Economic review of letrozole and exemestane for the treatment of early-stage breast cancer.

OBJECTIVE: To summarize cost-effectiveness studies on aromatase inhibitors for the treatment of early-stage breast cancer and compare reported incremental cost-effectiveness ratios (ICERs). METHODS: We conducted a literature review on cost-utility studies on aromatase inhibitors. We reviewed the papers to extract the information on intervention, comparator, perspective, time horizon and clinical data used. For the comparison of reported ICERs, we converted all currencies to US dollars by exchange rate for the cost-year used, then inflated to 2009 dollars using the Consumer Price Index. RESULTS: A total of 20 papers were identified (8 on aromatase, 8 on letrozole, and 4 on exemestane). All studies were from a healthcare provider perspective. The time horizon ranged from 2.5 to 21.7 years, with a median of 10 years. The cost of aromatase inhibitors was lower than that of letrozole or exemestane, with the ICERs ranging from $10,948 to $89,670 per quality-adjusted life-year. CONCLUSIONS: The mean ICERs for all three aromatase inhibitors are below $25,000; hence they appear to be cost-effective compared to tamoxifen therapy for the treatment of early-stage breast cancer.

A systematic review of cost-effectiveness studies on prostate-specific antigen (PSA) in prostate cancer screening.

OBJECTIVES: PSA screening is known to have a significant role in the management of prostate cancer. However, the cost-effectiveness of PSA screening remains a topic of debate. This systematic review aims to assess the cost-effectiveness of PSA screening in prostate cancer screening.

METHODS: We conducted a comprehensive search of the literature using various databases. We included studies that compared different screening strategies, and assessed the cost-effectiveness of PSA screening. RESULTS: A total of 25 studies were included in the review. The cost-effectiveness of PSA screening varied widely, with some studies reporting that PSA screening was cost-effective, while others found it to be cost-ineffective. CONCLUSIONS: The cost-effectiveness of PSA screening remains uncertain, and further research is needed to better understand the cost-effectiveness of PSA screening.

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