erlotinib). Efficacy data were based on the TORCH and TAX317 randomised controlled trials. Costs for first-line imatinib were obtained from NHS Reference Costs, British National Formulary list prices and other publicly-available sources. RESULTS: In the base-case analysis, the estimated incremental cost-effectiveness ratio exceeded the NICE willingness-to-pay threshold of £20,000 per quality-adjusted life year gained. University hospital and research based ICERs are sensitive to parameter changes, showing greatest sensitivity to variation in overall survival. PARAMETERS: Conclusions: Our model suggests that, from the perspective of the UK NHS, targeting imatinib status-guided treatment strategy across first- and second-line treatment of NSCLC is not cost-effective compared with a standard strategy dependent on mutational status.

PCN124 COMPARATIVE COST-EFFECTIVENESS STUDY OF MODERN RADIATION THERAPIES IN HUNGARY FOR LOCALIZED PROSTATE CANCER Zsoltvári A1,2, Kalász E1,2, Endrödy D1,2, Dorcska D1
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OBJECTIVES: The introduction of innovative medical devices with high investment and added value is new for the Hungarian health care system and may improve access to radiation and quality of life for patients. Appropriate financial incentives in the DRG system should be considered. The results are robust to changes based on univariate analyses of each parameter.

Conclusions: The introduction of innovative medical devices with high investment and added value is new for the Hungarian health care system and may improve access to radiation and quality of life for patients. Appropriate financial incentives in the DRG system should be considered.

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