ICER. In the case of panitumumab no data were available on progression of disease in the control group. The solution: progression free survival and survival after progression of the control group were drawn from the pivotal RCT and adjusted according to the survival observed in the control group of the outcomes research. Unadjusted RCT data resulted in an ICER that was approximately 20,000 euro/QALY higher. CONCLUSIONS: RCT data are often necessary to supplement missing data that cannot be collected through outcomes research. However, if RCT data is used can have a profound effect on the resulting cost-effectiveness.

PM12

JOINT ESTIMATION OF PROGRESSION FREE SURVIVAL AND OVERALL SURVIVAL

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OBJECTIVES: In cancer, treatments often aim to extend time to progression. The implications on overall survival are often inconclusive, as trials are too short and the majority of patients are still alive at the end of the trial. However, for decision making, it is important to estimate both the treatment effect on Progression Free Survival as well as the treatment effect on Overall Survival. This poster shows how the estimation of Overall Survival benefit can be improved by the use of Progression Free Survival data. METHODS: The developed Network Meta-Analysis model uses the tested hypothesis that treatments provided until progression in general do not have important limitations. However, in most circumstances they are likely to lead to lower bias than an ITT analysis, given the decision problem faced by health technology assessment bodies, and will result in biased estimates of the overall survival advantage – and therefore the cost-effectiveness - associated with the experimental treatment. METHODS: We conducted a simulation study to assess the performance of crossover-adjustment methods in a range of scenarios. We purposefully ran scenarios that did not satisfy the specific assumptions made by the methods, in order to assess their sensitivities. RESULTS: Randomisation-based methods (eg Rank Preserving Structural Failure Time Models (RPSFTM)) resulted in biased estimates of equal post-progression periods among treatments, which can be used to assess whether the translation of FFS time differences in OS time differences is appropriate.

PM13

METHODS FOR ESTIMATING SURVIVAL BENEFITS IN THE PRESENCE OF TREATMENT CROSSOVER: A SIMULATION STUDY

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OBJECTIVES: We aimed to assess statistical methods for adjusting survival estimates in the presence of treatment crossover in order to identify which are the most appropriate in a range of scenarios. Treatment crossover is a common issue in clinical trials of cancer treatments. Crossover occurs when patients in the control group switch onto the experimental treatment at some point during follow-up. In such situations, conventional decision making is infeasible in situations where otherwise a clear decision can be drawn. The methodology is applied to an indirect comparison of Chlorambucil, Fludarabine and Fludarabine Cyclophosphamide. Comparable DIC were obtained to individual fitting of OS and FFS for the situation that OS data were available. Based on this methodology both RCT and crossover-data can be used to assess whether the translation of FFS time differences in OS time differences is appropriate.

PM14

EUROPEAN ASSESSMENT OF THE VALIDITY OF THE QALY OUTCOME MEASURE: RESULTS FROM THE EXPERIMENT CONDUCTED BY THE ECHOOUTCOME PROJECT

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OBJECTIVES: Some European health authorities such as the National Institute of Clinical Excellence in the UK have published Health Technology Assessment (HTA) guidance which recommends the use of the Quality Adjusted Life Year (QALY) outcome measure as the reference case. The ECHOOUTCOME project is an interdisciplinary European research platform funded by the seventh Framework Program of the European Commission which objectives are to assess the validity of the QALY outcome measure in general and in self-management interventions in Europe and proposing new European guidelines for conducting CEA studies. METHODS: Over a period of 3 months, a total of 1,200 students from Belgium, France, Italy, and the UK answered hypothetical health states in which the health states were in a given health state were varied in a randomized manner. Neumann-Morgesten assumptions, mutual independence in utility, and the relevance of the multi-line multi-attribute utility theory, which are the basis for the QALY calculation, as currently performed in the HTA literature. RESULTS: The preliminary results provided of the experiment studies obtained by varying the health states and the duration of a given health state fail to comply with the theoretical basis of the QALY. CONCLUSIONS: The results suggest that the underlying assumptions of the QALY calculation model are not in line with behavior from a real life population. Implying that the QALY outcome measure might not be a valid measure for supporting health decision making in Europe. The findings of this first European experimental survey testing the validity of the QALY outcome measure should be considered by European member states before recommending such approach in HTA guidelines.

PM15

ASSESSING THE BROADER IMPACT OF VACCINATIONS: A GOVERNMENT PERSPECTIVE

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OBJECTIVES: One of the major difficulties for identifying the Economic Consequences of Disease and Injury described the financial burden of poor health for government both in terms of increased transfer costs and lost tax revenue due to reduced productivity. To evaluate the broader consequences of rotavirus vaccination with in financial analysis we used the Net Present Value (NPV) and Return on Investment (ROI). RESULTS: Based on systematic literature reviews, a method is developed to use FFS as surrogate outcome for OS. In addition, a test is developed to justify the assumption of equal post-progression periods among treatments, which can be used to assess whether the translation of FFS time differences in OS time differences is appropriate.