provides benefits at other fracture sites as shown in the postmenopausal pivotal trial FREEDOM, the ICER reduces to €19,726. a probabilistic SA showed that denosumab was a cost-effective option for a willingness to pay >€60,000. **CONCLUSIONS:** Denosumab prevents vertebral fractures in patients with PrCa receiving ADT and is cost-effective versus no treatment. Vertebral fractures significantly reduce quality of life and since there is no other licensed treatment in Sweden, denosumab represents an important option in PrCa at commonly accepted CE thresholds in Sweden.

PCN84

COST-EFFECTIVENESS OF ERLOTINIB IN FIRST-LINE TREATMENT OF ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) IN FIT ELDERLY PATIENTS: AN ECONOMICAL ANALYSIS OF A PROSPECTIVE PHASE 2 STUDY (GFPC 0504)

Chouaid C[1], Le caer H[2], Crequit J[3], Monnet I[4], Chouabe S[5], Locher C[6], Paillotin D[7], Auliac JB[8], Thomas P[9], Vergnenegre A[10]

[1]Hôpital St Antoine, Paris, France; [2]Hôpital de draguignan, Draguignan, France; [3]Centre Hospitalier de Beauvais, Beauvais, France; [4]Centre Intercommunal de Creteil, Creteil, France; [5]Centre hospitalier de Charleville Meziere, Charleville Mézières, France; [6]Hôpital Saint Faron, Meaux, France; [7]CHU de Rouen, Rouen, France; [8]Service De Pneumologie, mantes la jolie, France; [9]Centre Hospitalier, GAP, France; [10]Hôpital du Cluzeau Service de Pathologie Respiratoire, Limoges, France

OBJECTIVES: Median age of newly diagnosed non-small cell lung cance (NSCLC) is 70 years (with 1/3 older than 75 years) and elderly are more vulnerable to chemotherapy. In this population, weekly gemcitabine and docetaxel or erlotinib are both active in advanced NSCLC treatment. The GFPC0504 randomized prospective phase 2 study assess in fit elderly patients with advanced NSCLC, efficacy of weekly chemotherapy followed by erlotinib if progression (Arm A) versus erlotinib followed by chemotherapy if progression (arm B). The main objective of this study was time before second progression, secondary objective was overall survival. The objective of this study is to assess the cost-effectiveness of erlotinib in first-line treatment of NSCLC in fit elderly patients. **METHODS:** Outcomes (PFS and overall survival) and direct medical costs until second progression (from the third-party payer perspective) were prospectively collected. Costs after second progression and health utilities (based on disease states and grade 3–4 toxicities) were derived from the literature. **RESULTS:** For respectively 48 and 51 patients randomized respectively in arm a and B, PFS were 6.4 and 5.2 months, overall survival were 9.2 and 7.9 months; mean Qualy and mean direct costs (euros value 2010) were respectively €0.434 ± €0.394 and €26,297 ± €25,297 and €0.471 ± €0.451 and €25,948 ± €18,206. Acceptability curve will be presented at the meeting. **CONCLUSIONS:** In this population of fit ederly patients, erlotinb in first line, followed by chemotherapy if progression appears as dominant compare to chemotherapy followed by erlotinib if progression.

PCN85

SORAFENIB AND SUNITINIB IN METASTATIC RENAL CELL CARCINOMA: COST-EFFECTIVENESS ANALYSIS IN REIMBURSEMENT PROCEEDINGS VS. DATA FROM CLINICAL PRACTICE

Ondrackova B[1], Demlova R[2]

[1]Masaryk University, Faculty of Medicine, Brno, Czech Republic; [2]Masaryk Memorial Cancer Institute, Brno, Czech Republic

OBJECTIVES: Sorafenib and sunitinib are approved for patients with advanced or metastatic renal cell carcinoma after INF-a or IL-2 therapy failure or intolerance, with PS 0-1 and without CNS metastasis in defined cancer centers in the Czech Republic; sunitinib is reimbursed for first-line therapy in mRCC patients of good or intermediate risk. **METHODS:** We assessed the cost of sunitinib and sorafenib in patients treated in comprehensive cancer center and prepared cost-effectiveness analysis (CEA) to compare our data to CEA submitted by manufacturers to Czech authority (SUKL = State Institute for Drug Control) in reimbursement proceedings between 2008 and 2010. (1€ = 26CZK). **RESULTS:** CEA of sunitinib submitted to SUKL was based on cost of pharmacotherapy and clinical data of Motzer et al. study (NEJM 2007; time to PD: sunitinib 11 months, INF-a 5 months; duration of PD to death 6 months). Cost per progression-free year (PFY) was 324144CZK/12467€ in manufacturer's analysis, CZK867,946CZK/€33,383 in SUKL analysis (after INF-a cost reduction and costs after PD removal) and CZK2,304,914/€88,651 in our analysis (cost and effects of sunitinib based on our results; INF-a data were assumed identically). CEA of sorafenib was performed for patients after cytokine intolerance or failure (Escudier et al.; NEJM 2007) in comparison with sunitinib (70% pts) or BSC (30% pts). The cost per PFY was CZK965,726/€37,143 in manufacturer's analysis. Although sorafenib was cheaper alternative according to our results, time to progression was shortened by 18 days (ICER CZK516,820/€1,9878 per PFY). **CONCLUSIONS:** The cost per PFY in sunitinib was seven times lower in manufacturer's analysis than in CEA based on real data from cancer center. We assume that this was mainly caused by shorter time of pharmacotherapy in original study (6 vs. 11 months in our data). CEA of sorafenib demonstrated lower costs and effects in our analysis, because the significance of comparator (70% pts sunitinib) was underestimated in manufacturer's analysis.

PCN86

COST-EFFECTIVENESS ANALYSIS OF SPLANCHNIC NERVE BLOCKADE IN PATIENTS WITH CANCER AND VISCERAL PAIN IN THE UPPER ABDOMEN

Domínguez-Ocadio G, Cerezo O, González-Buendía NI, Guajardo-Rosas J, Plancarte-Sánchez R

Oncology National Institute, Mexico City, D.F., Mexico

OBJECTIVES: The aim of a sympathetic blockade is to improve the analgesic response, diminish the opioid consumption, reduce the adverse effects from opioides, and get efficiency of costs related to treatment. We analyzed the cost-effectiveness of Splanchnic Nerves Blockade (SNB) versus drug therapy in patients with cancer and visceral pain at the upper abdomen. **METHODS:** A cost-effectiveness analysis was conducted within a retrospective, follow-up study in patients >18 years with cancer and visceral pain. Using medical records, we assessed patients that underwent a SNB between March 2005 and December 2009. We evaluated the visual analog pain scale (VAS), Karnofsky performance scale (KPS), and medical direct costs. The measures were evaluated before and after (1, 2, 3, 6, 9, and 12 months) the procedure. Cost methodology was calculated trough cost of illness and microcosting technique, to get the incremental cost-effectiveness ratio (ICER). **RESULTS:** Sixty-five patients were treated with SNB and 19 with drug treatment-WHO analgesic ladder steps (mean age 52.7 ± 12.9 and 54 ± 12.9, respectively). Basal characteristics were not different between them. VAS scores diminished in both arms, but at repeated measures ANOVA patients on SNB had better pain control ($P < 0.05$) and higher KPS ($P < 0.05$). The mean cost per patient in 1-year follow-up for the drug treatment group was $7512 MXP (CI 95% $1587–$13,436 MXP) and $5433 (CI 95% $5114–$5752) for SNB. The effectiveness measure was 80% for SNB versus 20% for the drug treatment group, respectively. The ICER obtained was negative (−$3526 MXP, IC 95% −5860 to −1191), favoring the SNB as a cost-saving alternative. **CONCLUSIONS:** SNB showed to be less costly and more effective than drug treatment alone. However, when a sensitive analysis (bootstrap methodology) was conducted, the sample size was not powerful enough for a precise CE estimate.

PCN87

PHARMACOECONOMIC ANALYSIS OF DIRECT MEDICAL COSTS OF METASTATIC COLORECTAL CANCER THERAPY WITH XELOX OR FOLFOX4 WITH OR WITHOUT BEVACIZUMAB AS THE FIRST-LINE TREATMENT

Tikhomirova A[1], Kulikov A[2], Yagudina R[2]

[1]FGU NCESMP Roszdravnadzora, Moscow, Russia; [2]Moscow Medical Academy, Moscow, Russia

OBJECTIVES: Pharmacoeconomic analysis of direct medical costs of mCRC therapy using XELOX/FOLFOX4, XELOX + BV/FOLFOX4 + BV. **METHODS:** Costs of diagnosis, medical services, and hospitalization were based on the price list for diagnostic and therapeutic procedures of Cancer Research Center n.a. N.N.Blokhin RAMS. The medical services patient should receive during the treatment and the frequency of their appointments were taken from the standards of medical care for patients with colon and rectum cancer. Cost analysis of anticancer drugs (16 courses of XELOX/XELOX + BV, 24 courses of FOLFOX4/FOLFOX4 + BV) and related drugs were based on the information about maximum selling import prices, registered, and entered into the State Register of prices of vitally essential drugs. The cost of other drugs was based on a database of retail prices for drugs in pharmacies, which was subsequently reduced by trade discount. **RESULTS:** In was calculated that the cost of diagnosis was 16,757 rubles and the medical services—379,815 rubles. The mCRC therapy as a first line by XELOX was 1,172,731 rubles and by XELOX + BV—2,526,110 rubles; by FOLFOX4—1,487,627 rubles and by FOLFOX4 + BV—2,843,558 rubles. The cost saving in applying the regime XELOX compared to FOLFOX4 regime amounted to 314,896 rubles. In applying the regime of XELOX in combination with BV in comparison with the regime of FOLFOX4 in combination with BV amounted to 317,448 rubles. Sensitivity analysis showed that the decrease and increase of the cost of capecitabine and bevacizumab in 20% for XELOX/XELOX + BV does not exceed the cost of regimes FOLFOX/FOLFOX4 + BV. **CONCLUSIONS:** From the pharmacoeconomic point of view, the most optimal is the use of XELOX and XELOX + BV regimes because of lower costs for neutropenia treatment, associated with an increased risk of infectious complications, as well as with a large number of hospitalization days.

PCN88

COST-EFFECTIVENESS ANALYSIS OF CANCER TREATMENTS IN SOUTH OF IRAN

Ahmad Kiadaliri A[1], Bastani P[2], Hatam N[3], Ahmadloo N[3]

[1]Lund University, Malmo, Sweden; [2]Iran University of Medical Sciences, Tehran, Iran; [3]Shiraz University of Medical Sciences, Shiraz, Iran

OBJECTIVES: To calculate the incremental cost-effectiveness of docetaxel-adriamicine-cyclophosphamide (TAC) against adriamicine- cyclophosphamide-5 flourouracil (FAC) in treatment of breast cancer in south of Iran. **METHODS:** A double blind study was applied on a cohort of 100 patients suffering from breast cancer with node-positive in the radiotherapy center of Namazi Hospital, Shiraz, Iran. The European organization for research and treatment of cancer questionnaire (EORTC QLQ-C30) was used for the measuring of quality of life at the first and last session of chemotherapy cycle. Third-party payer perspective was applied for costing side of evaluation. At last, two-way sensitivity analysis was used for ensuring the robustness of the results.