sis uses a cohort Markov model to estimate lifetime costs and QALYs to extrapolate observed clinical trial results (the BIG 1-98 trial). The model was designed to describe all the relevant states during the disease course and to capture the incidence and costs of all the relevant adverse events the letrozole and tamoxifen patient groups: endometrial cancer; bone fractures; myocardial infarction; venous thromboembolic events; and hypercholesterolaemia. Cost items were obtained from official data sources and were attached to estimate the resource use by patients spending a year in each of the health states included in the model, as well as to resources used to treat the mentioned AEs. The utility parameters associated with the model's breast cancer states are based on a primary utility study, that used the standard gamble approach to estimate utility values for breast-cancer related health states.

RESULTS: Letrozole treatment for breast cancer in the early adjuvant setting resulted an additional 388 (discounted) years of disease free survival are gained, with 250 life years, and 277 quality adjusted life years (QALYs). The breast cancer related health states.

PCN21
RETROSPECTIVE COMPARATIVE PHARMACOECONOMIC ANALYSIS OF VARIOUS TREATMENT SCHEMES IN PATIENTS WITH ADVANCED HODGKIN’S DISEASE
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OBJECTIVE: To compare cost and effectiveness of various schemes of treatment patients with advanced Hodgkin’s disease and to determine more cost-effective schemes in Russia.

METHODS: In order to determine quantity of drugs and cost of different treatment schemes we used data from individual medical documentation (history of disease) in Hematological Scientific Center and data from price-lists of pharmaceutical distributors in Moscow. In order to determine effectiveness we analyzed data from clinical trials. We chose data from clinical trials, which is possible to compare. It was data from clinical trial, which guided German Hodgkin Study Group (GHSG). In this trial scientists estimated 3 years Freedom from Treatment Failure (FFT) of 4 schemes: COPP/ABVD, BEACOPP-baseline, BEACOPP-escalated and BEACOPP-14. In the end, we calculated and analyzed cost-effectiveness rates (CER) of different schemes.

RESULTS: Effectiveness of investigating schemes (3 year FFT) was 70% for COPP/ABVD, 79% for BEACOPP-baseline, 89% for BEACOPP-escalated and 90% for BEACOPP-14. Cost of treatment by these schemes was 138,600 rubles (€3960), 125,500 rubles (€3586), 537,900 rubles (€15,370), and 503,900 rubles (€14,400) (35 rubles = 1 Euro) for COPP/ABVD, BEACOPP-baseline, BEACOPP-escalated and BEACOPP-14, respectively. CER for these schemes was 1979, 1588, 6043, and 14,400€ (35 rubles = 1 Euro) for COPP/ABVD, BEACOPP-baseline, BEACOPP-escalated and BEACOPP-14, respectively. The CE model shows an incremental cost-effectiveness ratio (ICER) of using palifermin over BSC of 7.720,43€ per episode of grade 3/4 OM avoided. Adjusting for severity of OM, the ICER is €825,60 per episode of grade 3/4 OM avoided and an ICER of 450,36€ per day of grade 3/4 OM avoided. Adjusting for severity of OM, the ICER is €825,60 per episode of grade 3/4 OM avoided and €48,16 per day of grade 3/4 OM avoided. CONCLUSIONS: Palifermin is a cost-effective therapy for ASCT patients. When taking into account the impact of OM severity OM on health care resources, palifermin could be a cost-neutral intervention.

REFERENCES:

PCN22
COST-EFFECTIVENESS (CE) OF THE PREVENTION OF ORAL MUCOSITIS (OM) WITH KEPIVANCE® (PALIFERMIN) IN PATIENTS UNDERGOING MYELOABLATIVE THERAPY WITH AUTOLOGOUS STEM CELL TRANSPLANTATION (ASCT) IN SPAIN
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OBJECTIVE: OM is a frequent, serious, and one of the most debilitating side effect among patients who undergo myelosuppressive therapy and hematologic stem cell transplants. Palifermin is the first and only mucosal growth factor indicated to decrease the incidence, duration and severity of OM in patients with haematological malignancies receiving myeloablative therapy associated with a high incidence of severe mucositis and requiring ASCT. Assess palifermin CE in the prevention of OM in patients requiring ASCT in Spain. METHODS: CE was assessed based on a palifermin phase 3 clinical trial (1) comparing palifermin with best supportive care (BSC), local mean hospital costs (1051,30€ per-diem) (2) and assuming palifermin ex-manufacturer price of 4.700€/treatment. A sensitivity analysis applying a correction factor of 15% to hospital cost since severity of OM is associated with an increase utilization of health care resources. (3) Effectiveness measured in terms of number days reduction with OM and decrease of grades 3/4 OM incidence. RESULTS: Compared to BSC, palifermin effectively decreased the duration of severe (WHO grade 3 or 4) OM from 9 to 3 days (p < 0.001) (1), and was associated with a lower incidence of severe OM (98% vs 63%; p < 0.001) (1), and reduced post-transplant inpatient stay by 1.9 days (from 17,2 to 15,3; p = 0,008) (4). The CE model shows an incremental cost-effectiveness ratio (ICER) of using palifermin over BSC of 7.720,43€ per episode of grade 3/4 OM avoided and an ICER of 450,36€ per day of grade 3/4 OM avoided. Adjusting for severity of OM, the ICER is €825,60 per episode of grade 3/4 OM avoided and €48,16 per day of grade 3/4 OM avoided. CONCLUSIONS: Palifermin is a cost-effective therapy for ASCT patients. When taking into account the impact of OM severity OM on health care resources, palifermin could be a cost-neutral intervention.


PCN23
ADDITIONAL RITUXIMAB TO STANDARD CHEMOTHERAPY IS COST NEUTRAL AND CLINICALLY SUPERIOR IN ADVANCED STAGE NON-HODGKIN’S LYMPHOMA (NHL)
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OBJECTIVES: To identify cost and cost effectiveness of R-MCP (rituximab, mitoxantrone, chlorambucil, prednisolone) vs. MCP in NHL-patients from the perspective of a third party payer in Germany (statutory sickness fund). METHODS: Resource utilization data on 329 patients were collected in parallel to a RCT