resulting incremental cost per QALY of £7,721 demonstrated that maintenance therapy with rituximab when compared to observation was cost-effective. The cost per QALY was very robust when subject to extensive one-way and probabilistic sensitivity analysis. Probabilistic sensitivity analyses indicated that the likelihood of the ICER being below £10,000 was 90%.

CONCLUSION: From the perspective of UK NHS, maintenance rituximab when compared to observation alone for the treatment of relapsed/refractory follicular NHL patients responding to induction therapy is a highly cost-effective treatment.

PCN47
COST-UTILITY ANALYSIS OF OXALIPLATIN IN THE ADJUVANT TREATMENT OF COLON CANCER IN HUNGARY
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OBJECTIVES: In Hungary the standard therapy in the adjuvant treatment of stage III colon cancer is the DeGramont-protocol, a combination of 5-fluorouracil and leucovorin. In the MOSAIC trial the addition of oxaliplatin (FOLFOX4) improved the efficacy of the standard therapy in this patient group. The aim of our study was to evaluate the cost-effectiveness of FOLFOX4 compared to standard therapy in Hungary. METHODS: The cost-utility analysis of the FOLFOX4 therapy was based on the MOSAIC trial. The efficacy data of the MOSAIC trial was extrapolated for lifetime, while utilities values were incorporated from published sources. Age and gender specific general mortality rates and utilities were derived from epidemiology data of the Hungarian population and published utilities based on the EQ-5D questionnaire. The analysis was accomplished from payer perspective. Thus, only direct medical costs were taken into account. Resource use was based on Hungarian treatment patterns and unit costs. Costs and outcomes were discounted at 5%. Cost-effectiveness was measured in terms of incremental cost per quality-adjusted life year saved (QALY), incremental cost per disease-free years (DFY) and incremental cost per life-years saved (LYS). One-way sensitivity analysis was employed. RESULTS: Compared to DeGramont therapy, FOLFOX4 resulted in an additional 0.455 QALY, 0.531 LYS, while for one DFS and 0.7 QALYs (5.96 vs. 4.17) at an incremental cost of HUF 1,367,712 (5,471 €), while for one DFS and 0.7 QALYs (5.96 vs. 4.17) at an incremental cost of HUF 1,367,712 (5,471 €) per patient. The cost for one QALY was HUF 2,880,342 (11,521 €) per QALY quoted in countries of the EU zone, FOLFOX4 is a cost-effective strategy in Hungary for the postoperative adjuvant treatment of patients with stage III colon cancer compared to the DeGramont protocol.

PCN48
SUNITINIB MALATE PROVIDES ADDITIONAL SURVIVAL AND VALUE FOR MONEY AS A SECOND LINE TREATMENT FOR METASTATIC RENAL CELL CARCINOMA (mRCC)—AN ECONOMIC EVALUATION USING BAYESIAN APPROACH
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OBJECTIVES: The aim of the study was to analyze the cost-effectiveness of sunitinib malate, a novel cancer treatment, as a second-line therapy for metastatic renal cell carcinoma (mRCC) after first-line cytokine treatment compared with current Finnish treatment practice. Cytokine therapy is currently the standard first line treatment for mRCC. Until recently, treatments with proven efficacy after the failure of first line cytokine therapy have not been available. METHODS: Information for analyses was gathered from clinical trials, the literature and patient records from two Finnish university hospitals. Clinical experts treating mRCC-patients in Finland provided the information on current practices for the sunitinib treatment. A comprehensive probabilistic decision-analytic model was developed using WinBUGS software to estimate the cost-effectiveness and expected value of perfect information (EVPI) of sunitinib malate. An EVPI approach was used to estimate the expected costs of decision uncertainty. A societal perspective was assumed in all analyses to avoid suboptimal decisions. RESULTS: The Kaplan-Meier survival estimates after cytokine failure for local patients (n = 39) were 3.8 months (95% CI, 2.16–5.51) and 1.4 months (95% CI, 0.7–2.17) for overall and progression-free survival, respectively. When compared to the current Finnish treatment practice, sunitinib prolonged life expectancy by 1 year and resulted in a progression-free time of 6.3 months and in 0.7 QALYs gained. Over a five-year time period, an incremental cost-effectiveness ratio (ICER) of 42,877 € per QALY was obtained. Sunitinib was estimated to have an 88% probability of being cost-effective at the willingness-to-pay level of 45,000 €/QALY. The population EVPI for the decision between sunitinib-treatment and current Finnish treatment practice was €607,000 at a willingness-to-pay level of €42,500. CONCLUSION: Sunitinib malate results in improved survival and is potentially cost-effective as a second-line treatment of mRCC compared to the current clinical practice used in Finnish hospitals.

PCN49
COST-UTILITY ANALYSIS OF MAINTENANCE THERAPY WITH RITUXIMAB FOR FOLLICULAR LYMPHOMA IN BRAZIL
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OBJECTIVES: Maintenance therapy with rituximab has shown significant improvements in overall survival and progression-free survival (PFS) when compared with observation in patients with relapsed/refractory follicular lymphoma (van Oers et al., 2006). The primary objective of this analysis was to estimate the incremental cost-effectiveness ratio (ICER) of rituximab maintenance therapy versus observation alone, based on data from the EORTC 20981 study. METHODS: Rituximab maintenance therapy (375 mg/m2 every 3 months) was evaluated using a Markov model. All patients entered in the model following response to CHOP chemotherapy +/- rituximab as induction therapy. PFS and Overall Survival (OS) following rituximab maintenance therapy were extrapolated from 2-year Kaplan-Meier curves from the study data using a parametric approach. Cox-Snell and deviance residuals were analysed. Quality-of-life utility values were derived from a study of 165 patients using the EQ-5D questionnaire. Direct annual medical costs including adverse events, drug acquisition, administration and preparation were estimated accordingly to a Delphi panel with Brazilian haematologists. Costs were reported in 2007 Brazilian Reais. Both costs and outcomes were discounted at 3.5% rate according to NICE/UK recommendation. In order to assess uncertainty, probabilistic sensitivity analyses were also performed. A lifetime horizon and a payer perspective in Brazil were adopted. RESULTS: Rituximab maintenance resulted in a gain of 0.79 QALYs (5.96 vs. 4.17) at an incremental cost of R$57,595.