trastuzumab (11,703,935 €), rituximab (9,153,856 €), in terms of DDD: ifosfamid (3,43 (2004) and 6.3 (2009), gemcitabine (4,88 (2004) and 4.66 (2009), fluorouracil (3,14 (2004) and 2,85 (2009)). CONCLUSIONS: Financial expenditures for antineoplastic agents are rising due to use of new and expensive medications, which are supposed to do less in the same time and they are expected to decrease the incidence of cancer mortality. Senescent population with higher incidence of cancer disease is expected to slightly increase DDD and medicine packages consumption.

PCN74

UTILISATION OF DRUGS INVOLVED IN TREATMENT OF STAGE I AND STAGE II BREAST CANCER IN SLOVAK REPUBLIC

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OBJECTIVES: Breast cancer forms in tissues of the breast, usually in ducts and lobules. It is the most common cancer of women in Slovakia (age-standardised rate - 48 incidence rate - 2016 new cases every year, mortality rate 773 deaths annually ). The aim of this study was to provide comparable and reliable data of utilisation of stage I (invasive, up to 2 centimeters, no lymph nodes involved) and stage II (invasive, 2-5 centimeters, lymph nodes might be involved) by over 5 centimeters- no lymph nodes involved breast cancer drugs within the period 2004-2009.

METHODS: Analysed data were abstracted from Slovak Info for Drug Control, which collects them from wholesalers. Data were studied in accordance with Daily Defined Dose (DDD, with exception of trastuzumab) and in financial units (€). RESULTS: The consumption of drugs used in stage I and II breast cancer had increasing trend in terms of financial burdens between 2004 and 2009 with anastrozole (from 1,378,317 € to 1,888,478 €), doxorubicine (from 776,400 € to 1,354,072 €), methotrexate (from 138,954 € to 650,993 €) and trastuzumab (from 797 € to 11,703 €). From 2004 to 2009 the highest increase of DDD was observed for cyclofosfamide (206,156 € (2004), 223,867 € (2005), 207,042 € (2009)), epirubicine (238,125 € (2007), 609,680 € (2009), 672,757 € (2009) and fluorouracil (444,627 € (2004), 455,578 € (2005), 339,232 € (2009)). Highest consumption in terms of DDD showed fluorouracil (3,34 DDD/1000 inhabitants/day in 2006), followed by doxorubicine (2,24 DDD/1000 inhabitants/day in 2007) and methotrexate (2,00 DDD/1000 inhabitants/day in 2008).

CONCLUSIONS: Treatment of breast cancer requires different therapies. Trastuzumab is well established on Slovak market due to good results in early stage treatment with few recidives. Consumption of tamoxifen and anastrozole will be influenced by exemestane.

PCN75

ECONOMIC EVALUATION OF DASATINIB IN ChronIC MYELOGENOUS LEUKAEMIA PATIENTS RESISTANT TO IMATINIB IN PERU, COMPARED TO Nilotinib AND HIGH DOSES OF IMATINIB

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OBJECTIVES: Leukaemia is a group of diseases marked by the growth of abnormal blood cells. One of the most frequent types is chronic myelogenous leukaemia (CML) and one of its treatments is the use of imatinib. Dasatinib is an alternative to imatinib for CML. The aim of this study was to provide comparable and reliable data of utilisation of stage I and II breast cancer drugs within the period 2004-2009. Among all researches was performed resistance to habitual doses of imatinib.

METHODS: A Markov model was used for this economic evaluation, which considered a cohort of 10,000 CML patients in its three phases (chronic, accelerated and blast phase), a lifetime horizon and a 3.5% discount rate for costs and benefits. Model results included the costs of each patient-courses of treatment with Dasatinib, Nilotinib or Imatinib, and Quality Adjusted Life Years (QALYS) gained. Costs were measured in Peruvian SOLS of year 2010.

RESULTS: In the chronic phase of the disease, dasatinib 100 mg/day yielded the highest amount of QALYS with 5,62 and the lowest cost-effectiveness ratio. In the accelerated phase, dasatinib 140 mg/day also showed the lowest cost-effectiveness, which compared to Nilotinib and Imatinib. In the blast phase, dasatinib showed lower cost-effectiveness ratio than imatinib. CONCLUSIONS: Dasatinib 100 mg/day showed the lowest cost-effectiveness ratios than doses of 800 mg/day of Nilotinib and Imatinib for the treatment of patients with CML resistant to usual imatinib doses in the chronic phase, as well as in the accelerated and blast phases. Although there was an overall cost increase, especially due to the cost of dasatinib in 140 mg/day doses, this fact was explained by the increase in life years gained and, consequently, the use of medical resources and drugs.

PCN76

STUdIES-RELATED EVENTS IN PATIENTS WITH BONE METASTASES LEAD TO CONSIDERABLE HEALTH RESOURCE UTILISATION IN EUROPE: ANALYSIS OF A MULTINATIONAL OBSERVATIONAL STUDY

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OBJECTIVES: To determine the burden of bone metastases and health resource utilisation (HRU) associated with skeletal-related events (SREs) in patients with advanced cancer. METHODS: This observational study assessed HRU associated with SREs (defined as spinal cord compression [SCC], surgery to bone [SB], pathological fractures to bone [PF], and radiation to bone [RB]). Patients with breast, lung, colorectal cancer metastatic to bone or multiple myeloma and life expectancy >6 months were enrolled in centres in Germany, Italy, Spain, UK, Canada and USA after experiencing a SRE. We report here the European HRU data on hospitalisation, which were collected retrospectively for the 90 days prior to enrolment and prospectively for approximately 18-21 months. RESULTS: 631 eligible patients with a total of 1282 SREs were enrolled across 95 European sites: 223 (35.3%) had a primary diagnosis of breast cancer, 151 (24.1%) lung cancer, 120 (19%) prostate cancer and 153 (24.3%) multiple myeloma. Across all tumour types, for Germany, Italy, Spain and UK, respectively: mean number of hospital admissions per patient was 0.69, 0.79, 0.85 and 0.93; 0.53 and 0.06 with a mean length of stay (per SRE with SB = 1) hospitalisation of 25.6, 41.1, 34.3 and 27.7 days. For SB (n = 137) mean number of hospitalisations per SRE was 0.90, 0.76, 0.83 and 0.75 with mean stays of 19.4, 18.8, 4 and 10 days, respectively. CONCLUSIONS: This study presents the highest amount of QALYs with 6.62 and the lowest cost-effectiveness ratio. In Norway could command a price of $U.S.2,775. For Argentina with a per capita GDP of $15,000 and a Gini coefficient of 51, the pricing index estimated that prices, especially in wealthier countries such as Canada. For Argentina with a per capita GDP of $15,000 and a Gini coefficient of 51, the pricing index estimated that