treating only the wt KRAS patients with panitumumab was €4.9 million, resulting in 41.7% savings. Total cost figures for the private sector were €8.7 million and €5 million respectively, resulting in 42.5% savings. CONCLUSIONS: By identifying the wt KRAS patients who are most likely to respond to treatment, panitumumab improves treatment outcomes and reduces unnecessary exposure to therapy, resulting in overall budget savings. Patient-level clinical benefits derived by panitumumab may lead to improvements in health outcomes and rational allocation of health care resources in Greece.

PCN18
AN EVALUATION OF THE COST SAVINGS GENERATED WITH THE USE OF AN INTRA-OPTATIVE ASSAY FOR THE DETECTION OF METASTASES IN THE SENTINEL LYMPH NODES OF PATIENTS WITH BREAST CANCER
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OBJECTIVES: A molecular assay (GeneSearchBreast Lymph Node (BLN) Assay, Veridex, LLC), CE marked and approved by the FDA, has been in clinical use at our institution for over 18 months to intra-operatively detect metastases 0.2 mm in the sentinel lymph nodes (SLNs) of breast cancer patients. After a small validation study (N = 78, sensitivity = 92.3%, specificity = 96.9%) the assay was adopted as the only intra-operative SLN test used at the Institut Jules Bordet. This is the first evaluation of the cost savings generated by the use of this BLN assay.

METHODS: An economic evaluation was conducted in the first 300 patients in whom this BLN assay was used intra-operatively. The BLN assay results are used to make intra-operative decisions for axillary lymph node dissections (ALND) during the same surgery. We assessed the pathology, surgery & anesthesia, pharmacy, post-hospitalization, general, and total costs associated with patients having either: Surgery A = a lumpectomy + SLN + secondary ALND versus having: Surgery B = a lumpectomy + BLN + ALND. RESULTS: The total costs per patient for Surgery A was €3120, while for Surgery B it was €2210. Therefore, a difference of €910, were saved per patient when using the BLN assay, which represents a 29% cost savings. Since 58 patients avoided having a second surgery, the total cost savings accrued by the institution for the Belgian social security system as a result of using the BLN assay in this first cohort of 300 patients, was €52,780. CONCLUSIONS: The BLN assay was proved to be beneficial not only for our patients by reducing the need of second surgeries, it has also been demonstrated to be cost saving for the Belgian social security system. Its use at the Institut Jules Bordet in the first cohort of 300 patients has resulted in a cost savings of €52,780.

PCN19
THE COST-EFFECTIVENESS OF CETUXIMAB IN FIRST LINE TREATMENT OF METASTATIC COLORECTAL CANCER: A MODELLING APPROACH FOR THE UK
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OBJECTIVES: To estimate the cost effectiveness of the addition of cetuximab to chemotherapy in 1st-line metastatic colorectal cancer (mCRC) from the UK NHS perspective. METHODS: Cetuximab is licensed for the treatment of mCRC in combination with chemotherapy (FOLFIRI and FOLFOX) in patients with wildtype KRAS and EGFR expressing tumours. A Markov model was developed to simulate disease progression, survival and potential for curative surgery. Progression-free survival data were extrapolated in the basecase analysis, utilising different parametric models. The potential for curative-intent liver surgery is estimated from Folprecht et al. [1] which demonstrated correlation between response rates to chemotherapy and resection rates. Base case resection rates (active/comparator) of 22%/12% (FOLFIRI) and 15%/7% (FOLFOX) were assumed using this correlation. The long-term benefits of surgery were estimated from Adam et al [2]. Treatment in specialised centres may lead to vial sharing and higher resection rates (55%/35% and 42%/26% respectively), these assumptions are tested in sensitivity analysis. The 1st line utility value (0.77) in the model was derived from EQ5D data collected in the FOLFIRI trial. RESULTS: In the basecase the addition of cetuximab to FOLFIRI/FOLFOX resulted in: incremental life years gained of 0.338 and 0.413; additional QALYs of 0.281 and 0.320; incremental cost effectiveness ratios (ICERs) of £69,287 and £63,245 per QALY and ICERs in specialised centres of £34,646 and £40,529. The ICER is mainly driven by the number of patients becoming resectable the acquisition cost of cetuximab, and parameterisation of the progression-free survival curves. CONCLUSIONS: The analysis demonstrates the role of cetuximab in enabling curative surgery which drives the cost-effectiveness. When assessing a highly selected group of patients within a subset with wild-type KRAS, the ICERs are close to UK willingness to pay acceptance thresholds. [1] Folprecht G, Grothey A, Alberts S et al, Neoadjuvant treatment of unresectable colorectal liver metastases: correlation between tumour response and resection rates. Ann Oncol 2005;16:1311–9; [2] Adam R et al, Rescue Surgery for Unresectable Colorectal Liver Metastases Downstaged by Chemotherapy. A Model to Predict Long-term Survival. Ann Surgery 2004;240.