Abstracts

THE COST-EFFECTIVENESS OF MOHS MICROGRAPHIC SURGERY VERSUS SURGICAL EXCISION FOR THE TREATMENT OF NON-MELANOMA SKIN CANCER

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OBJECTIVES: Compare cost-effectiveness of three non-melanoma skin cancer (NMSC) all Mohs Micrographic Surgery (MMS), all surgical excision and mixed MMS and excision. METHODS: A decision-analytic model compared strategies using data from a prospective sample (n = 540) treated with MMS or excision at a university-affiliated dermatology clinic from 1999–2000. The newest (2007) Medicare payment rules with tumor size, location and number of stages. MMS were total included the procedure, pathology, drugs, 2 month follow-up visits, second- ary procedures, repairs or grafts and recurrences. The Short Form (SF)-12 and Skindex scores at baseline and 2 years were mapped to the Health Utility Index (HUI) to adjust life expectancy and recurrence, our major outcomes. Cost per quality adjusted lifetime year saved (QALYS) was the final outcome. Sensitivity analysis tested uncertainty of model parameters. RESULTS: The MMS strategy was most cost-effective when compared to mixed (ICER = $10,521/QALYS) and all excision strategies (ICER = $6,722/QALYS). The mixed strategy was cost-effective compared to all excision strategy (ICER = $1,920/QALYS). All excision was least costly ($1681.00/patient) and all MMS was most costly ($1830.10/patient). All MMS strategy was 17.2081 QALYS was most effective compared to mixed (17.2032 QALYS) and all excision (17.1790 QALYS) strategies. The model is sensitive to the proportion of patients who receive MMS versus excision in the mixed strategy. The all MMS strategy no longer cost-effective compared to the mixed strategy when the MMS proportion is decreased from 8.8% to 50% (ICER = $2,793,794) and at 45% the mixed strategy dominates all other strategies. Not until $900 is added to procedure cost options lose their cost-effectiveness. Some newer therapies have shown better survival benefits and survival benefits were discounted annually at 5%. Univariate and probabilistic sensitivity analyses were conducted. RESULTS: Lifetime per-patient costs in R(S) were $76,012 (43,447) and 9,774 (5,856) for sorafenib+BSC and BSC alone, respectively. Sorafenib drug cost accounted for nearly 79% of treatment costs. The incremental survival benefit of sorafenib+BSC was 0.49 life-years. The incremental cost-effectiveness ratio of sorafenib+BSC vs BSC alone was $135,262 (US$ 77,293) per LYG. Variations in the lognormal parameters for OS of both alternative demonstrated to be the most influ- ential variables in the cost-effectiveness result in the determinstic sensitivity analysis. CONCLUSIONS: The addition of sorafenib to BSC is the only intervention that has been found to improve survival in AHCC and the cost-effectiveness results should be interpreted considering the low cost and inefficiency of the comparator.

THE COST-EFFECTIVENESS OF CETUXIMAB USE AMONG ELDERLY METASTATIC COLORECTAL CANCER PATIENTS

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OBJECTIVES: The benefit of screening for and definitive treatment for prostate cancer based on the patterns of care observed in the CaPSURE database. The benefit of screening for and definitive treatment for prostate cancer based on the patterns of care observed in the CaPSURE database. The cost-effectiveness of radical prostatectomy was created that predicts cost effectiveness of surgical interven-

gained. RESULTS: Patients were categorized into SFU/LV (n = 2,834), oxaliplatin based (n = 621), and irinotecan based (n = 945) subgroups, based on the regimen they received. The median improvement in overall survival with SFU/LV, irinotecan or oxaliplatin based combination therapy was 1.25, 1.34, and 1.72 life-years, respect- vely. There is no significant cost difference between irinotecan or oxaliplatin based combination therapy compared with SFU/LV was $205,837 and $93,651, respectively. When comparing to irinotecan based combination therapy, the incremental cost-effectiveness ratio of oxaliplatin based combination therapy was $67,657 per life-year gained. CONCLUSIONS: This analysis suggests that oxaliplatin or irinotecan based combination therapy improves overall survival but also substantially increases direct medical costs compared with SFU/LV when used in elderly US patients with stage IV colon cancer. Oxaliplatin-based regimens are more cost-effective than irinotecan based regimens.

THE COST-EFFECTIVENESS OF RADICAL PROSTATECTOMY VERSUS WATCHFUL WAITING FOR NON-SCREEN DETECTED PROSTATE CANCER: EXTRAPOLATING FROM THE SCANDINAVIAN TRIAL

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OBJECTIVES: The benefit of screening for and definitive treatment for prostate cancer based on the patterns of care observed in the CaPSURE database. The benefit of screening for and definitive treatment for prostate cancer based on the patterns of care observed in the CaPSURE database. The cost-effectiveness of radical prostatectomy was created that predicts cost effectiveness of surgical interven-

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The Multiple Myeloma (MM) is a hematologic malignancy mainly affecting the elderly population. It is incurable and patients experience a considerable reduction of health-related-quality-of-life (HRQoL). Some newer therapies have shown better clinical effects but are more costly. Pharmacoeconomic studies on MM have been widely conducted overseas but local data was lacking. This study aimed to examine the cost-effectiveness of the treatments for MM in Macao, China. METHODS: A retrospective cost-effectiveness study with HRQoL assessment was conducted. Forty patients from the largest public hospital in Macao from 1997–2007 with confirmed MM were studied. Data for costs and treatment effects were extracted from patients’