with breast cancer in the UK. **METHODS:** A previously published decision tree model was populated and developed with the Vial et al. and Brown et al. trial data to assess the cost-effectiveness of using branded Taxotere® versus its generic counterpart docetaxel from the UK NHS perspective. **RESULTS:** If the branded Taxotere® was promoted as the first-line therapy, it would cost the UK NHS £411.54 per vial per patient with 0.434 GQALY (Quality-Adjusted Life Years) gain compared to £412.98 with the generic docetaxel. The generic docetaxel was promoted instead and failed the therapy. Although the acquisition cost of docetaxel is more than 50% less than that of Taxotere®, promoting the generic docetaxel based on its lower acquisition cost, only would result in increasing the total health care cost compared to Taxotere®. **CONCLUSIONS:** Based on the decision tree model generated in this study, promoting the branded Taxotere® is more cost-effective compared to its generic counterpart docetaxel. This should be considered for implementation in practice and for future guidelines.

**PCN46**

**COST-EFFICACY ANALYSIS OF LICENSED DRUGS FOR THE TREATMENT OF METASTATIC CARCINOID SYNDROME**

**OBJECTIVES:** To estimate which is the dominant treatment between the two drugs that had been able to demonstrate overall survival (OS) improvements in patients with metastatic carcinoid resistant prostate cancer (mCRPC) that have progressed on or after a docetaxel based treatment. AA would be the dominant alternative (higher OS gain and lower incremental costs). **RESULTS:** AA vs. PP is 25,386.71 € with 0.418 QALY gain if the generic docetaxel was promoted instead and failed the therapy. **CONCLUSIONS:** The mean annual amount paid to English hospitals for inpatient treatment of invasive penile cancer in England was estimated to be £2,391.70/0, with a further £189.106 paid for carcinoma in situ of the penis. Patient mean, costs and incremental costs were approximately £3,743 and £2,113, respectively. **Overall conclusion:** OS gain is 2.4 months for CBZ vs. MP is 27,799.93 €.

**PCN47**

**COST-OF-ILLNESS OF COMMON CANCER TYPES - RESULTS OF A HEALTH DATABASE PRELIMINARY RESULTS USING THE HOSPITAL EPISODES STATISTICS (HES) DATABASE**

**OBJECTIVES:** In Germany, health economic studies are increasingly based on administrative data. This cost-of-illness study based on claims data analyzed cancer care costs for three frequent types of cancer (colorectal, breast, and prostate cancer) from the particular condition and subsequently comparing the costs of the two groups. One-to-one matching was performed by application of the propensity score method to balance patient characteristics among the cancer groups and non-cancer controls. The analysis is based on administrative data of a German sickness fund covering a 5-year period (2005-2009). A total of 42,085 cancer patients were included. Disease-specific costs were estimated by matching cancer patients to counterparts without the particular condition and subsequently comparing the costs of the two groups. **RESULTS:** The mean cancer-associated 5-years per cost patient amounted to €5,429 for colorectal cancer, €3,200 for breast cancer, and €3,510 for prostate cancer. The average disease-attributable costs of the first year following diagnosis were €8,750, €4,300, and €4,750 for colorectal, breast and prostate cancer, respectively. Corresponding excess costs of the last year of life were €15,900, €10,950, and €14,750. Costs associated with hospitalization accounted for a major part of the total disease-specific costs (up to 80%). **CONCLUSIONS:** This cost-of-illness study based on claims data analysis confirms the high economic burden of colorectal, breast, and prostate cancer. Most of the costs occurred in the initial and terminal treatment phases. Inpatient treatment was found to be the main cost driver.

**PCN48**

**THE COST OF TREATING PENILE CANCER IN ENGLISH HOSPITALS:**

**PRELIMINARY RESULTS USING THE HOSPITAL EPISODES STATISTICS (HES) DATABASE**

**OBJECTIVES:** To estimate the cost of treating penile cancer in English hospitals, using data from the HES database. This investigation is part of a wider project aimed at quantifying the total economic burden of penile cancer in the UK. **RESULTS:** Methods: The data on admissions for penile cancer between the years 2006/07 to 2010/11 were retrospectively analyzed. Data was obtained from HES, a database covering English hospital activity, with inpatient episodes aggregated into spells of care associated with a specific Healthcare Resource Group (HRG). The HRGs were linked to costs from the UK National Tariff in order to calculate the average annual and per patient payments for inpatient treatment of penile cancer, as per the NHS Payment by Results framework. Where necessary, costs were supplemented by expert opinion and other public available cost estimates. A preliminary model was generated from the available HES data on outpatient consultations was also collected and analyzed. **RESULTS:** The mean annual amount paid to English hospitals for inpatient treatment of invasive penile cancer in England was estimated to be £2,391.70/0, with a further £189.106 paid for carcinoma in situ of the penis. Patient mean, costs and incremental costs were approximately £3,743 and £2,113, respectively. **Overall conclusion:** OS gain is 2.4 months for CBZ vs. MP is 27,799.93 €.