of public healthcare in Ecuador to predict the financial consequences of introducing axitinib or a similar line in the incidence of RCC: metastatic, non-metastatic, and the percentage of the patients with progression. The model considers two scenarios: 1) The current market of treatment without Axitinib; 2) The current market adding Axitinib. RESULTS: Based on the incidence of RCC and the Ecuadorian population, we calculated 269 incident cases of RCC, 211 with metastatic disease and 58 who will progress to metastatic disease, 97 patients received a first line treatment of whom 40.91% (40 patients) needed a 2nd line treatment. Along a 3 year follow-up, the incidence scenario was axitinib was added, the estimated cost was $5,810,416.84 USD, with an incremental change of $26,098.99 USD and an incremental cost for the population with access to the national healthcare system of $0.0010 USD per month.

CONCLUSIONS: The addition of axitinib as a second line treatment for metastatic RCC in Ecuador will have a significant impact on the healthcare system due to the high cost of the drug. The inclusion of Axitinib in the treatment regimen is crucial for improving patient outcomes and reducing healthcare costs.