sion-free survival (PFS), on the cohort of 2000 patients with HER2+ mBC negative and a subanalysis of the populations of patients with triple negative of patients with HER2+ mBC was performed. All patients received docetaxel on a 21-day cycle dosed at 100 mg/m^2 every 3 weeks, with or without trastuzumab 4 mg/kg loading dose followed by 2 mg/kg weekly until disease progression in women with average age of 53 years, and an average body surface area of 1.748m^2. Costs were estimated from a third-party payer perspective (2011 Euros), discounted at 3%/annum. RESULTS: In the T+D arm, mean incremental gain of 0.729 years (95% CI: 0.10, 1.36) in overall lifetime quality-adjusted survival was observed. The ICER was €2925 USD while for the sub-population of HER 2 was €81585 USD. The ICER is lower than the threshold, so it is cost-effective. CONCLUSIONS: The addition of trastuzumab, paclitaxel, for all cases studied, represents a better alternative cost effective versus paclitaxel monotherapy.

PCN81 COST-EFFECTIVENESS ANALYSIS OF ADJUVANT TRASTUZUMAB REGIMENS IN EARLY HER2+ NEU-POSITIVE BREAST CANCER IN COLOMBIA
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OBJECTIVES: To investigate the cost-effectiveness of the addition of trastuzumab in a docetaxel monotherapy for women with HER2+ metastatic breast cancer (MBC) in the Greek healthcare setting. METHODS: A 3-state model was constructed to simulate progression of the disease and overall quality-adjusted survival for patients treated with trastuzumab and docetaxel (T+D) or docetaxel alone (D). The model ran on 1-month cycles and simulated the progress of patients over a total period of 12 years. Data on effectiveness were derived from a randomized controlled trial comparing the outcomes of six cycles of docetaxel 100 mg/m^2 every 3 weeks, with or without trastuzumab 4 mg/kg loading dose followed by 2 mg/kg weekly until disease progression in women with average age of 53 years, and an average body surface area of 1.748m^2. Costs were estimated from a third-party payer perspective (2011 Euros), discounted at 3%/annum. RESULTS: In the T+D arm, mean incremental gain of 0.729 years (95% CI: 0.10, 1.36) in overall lifetime quality-adjusted survival was observed. The ICER was €2925 USD while for the sub-population of HER 2 was €81585 USD. The ICER is lower than the threshold, so it is cost-effective. CONCLUSIONS: The addition of trastuzumab, paclitaxel, for all cases studied, represents a better alternative cost effective versus paclitaxel monotherapy.