revealed a cost of US $1438 compared to $1074 and $888 for simple excision and ED & C respectively. Sensitivity analysis using probability of recurrence had little impact on the base case cost modeling with imiquimod falling between ED & C and simple excision. CONCLUSIONS: The overall cost of therapy of bCPC by topical imiquimod is higher compared to the common office-based treatment. Preferences for number of visits, cosmetic outcome, risks of surgery, side effects of topical treatment all need to be considered on an individual basis.

**PCN18**

**ECONOMIC EVALUATION OF SUNITINIB VS. IMATINIB IN SECOND LINE FOR GASTROINTESTINAL TUMOR (GIST) IN BRAZIL**

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**OBJECTIVES:** The second line options for patients with GIST on imatinib 400 mg/day, whose tumor continued to progress is: imatinib dose increased to 600 mg/day followed by another increase to 800 mg/day. In case of intolerance, only palliative treatment was available. In these cases, TTP was not higher than 6.4 weeks. Imatinib malate consists of a new therapeutic alternative for this unmet medical need. The objective of this economic evaluation was to estimate the costs and outcomes for GIST treatment with sunitinib, compared with best supportive care (BSC) and imatinib 800 mg/day, under the Brazilian public health care system perspective. **METHODS:** A Markov model was developed, with a maximum of 6 years time horizon, to simulate the costs and outcomes associated to GIST treatment, considering health care resources from the Health Care System perspective (HCS). Sensitivity and uncertainties for disease progression, death from all causes, adverse events and dose decrease needs every 6 weeks cycles. Results were expressed as life-years (LY) gained, progression-free LY (PFLY) gained, treatment costs, and incremental cost-effectiveness ratios (ICER) were calculated in comparison with BSC, sunitinib increases LY and PFLY by 7.7 and 8.26 years respectively, with incremental costs of $86,776 (US$1,968 Purchasing Power Parity 2005, 1US$ = 1.485). In comparison with imatinib, sunitinib was both more effective (with 0.02 LY and 0.47 PFLY gained) and less costly over 6 years. **CONCLUSIONS:** This model suggests that when taking the perspective of the Brazilian Public Health Care System (SUS), sunitinib is a cost-effective alternative when compared with imatinib 800 mg/day in a 6 years time horizon. In comparison to BSC, sunitinib promoted better results on efficacy parameters, with an incremental cost in the same time horizon.

**PCN19**

**COST-EFFECTIVENESS ANALYSIS OF CLOFORABINE IN THE TREATMENT OF ACUTE LYMPHOBLASTIC LEUKEMIA IN MEXICO**

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**OBJECTIVES:** To assess the incremental cost-effectiveness ratio (ICER) of Clofarabine for the treatment of pediatric patients 1 to 21 years old with refractory or relapsed acute leukemia compared against the usual care in this patient group. **METHODS:** A decision tree model of the outcomes of Clofarabine compared against the usual care was constructed to estimate the cost-effectiveness of a hypothetical cohort of pediatric patients 1 to 21 years old with refractory or relapsed acute leukemia. The results of clinical trials were used to create a model of disease progression and treatment patterns. The analysis was performed from the Mexican Health Care System perspective, only direct costs were considered and all costs were reported in 2008 Mexican pesos. Extensive sensitivity and variability analyses were performed to test the robustness of the cost-effectiveness results. **RESULTS:** Life expectancy was greater for clofarabine than usual supportive care; 3.04 and 0.37 years, respectively. Total lifetime medical cost was US$63,938 for clofarabine and US$67,457 for best supportive care. The incremental cost-effectiveness of clofarabine was US$21,528 per life year gained. Considering a willingness to pay (WTP) threshold of $21,528 per life year gained in the treatment of acute lymphoblastic leukemia in Mexico. This ratio may well be in range of what is acceptable and warrants reimbursement. **CONCLUSION:** The results indicate that clofarabine is an alternative and cost-effective therapy for acute lymphoblastic leukemia in children. Sensitivity analysis were also carried out for costs, effectiveness, discount and model assumptions. **RESULTS:** Compared to Temofoxen, Letrozole results in an additional relapse-free period of 0.45 years. Each year obtained in this way costs $58,128.304 (COP), or $79,355.466 (COP) with a discount rate of 3%. The results were not sensitive to relapse cost, adverse events and discount. Drug cost was the main variable that affected cost-effectiveness: Letrozole is cost-effectiveness for Colombia if its cost is lower than $2081 (COP) per tablet. **CONCLUSIONS:** The use of Letrozole has an additional cost per relapse-free year over the Colombian per capita GDP ($7,521,363 (COP) in 2007). Hence, for postmenopausal, early breast cancer hormone receptor positive women in Colombia, the cost-effective alternative is Tamoxifen as adjuvant therapy for five years.

**PCN21**

**ESTUDIO DE COSTO EFECTIVIDAD DEL USO DE TRASTUZUMAB COMO TRATAMIENTO ADYUVANTE DEL CÁNCER DE MAMA TEMPORANO HER2 POSITIVO EN EL INSTITUTO NACIONAL DE CANCEROLOGÍA DE COLOMBIA, DESDE EL PUNTO DE VISTA DEL PAGADOR**

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**OBJECTIVES:** To compare the use of trastuzumab in patients with advanced cancer with HER2 positive disease who are followed up in the Instituto Nacional de Cancerología de Colombia. **METHODS:** The study was conducted with patients who had HER2 positive breast cancer treated at the Instituto Nacional de Cancerología, Bogotá. The patients were treated with the anti-HER2 antibody trastuzumab. **RESULTS:** The results indicate that Palonosetron is a more cost-effective alternative compared with the trastuzumab arm. The analysis was conducted from the perspective of the payer. **CONCLUSIONS:** The use of Letrozole has an additional cost per relapse-free year over the Colombian per capita GDP ($7,521,363 (COP) in 2007). Hence, for postmenopausal, early breast cancer hormone receptor positive women in Colombia, the cost-effective alternative is Tamoxifen as adjuvant therapy for five years.

**PCN22**

**COST-EFFECTIVENESS OF PALONOSETRON FOR THE PREVENTION OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING ASSOCIATED WITH HIGHLY EMETIC CHEMOTHERAPY**

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**OBJECTIVES:** To compare the cost-effectiveness of Palonosetron in the Prevention of Chemotherapy-Induced Nausea and Vomiting (CINV) Associated with Highly Emetogenic Chemotherapy **METHODS:** A decision analytic model was used to synthesize the health care costs and benefits of a Palonosetron regimen versus Ondansetron over a five days period. The main effectiveness measure was “complete response CR”, defined as the percentage of patients who had neither emesis nor rescue therapy over the 5-day cycle, was derived from a previously published clinical trial. Uncertainty in the data parameters was investigated through a series of one-way sensitivity analyses, simulation methods and scenario analyses. The analysis was conducted from the Mexican health care perspective using 2008 unit cost prices. **RESULTS:** The corresponding health effects were 0.69 CR for Palonosetron and 0.48 CR for Ondansetron regimen. The mean total cost of the Palonosetron regimen was US$77.45 compared with US$58.09 for the Ondansetron regimen. The cost of successfully treating one patient with Palonosetron and Ondansetron was US$94.18 and US$58.09, respectively. The incremental cost-effectiveness ratio was US$ 94.18 per CR gained for Palonosetron over the 5-day period. Findings were robust across various sensitivity analyses. **CONCLUSIONS:** The results indicate that Palonosetron is a more cost-effective alternative compared with Ondansetron for the prevention of CINV associated with highly emetogenic chemotherapy. The incidence of CINV and use of rescue antietiomics was significantly greater in the Ondansetron group compared with the Palonosetron group.