from peer reviewed literature. A multivariate sensitivity analysis using a Monte Carlo simulation was conducted to ensure scientific rigour. RESULTS: VATS lobectomies are associated with higher procedural costs, but this is offset by a shorter length of stay and a lower postoperative complication rate. The model establishes that for a Canadian hospital performing 50 lobectomies the increasing the proportion of VATS cases by 10% would result in a potential savings of $25,660.01 (al-generated spend) per patient.

CONCLUSIONS: In a Canadian hospital, VATS lobectomy is a more cost-effective procedure than open lobectomy for early stage lung cancer.

PCN36 ESTIMATING THE ECONOMIC IMPACT OF RADIUM RA 223 DICHLORIDE (RADIUM-223) IN TREATMENT OF CASTRATION-RESISTANT PROSTATE CANCER (CRPC) WITH SYMPTOMATIC BONE METASTASES AND NO KNOWN VISCERAL METASTATIC DISEASE Valdivieso RA1, Bilir SP2, Wehbe EA3, Seal BS4, Len WC, Yalda AO, Mumtazj2
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The study aims to evaluate the budgetary impact of adding crizotinib for patients with ALK-positive, advanced NSCLC in Argentina. METHODS: A budget impact model was developed to evaluate two separate scenarios from a payer’s perspective. The model compared scenarios with and without crizotinib in the crizotinib scenario all patients testing positive for the ALK mutation were given crizotinib. Comparators were platin-containing regimens (ex pemetrexed), platin/pevmatrexed, erlotinib/gefitinib and crizotinib. Epidemiology, market basket, adverse event costs, and drug costs were informed through ten local physician questionnaires and published literature. The survey was administered to oncologists in six different private and public hospitals of varying size and location in Argentina. Cost data are in 2012 USD (US$ 5.88 ARS).

RESULTS: Considering the population of Argentina (42,610,981) and applying age based incidence rates, the number of lung cancer patients was estimated to be 12,139. Of those patients 62.5% were estimated to be have metastatic NSCLC, and 74% were likely to be treated, leaving 7,411 treated patients in the model. The estimated one-year cost for treating these patients without crizotinib was estimated to be $205,874,409. In the scenario including crizotinib, 154 patients (market uptake of 2%) were taking crizotinib and given crizotinib in an estimated one-year cost of $224,651,145. The incremental cost between these scenarios was $18,776,736 while the incremental costs per ALK+ patient and per member were $211 and $0.04 respectively. These results were robust under standard and worst-case scenario analyses. Budget impact of adding crizotinib may have an acceptable budget impact under standard practices.

PCN39 BUDGETARY IMPACT OF ORAL CHEMOTHERAPY IN BRAZIL: A REAL WORLD DATA ANALYSIS FROM THE PRIVATE PAYERS’ PERSPECTIVE Christa DAC, Castro AP, Alves AF, Goes L, Borges L, Guimaraes, Campinas, Brazil

OBJECTIVES: In Brazil, health insurance companies (HIC) must, according to the law, offer coverage for intravenous (IVChem) antineoplastic drugs. The obligation to pay for oral chemotherapy (OChem) is not specified. The aim of this study was to estimate the incremental costs and budgetary impact of the incorporation of OChem, using real world data, from the private payers’ perspective. METHODS: During one year (Jun 2010 to May 2011) data was collected from IVChem for a population of 3 million people from different regions in Brazil. First we calculated the costs of IVChem actually used. After that, we identified which patients would have formal indication for OChem either as a substitutive treatment or in association with IVChem. We assumed that 10% of patients associated with this treatment. After the incremental cost of both treatment the budgetary impact of using OChem for the eligible patients was calculated. Only acquisition costs were taken into account. We analyzed two scenarios: one with a total substitution of IVChem for OChem, when OChem treatment was less expensive than IVChem and another, using a “worst case scenario” approach, were OChem was used only in cases where it added costs. RESULTS: During the one-year period, 2,104 patients that received intravenous chemotherapy also had formal indication to receive OChem. If OChem had been used in these cases, there would have been an economy of R$ 0.10 (US$ 0.42) per HIC user per month. In the worst-case scenario, the incremental cost would be an additional R$ 0.39 (US$ 0.16) per HIC user per month. CONCLUSIONS: The budgetary impact secondary to OChem adoption may vary from decreasing costs to increasing them, depending on how they are used and to which patient they are prescribed. HIC should pay close attention to the profile of use of OChem in order to avoid unnecessary costs.

PCN40 BUDGET IMPACT OF ALBUMIN-BOUND PACLITAXEL + GEMCITABINE IN THE TREATMENT OF METASTATIC PANCREATIC CANCER Binder G1, Whiting S2, Milestrimo D3, Penenberg D, Wei X3, Kaytaller L4, Renschler MF5
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OBJECTIVES: In a Phase III clinical trial (Von Hoff, NEJM 2013) albumin-bound paclitaxel (nab-P) plus gemcitabine (nab-P/G) significantly improved median overall survival (OS) in first-line metastatic pancreatic cancer (1LmPanc) patients vs gemcitabine (G) alone (8.7 vs 6.7 months, hazard ratio 0.72, P<0.001). The objective of this analysis is to estimate the budget impact of adding nab-P/G for 1LmPanc treatment at a US health plan. METHODS: A budget impact model was built to estimate 1LmPanc costs for nab-P/G, G, Erlotinib + Gemcitabine (EG), Other G combinations (OG), and FOLFIRINOX (F), from a US health plan perspective in 2013 US dollars. Inputs for drug, administration, G-CSF, and adverse events were derived from prescribing information, publications, Medicare reimbursement rates, and other public sources. Sensitivity analysis assessed utilization mixes and elderly populations. RESULTS: A 1,000,000-member health plan mirroring the US population age mix would have 70 patients with 1LmPanc annually. The model assumed equal proportions of G, EG, OG, and F (25% of patients each) at baseline, and equal use (20%) after nab-P/G 1LmPanc approval. Total course of therapy costs were $2,634, EG $22,555, OG $10,840, F $39,417. Baseline total MPM costs were $1.3 million, or $0.11 per member per month (PPMM). Adding nab-P/G at $29,096 per course of therapy added $142,610, or $0.01 PPMM, to the baseline. In a sensitivity analysis with 50% of patients using nab-P/G, incremental cost was $0.03 PPMM. For a health plan population age 65-79, baseline cost of $0.48 PPMM rose $0.05 PPMM from $0.53 to $0.58 PPMM for only 70% of 1LmPanc patients received drug cost, costs from nab-P/G rose $0.01 from $0.08 PPMM at baseline. CONCLUSIONS: The budget impact of adding albumin-bound paclitaxel plus gemcitabine for a US health plan’s first-line metastatic pancreatic cancer patients was estimated at $0.01 PPMM; the impact was consistent across several sensitivity analyses.

PCN41 BURDEN OF DISEASE ATTRIBUTABLE TO SMOKING IN COLOMBIA Peña Torres E1, Ospino-Cueto DJ2, Gamboa-Garay O3, Pichón-Riviere A4, Bardach A5, Alcaraz A1, Caporalé F8, Augustusov F8
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OBJECTIVES: To estimate the burden of disease attributable to smoking in Colombia using the Avoidable DALYs method. METHODS: Total and age sex-specific smoking-attributable mortality and morbidity estimates were computed using the Global Burden of Disease (GBD) 2012 study standards. The GBD 2012 study includes comprehensive evidence reviews, meta-analyses, and epidemiologic modeling to produce age- and sex-specific estimates of smoking-attributable mortality and morbidity. The burden of smoking-attributable disease was estimated as the difference between age-sex specific smoking-attributable DALYs and age-sex specific non-smoking-attributable DALYs. RESULTS: The total burden of smoking-attributable disease is projected to rise from 0.48 million DALYs in 2004 to 0.62 million DALYs in 2013, an increase of 0.14 million DALYs (30%). The burden is expected to peak at 0.75 million DALYs in 2020. The burden of smoking-attributable disease is highest among men aged 20-69 years. The burden is expected to peak at 0.53 million DALYs in 2020. The burden of smoking-attributable disease is highest among men aged 20-69 years. The burden is expected to peak at 0.53 million DALYs in 2020. The burden of smoking-attributable disease is highest among men aged 20-69 years. The burden is expected to peak at 0.53 million DALYs in 2020. The burden of smoking-attributable disease is highest among men aged 20-69 years. The burden is expected to peak at 0.53 million DALYs in 2020. The burden of smoking-attributable disease is highest among men aged 20-69 years. The burden is expected to peak at 0.53 million DALYs in 2020.