cost-effectiveness ratio (ICER) for the comparison of imiquimod versus no treatment was 1,227.2 PLN per gained complete clearance assessed clinically and histologically, and 1,138.1 PLN per gained complete clearance assessed only histologically. CONCLUSIONS: Imiquimod is more effective and more expensive than no treatment in patients with superficial basal cell carcinoma and contraindication to surgical intervention and cryotherapy. ICER value is below the acceptable threshold, therefore imiquimod therapy is considered as cost-effective treatment in Poland.

PCN100
COST-EFFECTIVENESS OF ANASTROZOLE AS ADJUVANT TREATMENT FOR EARLY STAGES BREAST CANCER IN POSTMENOPAUSAL WOMEN
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OBJECTIVES: To evaluate the cost-effectiveness of anastrozole (1 mg/day) versus tamoxifen (20 mg/day) as adjuvant treatment for early stages breast cancer in postmenopausal women. METHODS: Cost-effectiveness analysis was performed. Markov model was built based on the results of ATAC and ARNO 95 studies. Two strategies of adjuvant therapy— initial therapy with anastrozole and switching to anastrozole after two years treatment with tamoxifen were evaluated in the model, total duration of adjuvant therapy followed in the model was 3 years. The time horizon was equal to patient’s life expectancy. RESULTS: The results demonstrated that initial adjuvant therapy with anastrozole is cost-effectiveness in patients with high risk of relapse and also in the group of patients younger then 55 years. The cost-effectiveness ratio in the basis variant (population included into ATAC-study, age at the start of adjuvant therapy—65 years) was 1161.4 thousand Rub/QALY ($23,800/QALY). In early debut of cancer (age at the start of adjuvant therapy < 55 years, the cost-effectiveness ratio was 728.8 thousand Rub/QALY ($16,200/QALY). From the economic point of view the effective therapy scheme is switching patients to anastrozole after two years of tamoxifen treatment. The cost-effectiveness ratio of this scheme is estimated from 624.6 thousand Rub/QALY ($13,726/QALY) in patients at the age of 70 years to 1209.7 thousand Rub/QALY ($25,800/QALY) in patients at the age of 70 years. In the basis variant (population included into ARNO 95-study age at the start of adjuvant therapy—60 years) the ratio was 776.4 thousand Rub/QALY ($17,300/QALY). CONCLUSIONS: The switching the patients in postmenopause to anastrozole after two years of tamoxifen treatment may be considered reasonable from the economic point of view in Russia. The initial adjuvant treatment with anastrozole in patients with high risk of relapse, not belonging to elder age groups, is also economically reasonable.

PCN101
COST-EFFECTIVENESS OF SHORT-ACTING OPIOIDS FOR BREAKTHROUGH PAIN IN BREAST CANCER PATIENTS—A SCOTTISH-BASED DECISION-ANALYSIS MODEL
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OBJECTIVES: A decision-analysis model parameterised for Scotland was used to evaluate the cost-effectiveness of intranasal fentanyl spray (INFS, Instanyl®) compared with oral transmucosal fentanyl citrate lozenge (OTFC, Actiq®) and oral transmucosal fentanyl buccal tablet (FTB, Effentora®) for the treatment of BTCP. METHODS: The model estimated costs and benefits associated with INFS, OTFC and FTB, including analgesic efficacy of the interventions was derived from a meta-analysis of six randomly controlled trials. The percentage of BTCP avoided was estimated from the pain intensity (PI) course of a BTCP episode with and without treatment. Resource use and quality of life gains were estimated based on reductions in PI. The relationship between PI and utility was derived from a time-trade off study conducted in the UK general population. Resource use and unit cost data were obtained from the literature and validated by clinical experts. Uncertainty in the source data was incorporated by means of one-way sensitivity analyses, probabilistic sensitivity analyses and different scenario analyses. RESULTS: For the base-case scenario, 3 BTCP episodes/day, a background PI of 2, a time-horizon of 365 days and equal prices for INFS and OTFC irrespective of dosage were assumed. With INFS, 55% of BTCP (95% Uncertainty Interval: 45–66%) was avoided, greater than expected with OTFC (29%; 21–39%) or FTB (31%; 23–39%). INFS was dominant versus OTFC and cost-effective versus FTB. Despite the uncertainty in the source data, there is a >99% probability that INFS is the most cost-effective intervention. Sensitivity and scenario analyses did not change the main conclusion. CONCLUSIONS: Greater efficacy of INFS in pain reduction is expected to reduce medical resource use and result in cost-savings for health care providers and quality of life gains for patients. INFS is a cost-effective treatment for BTCP compared with OTFC and FTB in Scotland.

PCN102
COST-EFFECTIVENESS ANALYSIS OF ADJUVANT THERAPY WITH TRASTUZUMAB FOR HER2+ BREAST CANCER IN ITALY UTILIZING FOLLOW-UP DATA
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OBJECTIVES: Based on results from the HER2Kept Adjuvant Trial (HERA) with a median follow-up of 3 years, trastuzumab is licensed and reimbursed for the treatment of HER2+ early breast cancer (EBC) in Italy since 2006. As the risk of recurrence reduces over time, hazard ratios in breast cancer trials usually increase as more follow-up data is available. Longer term follow-up data were recently reported for 2 and 4 years, the latter though being heavily confined by extensive cross-over of the HERA comparator arm and hence unusable. The objective of this analysis was therefore to determine the cost-effectiveness of 1-year treatment with trastuzumab vs observation, based on results from the 2-year follow up data. METHODS: A published Markov model based on the initial HERA results was revised and updated to incorporate 2-year follow up data from Tuscany. A lifetime horizon impact on disease progression. The treatment effect reported was chosen. Incremental cost-effectiveness ratios were expressed as cost per quality adjusted life year (QALY). Costs and QALYs were discounted at 3.0% p.a. Sensitivity analyses were performed. RESULTS: The analysis showed that after completion of adjuvant chemotherapy, treatment with trastuzumab resulted into 1.81 life years and 1.62 QALYs gained per patient compared to observation only, at an incremental mean total cost of €18,022. The ICER was estimated at €11,311/QALY, which is well in line with previously published analyses. CONCLUSIONS: Using more recent data from the HERA trial, Trastuzumab was determined to remain a cost effective treatment option for HER2+ve EBC in the Italian setting.

PCN103
PHARMACOECONOMIC ANALYSIS OF THE ADDITION OF RITUXIMAB TO FLUDARABINE-CYCLOPHOSPHAMIDE REGIMEN IN THE FIRST-LINE TREATMENT OF CHRONIC LYMPHOCYTIC LEUKAЕMIA PATIENTS IN SPAIN
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OBJECTIVES: Following broadening of the EMEA license for first-line treatment of previously untreated patients with chronic lymphocytic leukaemia (CLL) with rituximab added to chemotherapy, we evaluated the cost-effectiveness of rituximab in combination with commonly used chemotherapy regimens of fludarabine plus cyclophosphamide (FC) versus fludarabine plus cyclophosphamide (FC) from the perspective of the Spanish national health system. METHODS: A three stage Markov model including progression-free survival (PFS), progression state and mortality was developed using published results from the randomised clinical trial CLL-8 evaluating PFS in patients with CLL. Rates of disease progression were derived from a Weibull model, mortality rates were obtained from Kaplan-Meier and Spanish age-specific mortality tables. Patient elicited utilities were applied to PFS and progression state and mortality. The cost of drugs, supportive care, and quality-adjusted life years (QALY) were estimated over a period of 10 years, the median survival for CLL, and discounted at 3.5% per annum. Univariate and probabilistic (Monte Carlo simulation) sensitivity analysis were performed. RESULTS: The addition of rituximab to chemotherapy increased life-years gained (LYG) and QALYs by 0.669 and 0.617 years per patient, respectively, compared to chemotherapy alone. The incremental cost effectiveness of 177,724 and 19,220, respectively, was estimated with Monte Carlo simulation. Uncertainy sensitivity analyses indicated the results were robust, and most sensitive to time horizon, with a threshold value at 5 years, from which the R-FC regimen is cost-effective. CONCLUSIONS: The addition of rituximab to fludarabine plus cyclophosphamide (FC) regimen increased life and quality-adjusted life expectancy and is a cost-effective first-line treatment option for patients with chronic lymphocytic leukemia.

PCN104
COST-EFFECTIVENESS OF ERLOTINIB IN THE TREATMENT OF ADVANCED NON SMALL CELL LUNG CANCER IN CHINA
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OBJECTIVES: The objective of the study was to evaluate the cost-effectiveness of erlotinib compared to docetaxel for the treatment of advanced non small cell lung cancer (NSCLC) in China. METHODS: A Markov health-state model was designed to estimate the direct medical costs and outcomes (life years and QALYs gained) of treating advanced NSCLC. The model included three health states—progression free survival (PFS), progression free survival (PFP) and death. The evolution of a cohort of patients was simulated along 3 years with monthly cycles. Patient transition probabilities were derived from clinical trials. The model assessed the cost-effectiveness of erlotinib versus docetaxel from the perspective of the Chinese health insurance system and resource use was calculated based on a questionnaire survey from clinical experts. A discount rate of 3% was used to discount future costs. RESULTS: The model results showed that the utilization of erlotinib treatment in NSCLC can prolong 0.047 QALYs (0.038 life years), compared to the docetaxel treatment. The total cost per patient was lower with erlotinib (1N$52,354) than with docetaxel (1N$25,846). The lower cost and better efficacy associated with erlotinib makes it a dominant treatment strategy in comparison to docetaxel. CONCLUSIONS: According to this model, erlotinib is more cost-effective than docetaxel in treating advanced NSCLC, with savings for the China’s health insurance system.