OBJECTIVES: To identify the dominant scheme of mRCC second-line target treatment regimens including tyrosine kinase inhibitors, chemotherapy and stem cell transplantation (SCT), and the health-utility after SCT. The EVSI commented on the optimal study size for these parameters given the cost of obtaining information.

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Additionally, several deterministic and probabilistic sensitivity analyses were conducted.

RESULTS: The cost per patient using therapy with hydralazine LP magnesium valproate (Transkrip®) is $142,109.93, gaining 0.8846 years in PFS, being an advanced cancer is significant, only were measured direct medical costs, an analysis of incremental cost-effectiveness was performed. To test the robustness of the model a deterministic and probabilistic sensitivity analysis was performed.

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RESULTS: The median time to progression of patients was 17.1 months (95% CI 7.8–27.4) with second-line bosutinib. All remaining strategies were excluded due to dominance. ICURs and ICERs obtained from the probabilistic sensitivity analysis deviated up to 6.5% (2.5%) compared to base-case ICURs (ICERs). CONCLUSIONS: Based on our analysis and current treatment guidelines, we recommend imatinib followed by second-line nilotinib as the most cost-effective treatment strategy. Our model results may support clinicians and patients in CML treatment decision making.

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THE COST-EFFECTIVENESS OF BRENTUXIMAB VEDOTIN IN HODGKIN LYMPHOMA IN SWEDEN

Enestrom A

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OBJECTIVES: To assess the cost-effectiveness of using brentuximab vedotin (BV) in treatment-naïve, relapsed/refractory Hodgkin Lymphoma compared to standard chemotheraphy and alelegenic stem cell transplant in the Swedish health care setting. Brentuximab vedotin is a novel antibody drug conjugate targeting CD-30 and is indicated for treating relapsed/refractory Hodgkin Lymphoma.