QALY and per LYG for XELOX/FOLFOX4. 

CONCLUSIONS: Aprepitant is a cost-effective option for the prevention of acute and delayed nausea and vomiting induced by single chemotherapy cycle with a time horizon of 5 post-chemotherapy. The analysis compared an aprepitant regimen (aprepitant, ondansetron and dexamethasone pre-chemotherapy, and aprepitant for 2 days following chemotherapy) to a commonly used regimen in Scottish clinical practice (dexamethasone and ondansetron pre-chemotherapy, and dexamethasone and domperidone for 2 days following chemotherapy). The health outcomes in the model were: complete protection (no emesis, no rescue therapy and maximum nausea and vomiting), complete protection (no emesis, no rescue therapy, and dexamethasone and domperidone rescue therapy), complete protection (no emesis, no rescue therapy, and aprepitant for 2 days following chemotherapy) to a commonly used regimen (aprepitant, ondansetron and dexamethasone pre-chemotherapy, and aprepitant for 2 days following chemotherapy). 

The combination of bevacizumab and paclitaxel is cost-effective than monotherapy in terms of overall survival, progression-free survival, and distressing adverse effect of cancer chemotherapy. Despite the widespread use of paclitaxel as a first-line agent for breast cancer, there is no widely accepted evidence of its cost-effectiveness. Therefore, the objective of this study was to investigate the cost-effectiveness of paclitaxel compared to current clinical practice.

The adjuvant chemotherapy for stage III Colon Cancer is based in the National Cancer Institute (NCI) of Mexico. METHODS: We analyzed 130 patients with stage III Colon Cancer treated in the NCI of Mexico, from January 2004 to August 2010. The body surface mean was 1.62 and the costs were calculated based on current prices—government in November 2010. We considered the following costs: (1) Chemotherapy ($13,349, $13,685, $15,365), Anti-emetics ($326, $433, $288), Subclavian catheter–maintenance ($237, $237, $0), QT – lengthening ($1,729, $1,729, $282), Subclavian catheter–insertion ($10,672, $10,672, $10,672), Subclavian catheter–removal ($14,795, $14,795, $14,795), and QT – lengthening ($1,729, $1,729, $282). RESULTS: An aprepitant regimen when compared with each clinical practice for preventing CINV in breast cancer patients receiving MEC is cost-effective with an incremental cost effectiveness ratio (ICER) of $1,061 per QALY. CONCLUSIONS: Aprepitant is a cost-effective option for the prevention of acute and delayed nausea and vomiting induced by ME/C for the treatment of breast cancer in Scottish clinical practice.

PCN96

COMPARISON OF AJUVANT CHEMOTHERAPY WITH OXALPLATIN IN STAGE III COLON CANCER: COMPARING THE THREE SCHEMES STANDARDS: FOLFOX-4, FLOX AND XELOX

Calderón G, Melchor J, Ruiz E, Menezes A, Albarán A. 

National Cancer Institute of Mexico, Mexico City, Mexico, Mexico

OBJECTIVES: The adjuvant chemotherapy for stage III Colon Cancer in based in the National Cancer Institute (NCI) of Mexico. METHODS: We analyzed 130 patients with stage III Colon Cancer treated in the NCI of Mexico, from January 2004 to August 2010. The body surface mean was 1.62 and the costs were calculated based on current prices—government in November 2010. We considered the following costs: (1) Chemotherapy ($13,349, $13,685, $15,365), Anti-emetics ($326, $433, $288), Subclavian catheter–maintenance ($237, $237, $0), QT – lengthening ($1,729, $1,729, $282), Subclavian catheter–insertion ($10,672, $10,672, $10,672), Subclavian catheter–removal ($14,795, $14,795, $14,795), and QT – lengthening ($1,729, $1,729, $282). RESULTS: An aprepitant regimen when compared with each clinical practice for preventing CINV in breast cancer patients receiving MEC is cost-effective with an incremental cost effectiveness ratio (ICER) of $1,061 per QALY. CONCLUSIONS: Aprepitant is a cost-effective option for the prevention of acute and delayed nausea and vomiting induced by ME/C for the treatment of breast cancer in Scottish clinical practice.

PCN97

COMPARATIVE ANALYSIS OF COST-EFFECTIVENESS BEVACIZUMAB + PACLITAXEL VERSUS USING ONLY PACLITAXEL AT FIRST LINE TREATMENT OF PATIENTS WITH METASTATIC BREAST CANCER IN THE IMSS (MEXICAN INSTITUTE OF SOCIAL SECURITY)

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