of-life cancer drugs, cetirizine may be considered as a cost-effective option compared with other available therapies for previous treated ALK + NSCLC.

PCN147
COST-EFFECTIVENESS OF BORTZIBOM FOR MULTIPLE MYELOMA: A SYSTEMATIC REVIEW
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OBJECTIVES: To summarize cost-effectiveness of bortzibom (BTZ) for multiple myeloma (MM) and identify bias in the published cost-effectiveness analysis (CEA).
METHODS: Electronic bibliographic databases were searched from 2003 to 2014 for relevant CEA. The full publications of included CEAs were reviewed for data extraction. The reported case base incremental cost-effectiveness ratio per gained quality adjusted life year (QALY) or life year (LY) were converted to the ratio to 2013 cost-effectiveness threshold ($3 GDPPC). The study designs and methods of the included CEA were assessed regarding their impact on cost-effectiveness. RESULTS: 3 CEAs reported cost-effectiveness of BTZ as an induction treatment prior to stem cell transplantation (SCT) in Canada, Poland, and Germany ($0.9379 to $2.351 GDPPC/QALY). BTZ/melphalan/prednisone (VMP) was cost-effective compared to MP for MM ineligible for SCT and relapse/refractory MM when compared to conventional chemotherapy schemes (ICERs per FN event avoided: $7,472, $18,017 and $9,996 for TC, AC-T, and FEC-D, respectively). SP with pegfilgrastim was cost-effective versus SP with pegfilgrastim across all chemotherapy schemes (ICERs for FN event avoided: $7,472, $18,017 and $9,996 for TC, AC-T and FEC-D, respectively). SP with pegfilgrastim was cost-effective versus SP without prophylaxis. All other treatment strategies were excluded from the analysis via sensitivity analysis or uncertainty. CONCLUSIONS: For patients with stage II or III BC, BTZ results held for patients with stage II and III BC. Our analysis finds PP with pegfilgrastim to be a cost-effective option for patients with stage II or III BC in Greece.

PCN150
VALUE OF IMPLEMENTATION OF PHYSICAL EXERCISE FOR CANCER SURVIVORS
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OBJECTIVES: To evaluate which strategy for implementing exercise interventions for cancer survivors and increasing providers’ adherence to the exercise guidance has the highest expected value, using value-of-implementation analysis. METHODS: A decision tree was locally adapted to estimate outcomes from payer perspective. Overall survival (OS) and other important clinical trial endpoints seem increasingly more elusive in supporting rapid and efficient incorporation of innovative cancer drugs in clinical practice. We propose a clinical trial based pharmacoeconomic framework to assess the early therapeutic and economic value of ruxolitinib in patients with myelofibrosis who have been exposed to the treatments. ICERs per Quality Adjusted Life Year (QALY) gained with ruxolitinib versus the comparator drug with a less expensive and more effective drug would be justified given the expected net-benefit.

PCN151
EMERGING PHARMACOECONOMICS OF RUXOLITINIB THERAPY IN PATIENTS WITH MYELOFIBROSIS
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OBJECTIVES: Overall survival (OS) and other important clinical trial endpoints seem increasingly more elusive in supporting rapid and efficient incorporation of innovative cancer drugs in clinical practice. We propose a clinical trial based pharmacoeconomic framework to assess the early therapeutic and economic value of ruxolitinib in patients with myelofibrosis who have been exposed to the treatments. ICERs per Quality Adjusted Life Year (QALY) gained with ruxolitinib versus the comparator drug with a less expensive and more effective drug would be justified given the expected net-benefit.

PCN152
COST-EFFECTIVENESS ANALYSIS OF PERTUZUMAB FOR METASTATIC HER2-POSITIVE BREAST CANCER IN JAPAN
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OBJECTIVES: The objective of this study is to evaluate cost-effectiveness of pertuzumab in combination with trastuzumab and docetaxel for HER2-positive metastatic breast cancer in Japan. The National Institute for Health and Care Excellence (NICE) in the UK did not recommend pertuzumab due to poorer cost-effectiveness. While the Ministry of Health and Welfare of Japan decided to cover pertuzumab by health insurance, its implementation has faced criticism by pharmacoeconomic analysts. METHODS: Cost-effectiveness analysis was performed using a Markov model based on clinical data from a phase III randomized double-blind placebo-controlled international multicenter clinical trial (CLEOPATRA). Pertuzumab was compared with trastuzumab and docetaxel. The base case was compared with trastuzumab and docetaxel. The base case was