utilities for pazopanib and placebo were from PALETTE. Lacking a connected evidence network, estimates of relative effectiveness for trabectedin and ifosfamide were from an unadjusted indirect treatment comparison versus pazopanib. Costs were from NHS reference costs and other published sources. RESULTS: Compared with placebo, pazopanib is estimated to increase QALYs by 0.130 and costs by £8,072; the incremental cost-effectiveness ratio (ICER) for pazopanib vs. placebo is estimated to be £55,904/QALY gained. For mitoxantrone, the ICER increased by 0.76% as the overall time horizon increased from the trial period (1 year) to 10 years. For docetaxel, the ICER increased by 30% with an overall time horizon of 10 years. For abiraterone vs. cabazitaxel, the ICER increased by 50% changes in the parameter value. Compared with trabectedin and ifosfamide, pazopanib provides equal or more QALYs at a lower cost. CONCLUSIONS: From a UK health care system perspective, pazopanib may not be cost-effective vs. placebo in patients with advanced/metastatic STS based on criteria typically used to evaluate therapies in the UK. Pazopanib may be cost-effective vs. trabectedin, and ifosfamide, although there is substantial uncertainty associated with these comparisons.

PCN84 ABIRATERONE ACETATE versus CABAZITAXEL in the Treatment of Metastatic Castration-Resistant Prostate Cancer: An Economic Evaluation in the Greek Health Care Setting Efstathiou E1, Gyftakis R2, Koussoulaou M3, Paparronou K3, Ikonomou V4, MD, MD, Department of Clinical Therapeutics, Alexandra Hospital, Aristotle University of Thessaloniki, Athens, Greece, 4MD, Department of Clinical Therapeutics, Alexandra Hospital, University of Athens School of Medicine, Athens, Greece, 4PRMA Consulting, Fleet, UK, 3Panas Otolaryngological SACT, Athens, Greece.

OBJECTIVES: The purpose of this study was to explore the cost-effectiveness of abiraterone acetate (abiraterone) vs. cabazitaxel in metastatic castration-resistant prostate cancer (mCRPC) patients who progressed after docetaxel from the Greek health care perspective. METHODS: As no head-to-head trial data were available for abiraterone acetate versus cabazitaxel, an indirect-costs model was developed using clinical data (progression free survival (PFS), overall survival (OS), adverse event (AE) data) from non-randomised trials (C + Vs P and M + Vs P) and compared for cost and outcomes. RESULTS: The ICER for abiraterone acetate vs cabazitaxel was €25,000/ QALY gained. The cost-effectiveness was €26,960/QALY gained for the abiraterone acetate arm and €26,270/QALY gained for cabazitaxel. CONCLUSIONS: Abiraterone acetate appears to be a potentially cost-saving option compared with cabazitaxel in the Greek health care setting.