radiotherapy alone. Direct and indirect costs were derived from published peer-reviewed literature or government data. Utilities were obtained from a previously published cost-utility analysis of temozolomide and chemotherapy regimens in newly diagnosed glioblastoma. Univariate and threshold sensitivity analyses were conducted on all survival data, input costs, utilities, and other important parameters.

**RESULTS:**

- The cost-effectiveness of temozolomide in the standard radiotherapy regimen was associated with a base-case incremental cost-effectiveness ratio of $154,933 per quality-adjusted life-year. This is considerably higher than the other comparable estimate, which assumed the perspective of the UK National Health Service and did not include indirect costs. The model was most sensitive to the utility associated with temozolomide use and to varying the cost of stable disease treatment.

**CONCLUSIONS:**

- The base-case incremental cost-effectiveness ratio lies just beyond a willingness-to-pay threshold of $150,000 per quality-adjusted life-year. However, sensitivity analysis revealed numerous plausible scenarios that could make temozolomide affordable. Notably, the lower the cost associated with stable disease treatment produced an estimate of $120,743 per quality-adjusted life-year. Given these results and the lack of alternative treatments for glioblastoma, we conclude that temozolomide’s use in this setting is not definitively cost-effective. However, better estimates of relevant health state utilities could greatly improve cost-effectiveness models for glioblastoma treatments.

**PCN79**

**COST EFFECTIVENESS OF HUMAN PAPILLOMAVIRUS VACCINATION FOR THE PREVENTION OF CERVICAL CANCER IN URBAN REGIONS OF CHINA**

**OBJECTIVES:**

- To determine the costs, outcomes and level of cost-effectiveness associated with HPV vaccination in urban China.

**METHODS:**

- A Markov model of HPV vaccination in China is used to follow hypothetical females from age 12 to age 92. The individuals in the model are assumed to be vaccinated at age 12 and the rates of HPV infection, squamous intraepithelial lesions, cervical cancer and death are measured on an annual basis for 80 years. All costs and outcomes are discounted.

**RESULTS:**

- Under all scenarios examined in our sensitivity analysis, the total costs of vaccination are $766 dollars per individual lower than the total costs without vaccination. Notably, a 10% increase in the utility associated with age 92. The individuals in the model are assumed to be vaccinated at age 12 and the rates of HPV infection, squamous intraepithelial lesions, cervical cancer and death are measured on an annual basis for 80 years. All costs and outcomes are discounted.

**CONCLUSIONS:**

- In our model, HPV vaccination is found to be cost-saving. The implementation of HPV vaccination results in an increase of 0.6 QALYs over the lifetime of each individual. The total lifetime discounted costs with vaccination are $766 dollars per individual lower than the total costs without vaccination. Under all scenarios examined in our sensitivity analysis, the total costs with vaccination are reduced when compared to current practice with an increase in QALYs as well.

- Compared to current practice in China, which does not include cervical cancer screening, HPV vaccination appears to be cost-saving.

**PCN80**

**ECONOMIC EVALUATION OF SUNITINIB FOR THE FIRST-LINE TREATMENT OF METASTATIC RETINAL CELL CARCINOMA IN RUSSIAN FEDERATION**

**OBJECTIVES:**

- To determine the costs, outcomes and level of cost-effectiveness associated with Sunitinib for the first-line treatment of metastatic retinal cell carcinoma in the Russian Federation.

**METHODS:**

- A Markov model of Sunitinib use in Russia is used to follow hypothetical patients from age 12 to age 92. The individuals in the model are assumed to be treated at age 12 and the rates of metastatic retinal cell carcinoma and death are measured on an annual basis for 80 years. All costs and outcomes are discounted.

**RESULTS:**

- Under all scenarios examined in our sensitivity analysis, the total costs of Sunitinib treatment are $766 dollars per individual lower than the total costs without Sunitinib. Notably, a 10% increase in the utility associated with age 92. The individuals in the model are assumed to be treated at age 12 and the rates of metastatic retinal cell carcinoma and death are measured on an annual basis for 80 years. All costs and outcomes are discounted.

**CONCLUSIONS:**

- In our model, Sunitinib treatment is found to be cost-saving. The implementation of Sunitinib vaccination results in an increase of 0.6 QALYs over the lifetime of each individual. The total lifetime discounted costs with vaccination are $766 dollars per individual lower than the total costs without vaccination. Under all scenarios examined in our sensitivity analysis, the total costs with vaccination are reduced when compared to current practice with an increase in QALYs as well.

- Compared to current practice in China, which does not include cervical cancer screening, HPV vaccination appears to be cost-saving.

**PCN81**

**HEALTH RELATED QUALITY OF LIFE, DIRECT MEDICAL, NON-MEDICAL, AND INDIRECT COSTS OF STAGE III CRC PATIENTS RECEIVING DIFFERENT ADJUVANT CHEMOTHERAPY TREATMENTS IN TAIWAN**

**OBJECTIVES:**

- To evaluate the health-related quality of life (HRQL) and to compare direct medical, non-medical and indirect cost of stage III colorectal cancer (CRC) patients receiving either capcitabine-based or S-FLU/LV-based adjuvant treat-