the demographic profile of Puerto Rico from 2000 until 2010 on melanoma and lung cancer mortality. **METHODS:** The method of Bashir and Esteve (2000) was applied in this study. The baseline group was the year 2000 and the comparison group the year 2010. The mortality of these groups was assessed according: population size, structure of the population and risk. The population was age adjusted. The mortality of melanoma and lung cancer is from the National Centre of Health Statistics and the population from the Census Bureau (2000, 2010). **RESULTS:** The net change in melanoma mortality was one death; there was an increase of 6 deaths due to change in the structure and a decrease of 5 deaths due to change in the size (1) and due to risk (4). Net change in lung mortality was 22 deaths; an increase of 166 deaths due to change in the structure and a decrease of 144 deaths, 14 due to change in the size and 130 due to risk. **CONCLUSIONS:** Melanoma and lung cancer mortality in Puerto Rico has been affected by the change in the demographic profile, resulting in an increase in the number of deaths for these two types of cancer. The scope of cancer health services should be evaluated in light of this demographic change.

CARDIOVASCULAR DISORDERS – Clinical Outcomes Studies

PCV1
COSTO-EFECTIVIDAD DE UN PROGRAMA DE NEFROPROTECCION EN UNA COHORTE DE 17.000 PACIENTES CON ENFERMEDAD RENAL CRONICA AFILIADOS A UNA ASEGURADORA EN SALUD EN COLOMBIA

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La enfermedad renal crónica (ERC) es una condición de salud pública en aumento en Colombia y en el mundo. La intervención temprana de los factores de riesgo disminuye su impacto en la morbilidad, mortalidad y costos de atención.**OBJETIVOS:** Evaluar la costo-efectividad de un programa de nefroprotección en una cohorte de pacientes con ERC, hipertensión arterial (HTA) y/o diabetes mellitus tipo II (DM), afiliados a una aseguradora en salud en Colombia. **METODOLOGÍAS:** Se construyó un modelo de Markov en MS Excel ® para representar la historia natural de la ERC considerando 4 estadios de la enfermedad según su progresión, comparando tres alternativas de intervención: atención regular de usuarios sin programa (alternativa A), programa de nefroprotección inicial (alternativa B) y programa de nefroprotección avanzado (alternativa C). Los costos directos fueron incluidos, de acuerdo con la información disponible en la aseguradora. La medida de resultado fueron Años de vida ajustados por calidad (AVAC) tomados de la literatura. Las probabilidades de transición se calcularon a partir del seguimiento de 16.992 pacientes con diagnóstico de ERC, HTA y/o DM, mayores de 18 años de edad, en 16 ciudades del país, durante los años 2010 a 2013. El horizonte temporal fue la vida. La perspectiva fue del tercer pagador. Se realizaron análisis de sensibilidad determinísticos y probabilísticos. **RESULTADOS:** La alternativa B mostró un comportamiento dominado. El análisis de costo-efectividad entre la alternativa A y C muestra un ICER de USD $ 4.826,51 por AVAC a favor de C. **CONCLUSIONES:** Dada la disposición a pagar de 1 PIB per cápita para el país, el programa de nefroprotección avanzado es una opción muy costo-efectiva. Esta evaluación puede ayudar a los tomadores de decisiones a mejorar la asignación de recursos en países en vías de desarrollo al estimular la implementación de estrategias preventivas en patologías crónicas.

PCV2
EFFECTIVENESS OF THE ST2 FOR PROGNOSIS IN HEART FAILURE: SYSTEMATIC REVIEWS

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OBJECTIVES: ST2 reflects activity of the cardioprotective signal and is a prognostic marker in heart failure. The aim is to assess the effectiveness of the ST2 for determination of the prognosis of patient with heart failure. **METHODS:** We searched the 8 Korean databases and overseas databases including Ovid-MEDLINE, Ovid-EMBASE and Cochrane Library. A total 365 studies were searched through search strategy and total of 19 studies were included in the final assessment by the selection criteria. Each of the stages from literature search to application of selection standards and extraction of data were carried out independently by 2 researchers. We used tools of Scottish Intercollegiate Guidelines Networks(SIGN) for assessment of the quality of literature. **RESULTS:** The effectiveness of the ST2 was assessed by means of association with prognosis(risk ratio(RR) or odds ratio(OR), accuracy of forecasting of the prognosis, stratification of risk), correlation with the comparative test and relevance with clinical symptoms. The RR or OR of the death arising from ST2 was 1.01~4.56, the RR of hospitalization was 1.054~2.4. On the other hand, RR of hospitalization of BNP was 1.15~2.0, the RR or OR of death arising from NT pro-BNP was 0.19~1.241. The sensitivity/specificity of the test was respectively 64~87%/51~82% and AUC values were 0.689~0.84. The stratification of risk (NRI values) on the death rate were reported to be significant at 9.4 and 9.9 in the 2 papers, respectively, the other 1 paper reported stratification of risk of the death rate of 0.049 and stratification of risk of hospitalization rate of 0.0638. The correlation coefficients with BNP was 0.16~0.409 and with NT pro-BNP was 0.28~0.523. The correlation coefficient with the peak VO2was 0.30 and with 6-minute walk distance was 0.22. **CONCLUSIONS:** The ST2 is effective in determining the prognosis of patients with heart failure and useful in treating heart failure.

PCV3
AN OPEN LABEL, ONE ARM STUDY TO EVALUATE THE EFFICACY AND SAFETY OF CEREBROLYSIN IN PATIENTS WITH ACUTE SEVERE ISCHEMIC STROKE IN MEXICO

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OBJECTIVES: We aim to evaluate the efficacy and safety of cerebrolysin in Mexican patients with acute severe ischemic stroke (ASIS) and to describe their demographic and clinical characteristics along with their comorbidities and adverse events. **METHODS:** Open label, one arm, and dose decreasing exploratory study in 30 consecutive patients from "Unidad Hospitalaria Cruz Verde Dr. Delgadillo Araujo" with ASIS starting within 48 hours from the onset of stroke; they received 50 ml of intravenous cerebrolysin daily for 10 days followed by 10 days of 30 ml. All patients underwent CT scan and were examined using the National Institutes of Health Stroke Scale (NIHSS) score and Modified Rankin Scale ($\geq$ to 12 and $\geq$ 3, respectively) score at baseline as well as on day 15 after hospital discharged. Difference between measures was evaluated with paired Student's t statistic. **RESULTS:** The patients mean age was 60.26 ± 11.2 years, 16 (53%) were male and a majority were between 50-70 years (60%). 19 patients reported at least one physical comorbidity (63.3%), the most frequently reported comorbidities were hypertension, diabetes mellitus and atrial fibrillation (n=10, 33%; n=9, 30%; n=1, 3% respectively). Pretreatment mean score on the NIHSS scale was 20.4, SD 3.9, 95 CI [18.9 - 21.82]; mean Modified