nate. Only direct medical costs were considered. Costs and outcomes were dis-

cessed. Tumor burden at entry (mCRC) was considered life years (LY) and quality 

adjusted life years (QALY). RESULTS: The incremental cost-effectiveness analysis 
demonstrated that AA is the most economically attractive medication. When the 
incremental cost-effectiveness ratio (ICER) for LY and QALY gained was evaluated, 
AA was dominant with regards to C, being more effective (LY: 1.3595 vs 1.2895, 
QALYs: 0.1365 vs 0.1215) and with lower costs (AA: CHF 19.547, C: CHF 25.655) (65% 
of the current analysis was conducted to check robustness of the model. 
RESULTS: In Switzerland, the annual cost associated with 6M LAF (CHF 3.520) was 
lower than that associated with 3M LAF (CHF 4.411) and 1M LAF (CHF 5.672). LAF 
the lifetime cost associated with 1M, 3M and 6M LAF were CHF 243, 496 and 
715, respectively. The model annualized costs were extrapolated to the median survival time (51 years) of a patient with APC. One and two 
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