from each taxpayer. CONCLUSIONS: A cancer cure evaluated under current health economic evaluation methods would cause a budget-unaffordable for governments due to the high prices that could be achieved while remaining cost effective. Although these types of technologies therapies are not currently available, payers might want to explore new methods of evaluation. This type of analysis helps identify unmet needs in cancer therapy and surgery, a decision analytical modelling is necessary. This systematic review aimed to summarise the modelling methodologies from the literature to inform the model design in older women. METHODS: A systematic electronic database search was conducted using NHS Economic Evaluation Database, Cochrane Library, Ovid Medline, PubMed, and EMBASE to identify full economic evaluations that compared different treatment strategies in postmenopausal women with primary breast cancer. Quality and modelling methodologies of included studies were assessed and summarised. RESULTS: All the 31 included studies assessed surgery and none assessed FET as the initial treatment. Most included economic studies used Markov models and decision analysers. Nine studies which included subgroup analysis for older women (over 65 years old) used similar economic models and transition states with younger women (50 to 65 years old). The key disease-related health states were disease-free, recurrence, and death. Recurrence was mostly separated into loco-regional and distant recurrence. CONCLUSIONS: This systematic review can inform the design of an economic model comparing FET with surgery as initial treatment in older women based on the following assumptions: (1) health states are applicable across age groups; (2) transition states for modelling surgery in the literature are transferable to model the same treatment for older women; (3) metastasis transition states include symptoms and death to be used model the FET pathway. Future study will validate this model by using a longitudinal dataset of older women with primary breast cancer, and synthesize data from different data sources to populate this economic model.
OBJECTIVES: To identify the dominant scheme of mRCC second-line target treat-
ments in patients with metastatic recurrent or persistent cervical cancer in Mexico.

METHODS: A Markov model was developed with a lifetime 12-month cycle. Patient history was divided into four health states: progression-free survival (PFS), progression, death, and a state of receipt of second-line treatment. Two transition rates were included: progression to death and transition into a state of second-line treatment. Patient history was represented as a decision tree, which was then transformed into a Markov model. Transition probabilities were obtained from the literature and expert opinion. Costs were estimated from the perspective of the Mexican Social Security System. Future costs were discounted at a rate of 5%.

RESULTS: The model estimated that axitinib followed by second-line treatment would result in the highest quality-adjusted life expectancy (QALE), with an incremental cost-effectiveness ratio (ICER) of $250,000/QALY compared to sunitinib and $300,000/QALY compared to pazopanib. Axitinib was associated with a 10.6% higher QALE and a 19% lower ICER compared to pazopanib. The model showed that axitinib is cost-effective compared to pazopanib.

CONCLUSIONS: Axitinib followed by second-line therapy is a cost-effective alternative to pazopanib in the treatment of mRCC in Mexico. Future research should focus on the identification of biomarkers that can predict response to treatment and improve patient outcomes.

PCN142

OBJECTIVES: To assess the cost-effectiveness of using bendroxuribine in the treatment of cervical cancer in Mexico.

METHODS: A decision tree was developed to model the outcomes of patients with cervical cancer under different treatment strategies. Costs were estimated from the perspective of the Mexican Social Security System. Future costs were discounted at a rate of 5%.

RESULTS: The model estimated that the use of bendroxuribine in combination with radiation therapy would result in the highest QALE, with an incremental cost-effectiveness ratio (ICER) of $250,000/QALY compared to chemotherapy. Bendroxuribine was associated with a 10.6% higher QALE and a 19% lower ICER compared to chemotherapy. The model showed that bendroxuribine is cost-effective compared to chemotherapy.

CONCLUSIONS: Bendroxuribine in combination with radiation therapy is a cost-effective alternative to chemotherapy in the treatment of cervical cancer in Mexico. Future research should focus on the identification of biomarkers that can predict response to treatment and improve patient outcomes.

PCN143


METHODS: A decision tree was developed to model the outcomes of patients with lymphoma under different treatment strategies. Costs were estimated from the perspective of the Swedish National Health Service. Future costs were discounted at a rate of 5%.

RESULTS: The model estimated that the use of brentuximab vedotin in combination with chemotherapy would result in the highest QALE, with an incremental cost-effectiveness ratio (ICER) of $250,000/QALY compared to chemotherapy. Brentuximab vedotin was associated with a 10.6% higher QALE and a 19% lower ICER compared to chemotherapy. The model showed that brentuximab vedotin is cost-effective compared to chemotherapy.

CONCLUSIONS: Brentuximab vedotin in combination with chemotherapy is a cost-effective alternative to chemotherapy in the treatment of lymphoma in Sweden. Future research should focus on the identification of biomarkers that can predict response to treatment and improve patient outcomes.

PCN144


METHODS: A decision tree was developed to model the outcomes of patients with RCC under different treatment strategies. Costs were estimated from the perspective of the US National Health Service. Future costs were discounted at a rate of 5%.

RESULTS: The model estimated that the use of axitinib in combination with sunitinib would result in the highest QALE, with an incremental cost-effectiveness ratio (ICER) of $250,000/QALY compared to sunitinib. Axitinib was associated with a 10.6% higher QALE and a 19% lower ICER compared to sunitinib. The model showed that axitinib is cost-effective compared to sunitinib.

CONCLUSIONS: Axitinib in combination with sunitinib is a cost-effective alternative to sunitinib in the treatment of RCC in the United States. Future research should focus on the identification of biomarkers that can predict response to treatment and improve patient outcomes.