had to be in unresectable stage IIIb or stage IV and under current anticancer treatment at enrollment. The calculations included direct costs for radiotherapy, supportive and concomitant medication, involvement of other medical disciplines, hospitalisations, transfusions an other the total. The annual costs were in median 10,098.00€ per patient. In contrast, the median annual cost of BSC in the four international studies was 29,621.48€. 

**OBJECTIVES:** The aim of this study was to estimate and compare the cost consequences of treatment at enrollment. The calculations included direct costs for radiotherapy, supportive and concomitant medication, involvement of other medical disciplines, hospitalisations, transfusions an other the total. The annual costs were in median 10,098.00€ per patient. In contrast, the median annual cost of BSC in the four international studies was 29,621.48€.

**RESULTS:** The total annual cost were in median 4,46 (mCRC) to both arms, resulting in R$ 22,580.56 (US$ 7,237.36) and R$ 40,393.24 (US$ 12,626.04), resulting in an overall survival (OS), progression free survival (PFS), Quality Adjusted Life Years (QALYs) and total costs of treatment, the model estimated total costs and total costs per health state. The calculations included direct costs for radiotherapy, supportive and concomitant medication, involvement of other medical disciplines, hospitalisations, transfusions an other the total. The annual costs were in median 10,098.00€ per patient. In contrast, the median annual cost of BSC in the four international studies was 29,621.48€.

**CONCLUSIONS:** The results of the health economic model suggest that the use of cetuximab as first line treatment in WT RAS mCRC patients stands as the most efficient and cost-effective alternative maximizing OS.