A TRIAL-BASED ASSESSMENT OF THE COST-UTILITY OF BEVACIZUMAB AND CHEMOTHERAPY VERSUS CHEMOTHERAPY ALONE FOR ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC)

**OBJECTIVES:** Patients with advanced NSCLC have a poor prognosis—with medium overall survival of less than one year. A randomized clinical trial (RCT) of bevacizumab plus chemotherapy vs. chemotherapy alone demonstrated a significant (2-month) improvement in median survival. However, a cost-effectiveness analysis of this therapy has not been published. Based on the RCT results, we performed a cost-utility analysis (CUA) to evaluate cost-effectiveness of bevacizumab added to chemotherapy in patients with advanced NSCLC. METHODS: We developed a Markov model to project quality-adjusted life years (QALYs) and direct medical costs from Medicare. We discounted QALYs and costs at 3% per year. Results were presented from a societal perspective. RESULTS: Compared to chemotherapy alone, bevacizumab and chemotherapy increased mean life expectancy by 0.23 years and mean QALYs by 0.13, at an incremental lifetime cost of US$71,000 per patient. The projected incremental cost-effectiveness ratios (ICERs) were US$71,000/life-year gained and US$57,000/QALY gained, respectively. Sensitivity analysis showed that the ICER was most sensitive to the number of cycles of bevacizumab, its use as maintenance therapy, and the ability to stage disease in the treatment cohort. CONCLUSIONS: If specifically considered cost-effectiveness thresholds, bevacizumab is not projected to be cost-effective for these trial patients from a payer perspective (but without accounting for any possible price premium). Further analyses of the societal perspective could generate different results. These findings might help decision-makers to make informed decisions about resource allocation for advanced NSCLC care.

ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) CETUXIMAB TREATMENT DECISION MODEL: CHEMOTHERAPY+CEUXIMAB VS. CETUXIMAB TREAT-TO-RASH STRATEGY VS. CHEMOTHERAPY ONLY IN FIRST-LINE TREATMENT OF STAGE IIIIB/IV NSCLC

**OBJECTIVE:** To perform an economic evaluation of Dasatinib for the treatment of Chronic Myelogenous Leukaemia (CML) in patients resistant to imatinib in Colombia and Venezuela, using evidence found in the study entitled “An Economic Evaluation of Dasatinib for the treatment of Chronic Myelogenous Leukaemia in Imatinib-Resistant Patients”, which was carried out by the York consortium, UK. METHODS: On the same initial assumptions of the York work as regards to population, age at start, time horizon and discount rate, and adjusting the rates of mortality due to other causes, we used a Markov model which would enable a prediction of costs and health benefits during the entire lifetime for each of the treatment options. RESULTS: In the chronic phase of the disease, dasatinib yielded 6.33 and 6.03 QALYs for Colombia and Venezuela, respectively, in comparison with 6.03 and 5.73 QALYs in the case of nilotinib. In Colombia, with an ICER of $54,120,910 per QALY stated in 2009 Colombian pesos, dasatinib showed a better cost-effectiveness ratio than nilotinib, and in Venezuela, dasatinib proved to be dominant. In the accelerated phase, dasatinib produced 3.5 times more QALYs than those of the imatinib group in both countries. In the blastic phase, QALYs were 3.4 times more than those of the imatinib group. CONCLUSIONS: Dasatinib at a dose of 140 mg/day showed a better cost-effectiveness ratio than the doses of 800 mg of Imatinib and 800 mg of Nilotinib for the treatment of patients with CML resistant to usual imatinib doses in the chronic phase, as well as in the accelerated and blastic phases.

SIMPILARITIES AND DIFFERENCES IN TREATMENT PATTERNS AND RESOURCE UTILISATION FOR MULTIPLE MYELOMA: A COMPARISON BETWEEN 4 NORDIC COUNTRIES

**OBJECTIVES:** Compare Multiple Myeloma (MM) treatment patterns and resource utilisation in the Nordic countries. METHODS: A modified Delphi panel was designed, consisting of 14 haematologists at different university hospital clinics in Norway, Denmark, Finland, and Sweden. In a 3-round process with structured questionnaires in February 2007 to January 2008, resources utilisation was surveyed including drugs, tests, bone marrow transplantations (BMT), hospital inpatient stay/visits, radiotherapy, surgical- and diagnostic procedures. RESULTS: Patient characteristics were slightly different with mean age ranging from 67 to 70; age above 65 years 52%-64%; males 55%-64%; co-morbidities 47%-63%. Differences were found in the use spent in 1st line treatment (Norway 18 months; Finland 7 months) and the share of patients continuing on to 2nd and 3rd lines (Norway 38% and 22%; Finland 89% and 72%, respectively). Melphalan and prednisone combination in 1st line was used in all countries. Differences in the introduction of thalidomide, bortezomib and lenalidomide were seen, with Denmark treating 24% of the patients with bortezomib and lenalidomide in 1st line. This could be driven by differences in the number of patients with CML resistant to usual imatinib doses in the chronic phase, as well as in the accelerated and blastic phases.

COST-EFFECTIVENESS OF ADJUVANT THERAPY WITH TRASTUZUMAB IN THE TREATMENT OF EARLY BREAST CANCER (EBC) IN ROMANIA

**OBJECTIVE:** Trastuzumab (Herceptin®) is an adjuvant treatment for patients with early stage HER2+ve breast cancer, following surgery, chemotherapy and radiotherapy. Trastuzumab has been shown to reduce disease recurrence by 50% and the risk of death at 2 years by 33% (Piccart-Gebhart 2005). The objective of this analysis was therefore to determine the cost effectiveness of 1-year treatment with trastuzumab following stan-...