cTACE strategy was estimated to be 614 days whereas that of DEB TACE strategy was estimated to be 651 days. The total costs for cTACE strategy and DEB TACE strategy were EGP 420,529 and EGP 1,351,105 respectively. Thus the incremental cost-effectiveness ratio (ICER) for cTACE versus DEB TACE is EGP 3,926 per one day survival gained. The Deterministic sensitivity analysis demonstrated that survival associated by cTACE strategy and DEB TACE operation costs have the greatest effect on the results.

CONCLUSIONS: Results from this study suggest that employing a cTACE strategy is cost-effective intervention compared to DEB TACE in patients with hepatocellular carcinoma, mortality attributed to anal cancer, cost of HGAIN treatment, and discount cancer after vaccination was almost one-third to that of the no vaccination strategy. After treatment for HGAIN decreased the lifetime risk of anal cancer by 63% compared to untreated patients.

OBJECTIVES: Pricing and reimbursement is typically approached product by product, not in comparison across therapeutic areas in Peru. Within oncology, there are relatively few treatment options for advance stage cancer patients that have documented approval in Peru for the treatment of unresectable or metastatic melanoma. Given the rising costs of cancer care payers and physicians need to better understand the value of innovative oncology drugs for reimbursement decision making. This study assesses the cost per additional month of mean overall survival of ipilimumab and how this metric compares to other oncology agents approved in Peru in the metastatic setting.

METHODS: We selected agents that received regulatory authorization in Europe in 2013 or later and had a primary or secondary objective. Mean OS was obtained from published literature. Drug prices were obtained from "observatorio de precios de DIGEMID" a public database. The economic value of each agent is presented per cost per additional month of mean OS from a private healthcare payer perspective. The analysis uses the cost to treat to mean progression of each agent divided by the months of mean overall survival (OS) during its progression and other survival metrics in the case of co-administered branded products to their list prices in the UK.

RESULTS: Seventeen drugs met inclusion criteria. Of these, 26 different indications were evaluated. The average cost per mean overall survival month gained was estimated at S$ 57,178, range S$ 3,108 – S$ 264,764, ipilimumab as first and second-line treatment for metastatic melanoma. Cost per additional month of mean overall survival at S$ 36,901 and S$ 41,740 respectively. CONCLUSIONS: In this cost efficacy analysis, ipilimumab’s cost per additional month of overall survival was estimated below the market average. At current private market prices ipilimumab may offer good value for money.

OBJECTIVES: Recent findings show that vaccinating older men who have sex with men (MSM) with high-grade anal intraepithelial neoplasia (AIN) progression was conditional on patients’ CD4 count. Model parameters, including baseline prevalence, disease transitions, costs, and utilities were either obtained from literature or calibrated using a natural history model of anal carcinogenesis. Model output included lifetime costs, quality-adjusted life years (QALYs), and lifetime risk of anal cancer. Deterministic and probabilistic sensitivity analyses were conducted on model parameters. RESULTS: Vaccination after treatment for HGAIN decreased the lifetime risk of anal cancer by 63% compared to the no vaccination strategy. Vaccination resulted in the decrease in lifetime costs with increase in effectiveness by 0.16 QALYs. The predicted incidence of anal cancer after vaccination was almost one-third to that of the no vaccination strategy. The results were sensitive to the model parameters—progression from HGAIN to cancer, mortality attributed to anal cancer, cost of HGAIN treatment, and discount rate.

CONCLUSIONS: Vaccinating the high-risk population of HIV-positive MSM aged ≥ 27 after treatment for HGAIN is a cost-saving strategy. Expansion of current vaccination guidelines to include this population should be a priority.