We also evaluated small and large shift scenarios of 7.8% and 20.2%, respectively. Very low QALYs were the incremental cost-effectiveness ratio (ICER) in each scenario. RESULTS: The assay strategy was dominant in all scenarios evaluated. In the 5-year and lifetime horizon analyses, the assay resulted in 0.02 and 0.04 more QALYs and $780 and $730 in costs, respectively. The small and large shift scenarios resulted 0.02 and 0.05 more QALYs, and $547 and $491 in costs over a lifetime horizon, respectively. The ICER was most sensitive to the assay cost, the AS health state utility, and the proportion of low-risk patients receiving AS in usual care. We found that the proposed assay is potentially cost-effective vs. usual care in patients with Gleson 3 & 3+4 prostate cancer. Future studies will evaluate the impact of the assay on patient/physician treatment choices in real-world settings.

**PCN92**

**COST-EFFECTIVENESS ANALYSIS OF PANTITUMUB + FOLOX VS 1ST LINE TREATMENT OF MRCG RAS-WT**

Alva MT†, Vargas J†

†Amgen, Mexico City, Mexico, †Econopharma, Mexico City, Mexico

OBJECTIVES: To perform a cost-effectiveness analysis of Panitumab+FOLOX vs VEGF1A+SOX as first-line treatment of MRCG RAS-WT micrc patients from the Mexican public healthcare system perspective. METHODS: The evaluation was performed using a Markov model that simulates a hypothetical cohort of patients over seven health-stages in two-week transition cycles. Progression-free survival (PFS) and overall survival (OS) were used as reported in the FEAK trial. Resource use was obtained from five oncologists at four public healthcare institutions. Costs include chemotherapy, follow-up, adverse events, metastasis resection, second-line treatment, palliative care, and funeral costs. Mexican Social Security Institute costs were applied. Costs and benefits are discounted at 5% for a 10-year time line. Additionally, a cost-minimization vs Cetuximab was performed due to equivalence in OS described in the ASPECCT trial and similar values of PFS and OS reported in first line for comparable populations. RESULTS: The total costs are $1,048,009.42 for Panitumab (mean life of 3.47 years), and $872,201.70 for Bevacizumab (mean life of 2.80 years), with a mean cost-effectiveness ratio (CE) of $52,125/QALY. The 10-month projection for anti-EGFR therapies reveals a total cost of $779,873.60 for Panitumab and $1,119,871.90 for Cetuximab, which represents savings of $339,998.30 (30.4%) per patient. CONCLUSIONS: Panitumab as first-line treatment improves the clinical parameters of RAS-WT mCRC patients and presents a mean cost-effectiveness ratio similar to Bevacizumab in this population. Regarding to Cetuximab, Panitumab is a cost-saving strategy, with reduction in total costs of treatment and administration for public healthcare institutions in Mexico.

**PCN93**

**COST-EFFECTIVENESS OF CETUXIMAB+BOLIFIRI VERSUS BOLIFIRI AT THE PUBLIC HEALTHCARE SYSTEM IN BRAZIL - THE CRYSTAL TRIAL RAS SUBGROUP ECONOMIC PERSPECTIVE**

Lanqueira M†, de Campos Mc†, Cardoso AP, von Hohnhorst J†, Fujii RK†

†Merk Serono, São Paulo, Brazil, †Merk Serono, Frankfurt, Germany

OBJECTIVES: Colorectal cancer is the second cause of cancer-related mortality worldwide. In Brazil, the National Cancer Institute estimated the occurrence of 33,600 new colorectal cancer cases (15,070 cases in males and 17,530 cases in females) in 2015, considering incidence rates and death from relevant clinical trials under new biomarkers’ evaluations in the RAS gene, we developed a cost-effectiveness analysis evaluating the use of cetuximab in combination with bolifirin (folinic acid, fluorouracil and irinotecan) compared to bolifirin alone for metastatic colorectal cancer (mCRC) in RAS wild-type patients, in the public health care system in Brazil. METHODS: To estimate the costs and outcomes of the treatments we used a Decision tree model to evaluate the financial impact of cetuximab in mCRC patients, considering the survival parameters from the CRYSTAL trial. The cost of treatment was analyzed considering the extra costs related to the treatment of patients, palliative care, and funeral costs. We calculated the mean cost-effectiveness ratio (ICER) representing the extra cost per quality-adjusted life-year (QALY) gained. RESULTS: The decision tree model revealed a cost-effective strategy in all scenarios evaluated. Only direct medical costs were considered. Costs were obtained from the public database DATASUS. Costs and outcomes were discounted to present value at a 5% annual rate. COSTS: In the comparison with cetuximab+bolifirin vs bolifrin, the incremental cost-effectiveness estimated was 0.7 life years, with an incremental cost of R$6,600.34, representing a cost-effectiveness ratio of 9,695.91. CONCLUSIONS: Cetuximab+Bolifirin has shown to be cost-effective in mCRC RAS wild-type patients, enabling a significant and clinically meaningful increase in survival supported by the new findings from the CRYSTAL trial in the RAS population subgroup.

**PCN94**

**ECONOMIC EVALUATION OF TRANSITIONAL CHROMEOBIMIZATION VS ZOLPIDOL DIPRUVENT DURING BED READING FOR THE TREATMENT OF HEPATIC CELLULAR CARCINOMA IN EGYPTIAN PATIENTS**

Foudi S†, Elahi G†, Elmadawy M†

†Pharmaco-economic Unit, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt, Cairo, Egypt, †Health Care Administration, Central Administration for Pharmaceutical Affairs, Ministry of Health, Egypt, Cairo, Egypt

OBJECTIVES: To evaluate the cost-effectiveness of conventional Transeran (TCE) and Bacterezol (ZOL) compared to Drug Enriched CHEMOBIMIZATION (DEB TACE) in patients with hepatocellular carcinoma (HCC) from the Ministry of health perspective. METHODS: A decision tree model was developed based on the Egyptian clinical practice, and was derived from published sources. This decision tree was completed by lifetime costs and lifetime QALYs. The survival was classified as low, intermediate, and high-risk for each strategy was derived from the assay's validation study Treatment distributions, costs, utilities, and mortality were derived from the peer-reviewed literature. In the base case, we assumed an increase in the use of active surveillance (AS) vs treatment of 14.5% (vs usual care).