uninsured were associated with higher mortality. **CONCLUSIONS:** The study found that men who received the following treatments received radiation only, hormone only, or chemotherapy. Additionally, men with aggressive prostate cancer, with co-morbidity and advanced age, had lower survival benefit. Further, research that is focused on the specific cause of death may help understand the impacts of treatment and covariates on prostate cancer survival.

**CANCER – Cost Studies**

**PCN26**

A BUDGET IMPACT ANALYSIS OF VINORELBINE INTRODUCTION ON CROATIAN POSITIVE DRUGS LIST IN BREAST CANCER TREATMENT

Vitevic D1, Hadzic-Kostrencic C2, Petkovic M1, Meical Pelcic J1, Vitezic D1, Vitezic D1, University of Rijeka School of Medicine, Zagreb, Croatia, 2University of Rijeka, Rijeka, Croatia

**OBJECTIVES:** Vinorelbine was not available in breast cancer treatment through the Croatian Positive Drugs List (PDL). The savings of vinorelbine introduction during the three-year period after the reimbursement following the proposed clinical guideline. The share of vinorelbine has been estimated using market data and the price of vinorelbine has been calculated according to the Croatian MoH Pricing Ordinance. The total costs for CNHI have been calculated using a referent scenario (without vinorelbine) and a scenario with vinorelbine reimbursement. Monte Carlo simulation has been performed for the total number of patients who could be potential candidates for the vinorelbine treatment will be 200-300 per year. An average annual drug cost per patient is estimated at 628.50 USD. Monte Carlo simulation results in breast cancer treatment showed the cost of 28% in year 3. Model results at yr 3 were sensitive to cost of imatinib (IC-95%: $4.1 - $4.9 million dollars). The budgetary impact of the treatment of melanoma in IMPSS over the 1-year time horizon was 274. Estimated direct cost in 2011 USD, associated to melanoma treatment for 1-year was USD$16,661. In base case analysis, the 1-year net budget impact was USD$4.5 million (IC-95%: $4.1 - $4.9 million dollars).

**CONCLUSIONS:** The budgetary impact of the treatment of melanoma in IMPSS represents 0.16% of total budget expenditure in 2010 (2.900.56 million dollars).

**PCN27**

CLINICAL BENEFIT AND ECONOMIC IMPACT OF THREE-YEARS OF ADJUVANT IMATINIB IN KIT+ GASTROINTESTINAL STROMAL TUMORS (GIST)

Sanon M1, Panth A1, Taylor DC1, Coombs J1, Paulantonio M1, Sasa M1, Vitezic D1, Vitezic D1

1University of Illinois, Chicago, IL, USA, 2Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA

**OBJECTIVES:** Treatment with 3 years (yrs) versus 1yr of adjuvant imatinib (IM) therapy for patients with surgically resected kit+ GIST with a high risk of recurrence has been shown to significantly improve recurrence-free survival (RFS) & overall survival (OS). Therefore the budgetary impact of treating patients with GIST with 3yrs vs. 1yr of treatment following the introduction of adjuvant-kit+ IM in 2011 AWP price. Epidemiology data were obtained from NCI-SEER and CDC databases. A budget impact model was developed to predict RFS and treatment costs. Patients enter the model after surgery and transition among three health states: free of recurrence, recurrence, & death. Monthly recurrence & mortality rates were derived from SG/C2A/10 clinical & published literature. Number of eligible patients was estimated from Survival Epidemiology and End Results. Costs and discontinuation rates were estimated from trial and published sources. The budgetary impact was estimated by comparing health care costs for 3 years versus 1yr of IM and calculated as total & per member per month (PMPM) cost. Sensitivity analyses were conducted. **RESULTS:** The model estimated the budgetary impact of introducing 3yr imatinib in a hypothetical health plan of 10 million members with 37 surgically resected GIST incidental patients. The model predicted that recurrence or death would be avoided in 5 additional patients. The net budget impact per patient per month would be $1090 in year 2 and $2754 in year 3, and cost $-0.01 PMPM in years 2 & 3. Treatment with 3 years IM would increase the budget by 15% in year 2 and 28% in year 3. Model results at yr 3 were sensitive to cost of imatinib and recurrence rates. **CONCLUSIONS:** Treatment with 3 years of imatinib has been shown to significantly improve recurrence-free survival and overall survival of GIST. However, the overall cost of treating 3yr vs. 1yr IM is $4.5 million dollars.

**PCN28**

BUDGET IMPACT ANALYSIS OF EVEROLIMUS FOR ER+, HER2- METASTATIC BREAST CANCER PATIENTS IN THE UNITED STATES

Xue J1, Disser M1, Tango C2, Namjoshi M1

1Analysis Group, Inc., New York, NY, USA, 2Analysis Group, Inc., Boston, MA, USA, 3Novartis Oncology US, East Hanover, NJ, USA

**OBJECTIVES:** To estimate the budget impact of everolimus as first-line metastatic treatment for post-menopausal women who failed letrozole or anastrozole for treatment of estrogen receptor positive (ER+), human epidermal growth factor receptor-2 negative (HER2-) metastatic breast cancer (MBC) from a third-party payer perspective in the United States. **METHODS:** Pharmacy and medical budget impacts were estimated over the first year of everolimus use in this specific indication. Baseline overall survival (OS) was estimated from the published pivotal study. Model results at yr 3 were sensitive to cost of imatinib and recurrence rates. Baseline overall survival (OS) was estimated from the published pivotal study. Model results at yr 3 were sensitive to cost of imatinib and recurrence rates. **RESULTS:** The number of patients with a diagnosis of melanoma in IMSS over the 1-year time horizon was 274. Estimated direct cost in 2011 USD, associated to melanoma treatment for 1-year was USD$16,661. In base case analysis, the 1-year net budget impact was USD$4.5 million (IC-95%: $4.1 - $4.9 million dollars). The budgetary impact of the treatment of melanoma in IMPSS represents 0.16% of total budget expenditure in 2010 (2.900.56 million dollars).

**CONCLUSIONS:** The budgetary impact of the treatment of melanoma in IMPSS represents 0.16% of total budget expenditure in 2010 (2.900.56 million dollars).

**PCN30**

DEVELOPING BUDGET IMPACT MODEL FOR RARE DISEASES: CASE IN POINT T-CELL LYMPHOMA

Agguwal S1

1Novel Health Strategies, Bethesda, MD, USA

**OBJECTIVES:** Develop budget impact model to forecast total cost of treatment for cutaneous T-cell lymphoma from a public and private payer perspective. The clinical efficacy and safety data were obtained from the published pivotal study results. Costs of adverse events were estimated based on claims database analysis, AHRO’s HCUP and CMS Medicare 2009 databases. Drug cost was estimated based on 2011 AWP price. Epidemiology data were obtained from NCI-SEER and CDC databases. A budget impact model was developed over a period of five years, based on a stable population and on different penetration and substitution rates of newly approved therapy. Model was developed in excel based format. Blinded Model design and outputs were tested with payers and KOLs. **RESULTS:** For rare cancers such as CTCL, the budget impact of treatment with targeted cancer therapies is in the range of $600,000-$500,000 per 1 million covered lives. The per patient per member (PMPM) budget impact of this treatment is 46.53 cents. US payers rated PMPM output as the one of the most important relevant outputs of model. **CONCLUSIONS:** This budget impact model shows that new treatments for rare forms of cancer are likely to have minimal budget impact on payers. PMPM based outputs are more relevant to payers, than per patient treatment costs. However, an emerging concern is the total budget impact of all therapies indicated for ulcer-related disorders, which might be an important consideration for future models.

**PCN31**

ECONOMIC EVALUATION OF AZACITIDINE FOR THE TREATMENT OF MYELODYSPLASTIC SYNDROMES (MDS) IN THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM (SUS)

Palacios J1, Pepe C2, Clark OC1, Tencer T2, Khan Z2

1Evidencias, Campinas, SP, Brazil, 2MedInsight, São Paulo, SP, Brazil, 3Collige Corporation, Summit, NJ, USA

**OBJECTIVES:** MDS is an incurable and rare hematological disease that affects 55 million people in Mexico. **RESULTS:** In a hypothetical health plan with 1 million members, the estimated total was $791,286 USD. Monte Carlo simulation results in breast cancer treatment showed the cost of $28% in year 3. Model results at yr 3 were sensitive to cost of imatinib and recurrence rates. **CONCLUSIONS:** Using everolimus for ER+, HER2- MBC is expected to reduce medical budget due to improved efficacy of combination therapy and increase pharmaceutical budget. The total budget impact is relatively small.

**CONCLUSIONS:** Using everolimus for ER+, HER2- MBC is expected to reduce medical budget due to improved efficacy of combination therapy and increase pharmaceutical budget. The total budget impact is relatively small.