lar events and diabetic complications. After 100,000 individuals are assigned baseline characteristics by sampling UK data, their baseline risks are predicted and they enter a main module where these are applied. Periodic updating takes place at doctors' visits and other events, such as premature treatment discontinuation and complications. Resource use, costs and utilities were obtained from UK databases. All outcomes are discounted at 3.5%/year.

RESULTS: After one year treatment, patients on rimonabant plus diet and exercise lose more than three times the weight and show greater improvements in other cardiometabolic risk factors than patients on diet and exercise alone. With diet and exercise, 633 cardiovascular and 411 microvascular events are predicted to occur per 1000 patients, over 60 years. Lifetime costs average ≤692/patient. One year of rimonabant reduces cardiovascular and microvascular events by 18 and 10, respectively, with a corresponding reduction in complication costs. Discounted life expectancy increases by 40.2 years, and QALYs by 113.8. Extending treatment to 5 years increases life years and QALYs gained by a further 38 and 48%, respectively. Extensive sensitivity analyses, including varying the cost of treatment with rimonabant, indicate that rimonabant is cost-effective over a wide range of inputs. CONCLUSIONS: Rimonabant for the treatment of overweight or obese patients with or without comorbidities in the UK should be associated with acceptable cost-effectiveness ratios under a wide range of assumptions.

ENTRY AND PRICE RESPONSE IN MARKETS WITHOUT PATENT PROTECTION: THE CASE OF PHARMACEUTICALS IN ARGENTINA

Muszbek N1, Benedict A2, Horvath K3
1UnitedBiosource Corporation, Budapest, Hungary, 2Astra Zeneca Hungary, Torokbalint, Hungary

OBJECTIVES: While breast cancer has a high incidence worldwide, there is limited data on treatment costs to help decision-makers establish the cost-effectiveness of new treatments. This study's objective was to determine treatment costs of BC stages for postmenopausal BC patients in Hungary. METHODS: BC-specific resource use items were collected retrospectively on three cohorts: early breast cancer (EBC), local regional recurrence (LRR) and metastatic breast cancer (MBC) patients. Data was obtained from National Health Insurance Fund claims databases on inpatients, outpatients and pharmaceuticals. Cohorts were determined using ICD, WHO, ATC, TNM and procedure codes. Age > 55 served as proxy for postmenopausal status. The first 100 relevant patients at each stage entering the Oncology Report database in 2003 were included and followed for 1 year. Average annual patient costs with 95% confidence intervals (95%CI) were established using Hungarian national fee schedules and reported in euros.

RESULTS: The final cohort included 87 patients with incident EBC, 79 patients with LRR, and 99 patients receiving active or palliative care for MBC. The frequency of diagnostic and surgical procedures, consultants visit...