PCN175
ECONOMIC EVALUATION FOR FLUVESTAN'T 500 MG IM VERSUS EXEMESTINE IN EGYPTIAN PATIENTS WITH METASTATIC BREAST CANCER
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OBJECTIVES: The main objective behind conducting this study was to evaluate the cost-effectiveness of fluvestan’t 500 mg against, exemestene in the treatment of metastatic breast cancer, for the Egyptian patients, from the national fund perspective over a time horizon of 3 years. METHODS: Markov chain model was applied with three health states. Utility data were incorporated. Costs were that of the fund list. Results presented in of QALYs. One-dimensional sensitivity analyses were employed. RESULTS: During the three-year time horizon the total cumulative QALY gained for fluvestan’t 500 mg was 1.58 QALY. The total cumulative QALY gained for exemestene was a 0.43 QALY. CONCLUSIONS: The introduction of fluvestan’t 500 mg to the national fund was found to be cost saving based strictly from its perspective the model addresses both the health and economic implications of both drugs. The results of the study suggest that fluvestan’t 500 mg and helping for taking the decision for resource allocation towards the cost saving treatment

PCN176
ADDITIONAL BEVACIZUMAB TO SINGLE-AGENT CHEMOTHERAPY FOR THE TREATMENT OF PLATINUM-RESISTANT RECURRENT OVARIAN CANCER: A COST-EFFECTIVENESS ANALYSIS OF THE AURELIA TRIAL
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OBJECTIVES: To evaluate the cost-effectiveness of adding bevacizumab to single-agent chemotherapy for platinum-resistant recurrent ovarian cancer. METHODS: A one-way deterministic model was constructed to evaluate the cost-effectiveness of adding bevacizumab to standard treatment with single-agent chemotherapy (BEV + CT) as compared to treatment with single-agent chemotherapy alone. Transition probabilities were taken from AURELIA, an international randomized phase III clinical trial and the first to evaluate the survival benefits of adding bevacizumab to chemotherapy for women with platinum-resistant disease. Quality-adjusted life-years (QALYs), progression-free survival (PFS), and costs were modeled over a horizon of fifteen months. Assuming a U.S. public payer perspective, incremental cost-effectiveness ratios (ICERs) were evaluated as the incremental cost per QALY gained and the incremental cost per progression-free life-year saved. To evaluate the robustness of our results, we performed deterministic and probabilistic sensitivity analyses. RESULTS: The ICERs associated with BEV + CT were $285,624 per QALY gained and $151,959 per progression-free life-year saved. Varying transition probabilities in a probabilistic sensitivity analysis across the expected distribution of transition rates resulted in 7.2% of ICER estimates falling below the commonly accepted willingness to pay (WTP) threshold of $50,000/QALY gained; at a WTP threshold of $100,000/QALY gained, 11.7% of ICER estimates were cost-effective. One-way deterministic sensitivity analysis suggests that BEV + CT would become cost-effective at a WTP threshold of $50,000/QALY gained if the cost of treatment was reduced by 65%. CONCLUSIONS: Despite gains in QALYs and PFS, the addition of bevacizumab to single-agent chemotherapy for platinum-resistant recurrent ovarian cancer would not be considered cost effective at a willingness to pay threshold of $50,000/QALY gained or $100,000/QALY gained. On a per-patient basis, individual expected benefits, risks, and costs associated with treatment should be taken into consideration when prescribing bevacizumab.

PCN177
LITERATURE REVIEW OF ECONOMIC EVALUATIONS OF SCREENING TESTS FOR BREAST CANCER
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OBJECTIVES: The objective of this literature review was to explore the existing evidences regarding cost-effectiveness of breast cancer screening (BCS) tests in average-risk women and in high-risk women. METHODS: A literature review was performed using the PICO method. Population consisted of women at average risk and at high risk for breast cancer; Intervention and Comparators were BCS tests; and Outcomes were incremental cost-effectiveness ratios (ICERs). The literature search was performed by searching the electronic databases (MEDLINE, EMBASE and PubMed) from January 2004 until May 2015. RESULTS: The literature review allowed retrieving 1,699 studies of which 39 fulfilled the eligibility criteria, three between which were cost-effectiveness analyses, two were cost-utility analyses and four were both. Eighteen studies used a Markov model while seven studies used a decision tree. Time horizon varied from 5 years to lifetime. Main interventions compared were no screening, biennial mammography, annual mammography, and biennial mammography combined to MRI. For average-risk women, ICERs for biennial mammography varied between (2015US)$4,715-$4,266,587 and between (2015US)$584-$107,590/QALY compared to no screening, while ICERs for annual mammography ranged from (2015US)$4,24-$4,266,587 and (2015US)$69,217/QALY. For high-risk women, ICERs for annual mammography ranged from (2015US)$7,221-$39,251/QALY compared to no screening. Also for high-risk women, beyond the high level of heterogeneity among selected studies, this review provides a comprehensive overview of the cost-effectiveness of BCS and could serve in the realization of future economic evaluations.

PCN178
ECONOMIC EVALUATIONS OF GLOBLASTOMA
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OBJECTIVES: Glioblastoma is a most aggressive primary brain tumor. Few economic evaluations have been performed to evaluate treatments in glioblastoma. Despite the high level of heterogeneity among selected studies, this review provides a comprehensive overview of the cost-effectiveness of several treatments in glioblastoma and could serve in the realization of future economic evaluations.

PCN179
FIXED COMBINATION NETUPETUB AND PALONSETONET FOR THE PREVENTION OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING IN THE UK
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OBJECTIVES: The objective was to evaluate the cost-effectiveness of an oral fixed combination netupetub and palonseton (NEPA) compared with aprepitant and palonseton (AP vs P) for the prevention of chemotherapy-induced nausea and vomiting (CINV) in patients undergoing treatment with highly or moderately emetogenic chemotherapy (HEC or MEC) in the UK. METHODS: A systematic literature search and meta-analysis of cost-utility analyses from studies that performed a cost-effectiveness analysis of NEPA for prevention of CINV associated with HEC and MEC in the UK. The objective was to evaluate the cost-effectiveness of an oral fixed combination netupetub and palonseton (NEPA) compared with aprepitant and palonseton (AP vs P) for the prevention of chemotherapy-induced nausea and vomiting (CINV) in patients undergoing treatment with highly or moderately emetogenic chemotherapy (HEC or MEC) in the UK. RESULTS: In the UK, the NEPA strategy was more effective than APPE (quality-adjusted life days [QALDs] of 4.263 versus 4.053; incremental emesis and CINV-free days of 0.354 and 0.237 respectively) and was less costly (€27 compared to €24), resulting in NEPA being the dominant strategy. In MEC patients, NEPA was also dominant, cumulating in an estimated 0.182 extra QALDs at an incremental cost of £7.35 (€9.94) per quality-adjusted life-year (QALY) with NEPA compared to APPE. CONCLUSIONS: In the UK, NEPA is more effective and less costly for preventing CINV associated with HEC and MEC in the UK.

PCN180
COST-EFFECTIVENESS OF IDELISILIN IN COMBINATION WITH RITUXIMAB FOR THE TREATMENT OF RELAPSED/REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) IN PORTUGAL
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OBJECTIVES: The objective was to evaluate the cost-effectiveness of an oral fixed combination netupetub and palonseton (NEPA) compared with aprepitant and palonseton (AP vs P) for the prevention of chemotherapy-induced nausea and vomiting (CINV) in patients undergoing treatment with highly or moderately emetogenic chemotherapy (HEC or MEC) in the UK. METHODS: A systematic literature search and meta-analysis of cost-utility analyses from studies that performed a cost-effectiveness analysis of NEPA for prevention of CINV associated with HEC and MEC in the UK. RESULTS: In the UK, the NEPA strategy was more effective than APPE (quality-adjusted life days [QALDs] of 4.263 versus 4.053; incremental emesis and CINV-free days of 0.354 and 0.237 respectively) and was less costly (€27 compared to €24), resulting in NEPA being the dominant strategy. In MEC patients, NEPA was also dominant, cumulating in an estimated 0.182 extra QALDs at an incremental cost of £7.35 (€9.94) per quality-adjusted life-year (QALY) with NEPA compared to APPE. CONCLUSIONS: In the UK, NEPA is more effective and less costly for preventing CINV associated with HEC and MEC in the UK.