chemotherapy after the index date to the earliest of mean time to HSCT, death, loss to follow-up or a year after the last chemotherapy dose plus 30 days. The primary endpoint was the percent of time in the hospital during the salvage chemotherapy period. Key secondary endpoints were number of hospitalisations and length of hospital stay. Hospitalisations associated with HSCT were excluded. Results are presented as mean ± standard deviation (SD). For time to death, 19 patients died and 8 patients received a HSCT. During the salvage chemotherapy period, patients spent a mean of 50.2 ± 20.9 days in the hospital. There were a mean of 2.2 ± 1.5 inpatient hospitalisations, 3.67 ± 2.81 inpatient hospitalisations, 4.27 ± 2.23 day hospitalizations, and 10 ± 6.5 outpatient visits per patient and the mean length of inpatient hospitalisation was 20.0 ± 9.0 days. From the index date to death, there were a mean 2.8 ± 4.8 inpatient hospitalisations, 4.7 ± 3.7 day hospitalizations, and 4.6 ± 4.8 outpatient visits per patient and the mean length of inpatient hospitalisation was 19.0 ± 19.0 days.

CONCLUSIONS: Adult patients receiving salvage chemotherapy for R/R ALL in Italy spend more than half their time in the hospital. Costs of hospitalisations will be presented.

PCN79 BUDGET IMPACT ANALYSIS OF THE TREATMENT OF CHRONIC MYELOCYTIC LEUKAEMIA WITH TYROSINE KINASE INHIBITORS – NILOTINIB IN THE FIRST AND SECOND LINES OF THERAPY
Kollin A1, Frolow M2, Kureyev A2, Vilmun J1, Balykina Y3, Prosukrin M4
1First Pavlov State Medical University of St. Petersburg, Saint Petersburg, Russia, 2Volgograd State Medical University, Volgograd, Russia, 3Saint Petersburg State University, Saint Petersburg, Russia

OBJECTIVES: The goal of the study was to evaluate clinical and economic feasibility of nilotinib in comparison with the imatinib usage as the first-line therapy for chronic myeloid leukaemia (CML) in newly diagnosed patients in Russia. CML treatment costs of the first and the second lines of CML treatment were built separately.

RESULTS: Analysis showed that use of nilotinib for patients with newly diagnosed CML as the first-line treatment results in 40% increase in economic costs compared with the use of imatinib in high doses in the second-line treatment. METHODS: Health-economic analysis and budget impact analysis of the use of tyrosine kinase inhibitors (TKI) for CML treatment in Russia. Economic costs models for the first and the second lines of CML treatment were built separately.

OBJECTIVES: The study aimed to estimate clinical and economic benefit of nilotinib over imatinib for patients with CML.

CONCLUSIONS: The use of nilotinib as first-line therapy is more cost-effective and more beneficial in terms of quality-adjusted life years gained. The use of nilotinib in high doses in the second-line treatment is not economically justified as compared with the use of imatinib in the second-line treatment. Nilotinib treatment may result in increased costs and decrease economic benefit as compared with imatinib in the second-line treatment. Therefore, the use of nilotinib should be limited to first-line therapy. Further research is indicated to compare nilotinib and imatinib in the second-line treatment.