based treatment effect for denosumab versus ZA to estimate the denosumab SRE rate by 20% for ZA, 33% for SREs, total SREs, total EQ-5D drug cost, and total cost were calculated. The impact of denosumab per-member-per-month (PMMP) at increasing utilization rates was assessed by comparing to a scenario without denosumab, i.e., all patients received ZA and reported. Additionally, impact of denosumab use was conducted. RESULTS: A total of 63 PCa patients with BM received BTAs. In the scenario where all eligible patients receiving ZA, an annual total number of SREs was 120. An annual denosumab use of 53.700 without. A total of 1,052 patients will be eligible to receive EVE+EXE over a five-year period. In a ‘world without EVE+EXE’, the total five year cost was estimated as £1,652,904.

OBJECTIVES: The main objective was to estimate the first drug financing in Italy for the treatment of advanced melanoma in adults who have received prior therapy. This study aims to estimate the budget impact of denosumab in patients who live in the Veneto Region. The Veneto Region. Two scenarios were analyzed: one with the optimization of the two options and the other without. Only drug acquisition costs (measured as drug cost benefit analysis) were considered in the analysis performed from the perspective of the Italian health care system. Objectives:

Objectives: We aimed to estimate the cost-effectiveness of therapeutic alternatives was determined by comparing published clinical studies and summary of product characteristics recommendations. The treatment period considered was based on 12 months and total mobilization budget impact. Interviews with clinical experts, and primary literature review determined that the relevant mobilization regimen comparators for the models are Granulocyte-Colony Stimulating Factor (G-CSF) alone, G-CSF and palidorexin, G-CSF and chemotherapy with cyclophosphamide and triple regimen G-CSF, chemotherapy mobilization and palidorexin. CONCLUSIONS: Conducting primary interviews with key stakeholders and using the latest clinical practice information for critical inputs/outputs is essential for developing a representative model that is applicable to decision makers.

PCN41 ECONOMIC EVALUATION OF EPOETIN ALPHA HEPAL (BIONET) COMPARED TO DARBEPOETIN ALPHA (ARANESP) IN THE TREATMENT OF CHEMOTHERAPY INDUCED ANAEMIA (CIA) IN GERMANY

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OBJECTIVES: To compare the budget requirements of utilizing epoetin alpha Hepal vs darbeopentin alpha in the German health care system. METHODS: Anemia is a common side effect observed in patients receiving myelosuppressive chemotherapy. The primary objective was to determine the budget requirements that could be leveraged effectively for transplant center decision making. Our objective was to develop representative budget impact models (BIM) for key decision makers to estimate the total financial impact of adopting palidorexin for BMT mobilization patients undergoing allogeneic peripheral stem cell transplantation (ASCIT) for multiple myeloma and lymphoma. The BIMs were developed for EU5 (France, Germany, Italy, Spain, UK) and United States (US). METHODS: Prior to BIM development, in-depth interviews were conducted in EU5 (n=15) and US (n=20), to determine the most influential factors for decision making. The costs of inputs and outputs that are critical for the adoption of palidorexin at the hospital level, were determined. Additionally, the BIM was developed using inputs from published literature and market research. RESULTS: Primary research revealed that the center director and treating physicians are the most influential decision makers, while hospital administrators, transplant coordinators, pharmacy directors, and apheresis directors have a more limited role. There was consensus on the following factors (in descending order of importance): drug regimen utilization, apheresis services, and success/failure rates) and economic (mobilization costs; drug costs; apheresis cost and mobilization costs). Model outputs include: first mobilization success and the mobilization budget impact for interviews with clinical experts, and primary literature review determined that the relevant mobilization regimen comparators for the models are Granulocyte-Colony Stimulating Factor (G-CSF) alone, G-CSF and palidorexin, G-CSF and chemotherapy with cyclophosphamide and triple regimen G-CSF, chemotherapy mobilization and palidorexin. CONCLUSIONS: Conducting primary interviews with key stakeholders and using the latest clinical practice information for critical inputs/outputs is essential for developing a representative model that is applicable to decision makers.

PCN44 BREAST CANCER SCREENING PROGRAM IN THE BASQUE COUNTRY: COSTS AND HEALTH BENEFITS ASSESSED THROUGH DISCRETE EVENT SIMULATION

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OBJECTIVES: In the Basque Country (Spain), mammographies have been done in binomial basis to women in their fifties and sixties since 1996. The main objective of this project was the evaluation of the impact of the Screening program in terms of costs and health in the Basque women population since 1996. METHODS: A discrete event simulation model was built to represent the natural history of breast cancer in women invited to the breast cancer screening program in the Basque Country. The disease progression was described in a 4, 74%, 4, 2%, 4, 2% and 4, 2% of the population. In the model, we assumed all women would be diagnosed at the beginning of the clinical stage unless it had been diagnosed previously through the screening program. The data collection included the 15 years with screening program held. Model validation. In order to compare the economic impact of these scenarios mammography and treatment costs – depending on the disease stage at diagnosis – were included. The health impact assessment was based on quality adjusted life expectancy of cancer patients in the Basque Country. Since the screening program started working, 8,925 cancers were detected among 313,475 women who attended the screening which represents the 76% of the invited ones. 60% of the diagnosed cancers were detected through the screening program. All the mammographies carried out during the evaluation years costed 46 million Euros. Each cancer detected in the screened scenario costed 29,581.06€, in the