Dostoezal is cost-effective and should be used as adjuvant treatment and considered as therapeutic option for MBC.

PCN95 COST-EFFECTIVENESS OF BEVACIZUMAB COMBINATION THERAPY IN METASTATIC COLORECTAL CANCER: RESULTS OF MARKOV COHORT SIMULATION FROM A SOCIAL PERSPECTIVE IN KOREA Kim JH, Lee EK Soon Young Women's University, Seoul, South Korea OBJECTIVES: Bevacizumab, known as VEGF inhibitor, has demonstrated significant activity when it is used with cytotoxic chemotherapy together in metastatic colorectal cancer (mCRC). However, bevacizumab is an expensive medication known as not cost-effective. We calculated health outcomes and costs, including erlotinib and hospitalization costs, were computed from the health care system perspective with a time horizon of 2 years. Cost-effectiveness ratios (CER) were calculated as management cost divided by the number of days of life remaining (DOLR) when the treatment is initiated, in all patients, in clinical-selected patients (non/ex-smoking women with non-squamous cell carcinoma (SCC) histology) and in biomarker-selected patients. RESULTS: A total of 522 patients were enrolled between 2007 and 03/08. Median age was 62 years; 32% were females; 63% had adenocarcinoma. With a 15.5 months (median) follow-up, median PFS was 4.6 months respectively, 2.4 and 5.6 mo. Mean management cost was 10248 $8562 per patient, with a median of 170 days remaining to live at initiation of erlotinib treatment ($600 DOLR). Direct erlotinib cost represented 78% of the cost. Non-smoking women with non-SCC histology lived 133 days longer than other patients (279 and 146 days respectively), resulting in an extra-cost management of $26,374 due to a longer erlotinib treatment. CER was however lower ($44 DOLR) in non-smoking women with non-SCC histology than in other patients ($66 DOLR). CER of biomarkers-selected patients will be available for the congress. CONCLUSIONS: Clinical-guided arguments allowed to identify patients with lower management costs per day of life remaining to live. Planned analyses would evaluate the impact of biomarkers in term of cost management per day of life remaining.

PCN96 COLORECTAL CANCER SCREENING: COST-EFFECTIVENESS OF CT COLONOGRAPHY Sweat A1, Muston D2, Lock K1, Lee DW11 1GI Healthcare, Buckinghamshire, UK, 2Heron Evidence Development Ltd, Luton, UK, 3GE Healthcare, Waukesha, WI, USA OBJECTIVES: Colorectal cancer (CRC) is the third most common cancer in the UK. In 2007 the UK NHS introduced a CRC screening programme using the faecal occult blood test (FOBT) for biennial screening of individuals aged 60 to 69. CT colonography (CTC) is an alternative technology to FOBT screening with the potential to detect cancer at an early stage. This economic analysis assessed the cost-effectiveness of CTC for CRC screening from the UK NHS perspective. METHODS: A state-transition Markov model was constructed to simulate the lifetime experience of a cohort of individuals screened under a range of scenarios using four different CRC screening technologies: FOBT, flexible sigmoidoscopy, optical colonoscopy and CTC. The model estimated lifetime costs and health outcomes; the cost-effectiveness measure was incremental cost per Quality Adjusted Life Year (QALY). The impact of uncertainty in underlying model parameters was evaluated in one-way and probabilistic sensitivity analyses. RESULTS: CTC screening every 10 years for individuals aged 60-69 was less expensive and yielded greater health benefits (QALYs and life years) compared to no screening or the current UK programme of biennial FOBT screening. Compared to biennial FOBT, 10-yearly CTC screening for 60–69 year olds is estimated to avoid 661 more cases of CRC and 364 more deaths per 100,000 people invited for screening. CTC has the potential to provide a cost-effective option for CRC screening, and may be cost saving compared to the current programme of biennial FOBT.

PCN97 COST EFFECTIVENESS OF ERLOTINIB TREATMENT GIVEN BY A CLINICALLY BASED APPROACH AND AN EGFR/KRAS TESTING-GUIDED APPROACH ADVANCED IN NON SMALL-CELL LUNG CANCER: A PROSPECTIVE MULTICENTRIC FRENCH STUDY (ERMETIC) Bonnotte J, Caudron JP, Pigepot JP, Danon G, Coubert P, Dahan D, Froid V, Daniel C1, Quoix E, Madelaine J, Medrozyck A1, Morin F, Chouaid C11 1Institut de Cancérologie Gustave Roussy, Villejuif, France, Hospital Tenon, Paris, France, Institut Gustave Roussy, Villejuif, France, Centre Georges Franois Leclerc, Dijon, France, CHU Lariboisière, Hôpital Lefèvre, France, Hospital Foch, Suresnes, France, Institut Curie, Paris, France, CHU Strasbourg, Strasbourg, France, CHU Caen, Caen, France, Institut Paul Balmé, Marseille, France, 1FCT, Paris, France, 2Hospital Saint antoine, APHP, Paris, France OBJECTIVES: Although several clinical and biological parameters are prognostic factors, their medico-economic impact in the prescription of erlotinib has never been evaluated. A French NCI prospective study aimed to determine the cost of manage- ment of advanced NSCLC patients (pts) treated by erlotinib and to evaluate the cost-effectiveness ratio in populations selected on clinical-guided or biomarkers-guided arguments. METHODS: Prospective cohort of consecutive advanced NSCLC pts newly treated by erlotinib and followed until progression or death. Costs, including erlotinib and hospitalization costs were computed from the health care system perspective with a time horizon of 2 years. Cost-effectiveness ratios (CER) were calculated as management cost divided by the number of days of life remaining (DOLR) when the treatment is initiated, in all patients, in clinical-selected patients (non/ex-smoking women with non-squamous cell carcinoma (SCC) histology) and in biomarker-selected patients. RESULTS: A total of 522 patients were enrolled between 2007 and 03/08. Median age was 62 years; 32% were females; 63% had adenocarcinoma. With a 15.5 months (median) follow-up, median PFS was respectively, 2.4 and 5.6 mo. Mean management cost was 10248 $8562 per patient, with a median of 170 days remaining to live at initiation of erlotinib treatment ($600 DOLR). Direct erlotinib cost represented 78% of the cost. Non-smoking women with non-SCC histology lived 133 days longer than other patients (279 and 146 days respectively), resulting in an extra-cost management of $26,374 due to a longer erlotinib treatment. CER was however lower ($44 DOLR) in non-smoking women with non-SCC histology than in other patients ($66 DOLR). CER of biomarkers-selected patients will be available for the congress. CONCLUSIONS: Clinical-guided arguments allowed to identify patients with lower management costs per day of life remaining to live. Planned analyses would evaluate the impact of biomarkers in term of cost management per day of life remaining.

PCN98 COST-EFFECTIVENESS OF PROGNOSIS-BASED STRATEGIES TO SELECT WOMEN WITH BREAST CANCER FOR ADJUVANT CHEMOTHERAPY Paterson H, Raiswing S1, Institut Gustave Roussy, Villejuif, France OBJECTIVES: Adjuvant chemotherapy is used to reduce the risk of relapse after surgery. Its limited efficacy in breast cancer must be weighed against induced toxicities and cost. The selection of patients eligible for adjuvant chemotherapy is based on prognostic factors. Genomic signatures would improve patient selection for adjuvant chemotherapy and avoid overtreatment. The aim of this study is to compare the cost-effectiveness of different prognosis-based selection strategies in the French context. METHODS: We used a model-based simulation. Population characteristics (survival and hospital costs (chemotherapy, chemotherapy-induced toxicities and relapses) were estimated using a patient-level data set from a retrospective cohort of patients followed-up at Gustave Roussy Institute since 1990. All patients were node-negative and metastasis-free after initial surgery. The other model parameters (chemotherapy efficacy, sensitivity and specificity of prognosis-based selection strategies) were obtained from literature. The cost analysis was conducted from a third-party payer’s perspective. We used a strategy with no adjuvant chemotherapy as a reference for cost-effectiveness comparisons. RESULTS: The retrospective cohort study consisted of 910 women with breast cancer. The mean age was 57 (range: 23–93). Thirty-one percent of patients were Scarff -Bloom grade 1, 43% grade II and 19% grade III (7% grade missing). The mean tumor size was 19 mm (range: 1–120). Thirty-two percent of the women received adjuvant chemotherapy alone or combined. Median follow-up after surgery was 87 months. The median survival time was 209 months. The distant relapse rate was 10.7%. The cost of adjuvant chemotherapy was $3,083 (standard deviation: $307) and the cost of distant relapse $33,692 (range: $847−$112,710). Cost-effectiveness analysis is in progress. Results will be available for the meeting. CONCLUSIONS: This is the first French study to assess the cost-effectiveness of using prognostic information to select women eligible for adjuvant chemotherapy in early breast cancer.

PCN99 COST-EFFECTIVENESS ANALYSIS OF IMIQUIMOD VERSUS NO TREATMENT IN PATIENTS WITH SUPERFICIAL BASAL CELL CARCINOMA AND CONTRAINDICATION TO SURGICAL INTERVENTION/CRYOTHERAPY Walczak J, Nogas G, Dybel-Karpiaj A, Kloc K, Libak M, Pawlik D 1Medical University, Cracow, Poland OBJECTIVES: To conduct a cost-effectiveness analysis (CEA) of imiquimod compared to no treatment in patients with superficial basal cell carcinoma and contraindication to surgical intervention and cryotherapy in Poland. METHODS: This analysis was based on a decision model regarding clinical effects of imiquimod in comparison to placebo (vehicle cream), obtained from randomized clinical trials. The population was defined as adult patients with superficial basal cell carcinoma (sBCC) and contraindi- cation to surgical intervention/cryotherapy, also patients, who do not give consent to these forms of treatment. Clinical and histological complete clearance were assessed as health outcomes. Direct medical costs of the analysed therapies were estimated from the perspective of both payers in Poland (National Health Fund and patient). We included costs of medication, clinic visits and diagnostic assessments. Time horizon of the analysis was 18 weeks. Treatment was assumed as once a day 5x/week for 6 weeks. RESULTS: The probability of complete clearance, assessed clinically and histologically was 0.751 for patients treated with imiquimod and 0.007 when placebo was used. Probability of histological complete clearance was 0.822 and 0.031, respectively. Total costs of imiquimod treatment were estimated at 1,075.30 PLN, while costs of no treatment were 174.80 PLN. Incremental

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