OBJECTIVES: Standard treatment for localized prostate cancer is radical prostatectomy/RT (R) which frequently cause erectile dysfunction (ED) and incontinence (IC). As tumor progression often is slow, active surveil-

ance (AS) has been proposed as an alternative treatment strategy. This study compares the cost-effectiveness of the three treatment strategies in a German context. A Markov model based on claims data of a German sickness fund we ana-
lized men diagnosed with prostate cancer (ICD-10 code C61) in 2008. Life years

gained and complication rates of ED and IC as well as costs of inpatient and outpa-
tient treatment, pharmaceuticals, physical therapy, medical aids and co-
payments were tracked for 2.5 years after the initial treatment. An excess-cost
analysis was applied. Strategies were compared in an age-matched and comor-

bid-ity-adjusted approach. RESULTS: The baseline study sample included 25,376

diabetes. Despite performance of metastases, other cancer diagnoses

eresulted in 910 men with FE, 292 with RT and 124 with AS. After matching

107 men remained in the AS group and 214 each in the FE and RT groups with

a mean follow-up time of 42 months. RESULTS: RT resulted in more life years

compared to AS and FE. Compared to RT, FE was associated with the longest total per capita costs than RT and AS. CONCLUSIONS: The analysis indicates that

FE is associated with better prognosis and higher overall costs compared to

RT and AS. 2.5 years follow-up might, however, not be enough to detect prostate
cancer-specific deaths.

PCN130 CRITICAL REVIEW OF COST-EFFECTIVENESS ANALYSES (CEA) OF PREVENTION STRATEGIES AGAINST DISEASES ASSOCIATED WITH HUMAN PAPILLOMAVIRUS (HPV) INFECTION

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OBJECTIVES: It is estimated that almost all cervical cancers are associated with

HPV infection. In most industrialised countries, cervical screening and vaccina-

tion programmes are conducted to control or to prevent the disease. The current study aimed to critically review the results of CEA that have

assessed the trade-off between screening and vaccination. METHODS: A system-

atic literature review was conducted in order to explore the cost-effectiveness of

HPV prevention strategies with or without different screening and vaccination

strategies within the geographical context of Western Europe, North America and Australia. Modelling approach, disease considered, vaccination/screening settings and

costs were compared. RESULTS: A total of 1,188 citations were identified and 20 studies were included in the review. Heterogeneity was seen across studies in terms of modelling approach, disease and prevention strategies considered. Inclusion of more HPV-related diseases significantly improves cost-effectiveness. The strategy of HPV screening and vaccination were found to be cost-effec-
tive compared to AS when vaccination alone. Risk of cervical cancer between

50-year-old women in the screening arm was 0.3% in the lowest group for vaccination

and 2.0% in the highest group. CONCLUSIONS: Despite hetero-

geneity, cervical screening plus vaccination was more cost-effective than AS

and vaccination alone.

PCN131 COST-EFFECTIVENESS ANALYSIS OF FULVASTATIN VEDOTIN IN THE TREATMENT OF METASTATIC BREAST CANCER IN SECOND-LINE CHEMOTHERAPY

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OBJECTIVES: To conduct a pharmacoeconomic analysis of the application of fulv-

astatin compared with docetaxel and paclitaxel in the treatment of metastatic breast cancer in second-line chemotherapy. METHODS: Literature review of clinical
effectiveness and safety of use of fulvastatin was conducted. Assess of the quality of research and level of evidence obtained in these results was performed. Direct medical costs consisted of the cost of the drug, the cost of patient management and

correction of side effects. Duration of therapy, its effectiveness and side effects were

obtained from relevant studies on clinical effectiveness (CONFIRM 2013, S. Jones et al. 2005). The cost of certain hematologic side effects have been taken from the study Belousov DV et al. 2012. To estimate the duration of hospital stay in the development of

of hematological side effects, conducted a survey of experts. After calculating the
total medical costs on compared regimens was conducted cost-effectiveness analysis of different strategies which will be compared to FV and AS. RESULTS: The total

costs were 20,473 EUR per year. In terms of FSS EXE25+EVE10 was more effective and costly than FV. 96% received chemotherapy, 6% AutoSCT and 10% AS. Simulations were run for

4 years. RESULTS: In the analysis, the cost of fulvastatin is significantly lower than

AS and FE. Further studies are needed to better estimate the cost-effectiveness of fulvastatin in different countries.

PCN132 COST-EFFECTIVENESS EVALUATION OF BRENTUXIMAB VEDOTIN FOR REFRACTORY/RELAPSED HODGKIN LYMPHOMA: A COMPARATIVE ANALYSIS OF THE RESULTS OF MEXICO AND VENEZUELA

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2Objectives: Brentuximab vedotin is an orphan drug currently indicated for treat-

ment of patients with refractory/refractory lymphoma CD30+ following Auto S.

taneous Cell Transplantation (ASCT) or following two prior chemotherapy regi-
mens. This is a group of patients with a reported median survival of 12 months,

with no defined standard of care and for whom clinical trials are single armed

due to lack of appropriate comparators and scarcity of patients. Hence, an indirect
comparison was performed to determine the cost-effectiveness of brentuximab

vedotin in different countries. METHODS: A three state Markov model was devel-

oped. Effectiveness of brentuximab vedotin was obtained from the clinical trial of

Gephardt et al. (2013). Risk of long term adverse event (LTe) and IC (F: 0.313, RT: 0.009, AS: 0.084) was highest in the FE group. Compared to RT and AS, FE was associated with the longest total life years during the course of the study. Due to high inpatient costs of the initial surgery FE had ca. $11,000 higher total per capita costs than RT and AS. CONCLUSIONS: The analysis indicates that

FE is associated with better prognosis and higher overall costs compared to

RT and AS. 2.5 years follow-up might, however, not be enough to detect prostate
cancer-specific deaths.

PCN133 ECONOMIC EVALUATION OF FULVASTATIN 500 MG (F500) VERSUS ORIGINAL NONSTEROST AROMATASE INHIBITOR IN PATIENTS WITH ADVANCED BREAST CANCER IN RUSSIA (2 LINE THERAPY)

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OBJECTIVES: To perform cost-effectiveness analysis fulvastatin 500mg (F500) for the treatment of first progression or recurrence of advanced breast cancer in postmenopausal patients compared with anastrozole 1mg (ANAS1), letrozole 5mg (LET2.5) and exemestane 25mg (EXE25). The primary outcome was the 12 months

time to event when compared to vaccination or screening alone. In terms of screening strategy, HPV DNA testing with cytological triage showed a trend to be the optimal

strategy in vaccinated girls. However the gain in benefits reduced as the interval between screenings is reduced. Delaying the starting age of screening could be cost saving, with a limited increase in risk of cancer. An increasing vac-

cine valence seemed to counterbalance the detrimental effect of delayed/less frequent screening while the total costs of cervical disease prevention/Treatment may be maintained or decreased. Lastly, vaccine price seemed to affect the incre-

mental cost-effectiveness ratio proportionally. CONCLUSIONS: Despite hetero-

geneity in the methodology across studies, similar trend of cost-effectiveness of

competing prevention strategies was witnessed. In light of the trial results of the

new nonvalent HPV vaccine, which provides protection against five additional

types of the virus, the optimal prevention strategy needs to be reassessed within

local context.

PCN134 WILL GOVERNMENTS BE ABLE TO AVOID A CANCER CURSE UNDER CURRENT HEALTH ECONOMIC EVALUATION METHODS?

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OBJECTIVES: Cancer accounts for around 1.3 million deaths and £50 billion in health care expenditure in the European Union. Balancing increasing treatment
costs and prevalence will be increasingly difficult for governments to manage. Advances in immunotherapies provide hope for a cancer cure, however its cost

might be out of reach for governments under current health economic evalua-
tion methods. As a result, this research aimed to investigate the potential impact

of YLL in the UK due to cancer were obtained from the Institute of Health

and Social Care (HSC) database and multiplied by the NICE cost effec-
tiveness threshold (NICE cost-effectiveness threshold (CER) for cancer is £30,000 per quality-adjusted life year (QALY)). The cancer cost-effectiveness analysis calculated the cost of a cancer cure that would be within an acceptable cost effectiveness threshold. This cost was then modified to take into

account the quality of life (QoL) of the general population, QALY discounting, cancer incidence, prevalence, and other demographics. YLL due to disability in cancer were not included in the calculation. RESULTS: It is estimated that 32.4% of the total YLL per year in the UK (5,615,310) are a consequence of cancer. The cost of sav-

ing these YLL at £20,000 per QALY was estimated to be around £12 billion for all cancers per year, meaning an extra £425 in taxes would have to be generated.