OBJECTIVES: The objective of this study was to estimate Incremental Cost-Effectiveness of utilizing eribulin in advanced metastatic breast cancer (mBC) in Taiwan. METHODS: The study was a post-hoc analysis of the phase III trial (EMBRACE) comparing eribulin in combination with TPC. A five-year partitioned survival model was used to estimate decision analytic model (CEA) with deterministic sensitivity analysis. Costs and effects were estimated using the Taiwan national health insurance database and a post-hoc analysis of the EMBRACE trial. RESULTS: Baseline characteristics were similar across arms. The estimated incremental cost-effectiveness ratio (ICER) was €21,566/LY for eribulin compared to TPC. In base-case analysis, the ICER with eribulin was €31,068/LY. Sensitivity analyses were conducted with various assumptions to assess the robustness of the model. CONCLUSIONS: Eribulin + TPC is a cost-effective treatment option for patients with mBC in Taiwan. Additional studies with a larger sample size are needed to confirm these findings.

PCN139
CO-STATIC EFFECTIVENESS ANALYSIS OF NEO-ADJUVANT PERTUZUMAB THERAPY IN WOMEN WITH LOCALLY ADVANCED, INFLAMMATORY, OR EARLY HER2-POSITIVE BREAST CANCER IN ITALY
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OBJECTIVES: The aim of this study was to evaluate the cost-effectiveness of pertuzumab in combination with trastuzumab and docetaxel as neo-adjuvant treatment in women with HER2+ breast cancer in Italy. METHODS: A Decision Analytic Model was used to estimate costs and effectiveness of pertuzumab + trastuzumab + docetaxel compared to trastuzumab + docetaxel for patients with early breast cancer. RESULTS: The estimated incremental cost-effectiveness ratio (ICER) was €39,128/LY for pertuzumab + trastuzumab + docetaxel compared to trastuzumab + docetaxel. Sensitivity analyses were conducted with various assumptions to assess the robustness of the model. CONCLUSIONS: Pertuzumab + trastuzumab + docetaxel is a cost-effective treatment option for patients with HER2+ breast cancer in Italy.

PCN140
A COST UTILITY ANALYSIS OF CETUXIMAB FOR 1ST-LINE TREATMENT OF RETINETTA PROLIFERANS OCULARIS SYMPTOMATIC AFTER RADIOTHERAPY (APOS): A COST-OUTCOME ECONOMIC ANALYSIS
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OBJECTIVES: To evaluate the cost-effectiveness of cetuximab for neoadjuvant treatment of RP with and without concomitant ocular symptoms. METHODS: A Markov model was used to estimate costs and outcomes of RP patients treated with cetuximab + chemotherapy vs chemotherapy alone. Multivariate sensitivity analysis was conducted to assess the robustness of the model. RESULTS: Cetuximab + chemotherapy was estimated to be cost-effective compared to chemotherapy alone, with an ICER of €15,000/LY. Sensitivity analyses were conducted with various assumptions to assess the robustness of the model. CONCLUSIONS: Cetuximab + chemotherapy is a cost-effective treatment option for patients with RP with and without ocular symptoms.

PCN141
THE COST EFFECTIVENESS OF IDEALISIB IN CHRONIC LYMPHOCYTIC LEUKAEMIA IN ENGLAND AND WALES
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BACKGROUND: In September 2014 the European Commission granted marketing authorization for idealisib with rituximab (+R) for the treatment of chronic lymphocytic leukaemia (CLL) in previously treated patients and treatment-naive patients in the UK. METHODS: A cost-utility model was used to estimate the cost-effectiveness of idealisib + rituximab vs rituximab alone in patients with CLL. RESULTS: Idealisib + rituximab was estimated to be cost-effective compared to rituximab alone, with an ICER of €25,000/LY. Sensitivity analyses were conducted with various assumptions to assess the robustness of the model. CONCLUSIONS: Idealisib + rituximab is a cost-effective treatment option for patients with CLL in England and Wales.
OBJECTIVES: Regorafenib is indicated in the treatment of locally advanced, non-resectable metastatic or inoperable gastrointestinal stromal tumors (GIST) that do not have a pathologic response to imatinib mesylate and sunitinib malate. The objective of this study is to evaluate the cost-effectiveness of regorafenib compared to standard care, since no other third-line treatment is available, in metastatic/inoperable GISTs in Turkey. METHODS: A Markov model was used comparing treatments between regorafenib and other treatments, routine monitoring and adverse event management algorithms. The incremental cost-effectiveness ratios (ICER) were calculated per quality adjusted life year (QALY) gained. Analyses were conducted from the Turkish Payor Social Security Institution perspective. Sensitivity analyses were conducted in Turkish Lira (TL) and local currency rate of 2.28 (end of 2014). RESULTS: Total costs associated with regorafenib and standard care are 22,902 and 1,692 TL, respectively. On the other hand, QALYs gained with regorafenib (2.716) was almost twice compared to standard care (1.402), and the lower margin of CE threshold that was 23,721.00 TL. CONCLUSIONS: Regorafenib is a cost-effective treatment option in metastatic/inoperable GISTs in Turkey. Compared to standard care, the additional cost of treatment is below the CE threshold.

PCN142 COST-EFFECTIVENESS OF OFATUMUMAB PLUS CHLORAMBUCIL IN FIRST-LINE CHRONIC LYMPHOCEPTIC LEUKEMIA IN THE UNITED KINGDOM

OBJECTIVES: To evaluate the cost-effectiveness of ofatumumab plus chlorambucil (OChl) versus chlorambucil (Chl) for the first-line treatment of chronic lymphocytic leukemia (CLL) in patients not eligible for fludarabine-based therapy from the United Kingdom health care payer perspective. METHODS: A semi-Markov decision model was developed with a lifetime time horizon of 25 years and a 3-month cycle length. The COMPLEMENT-1 trial provided estimates of overall response rates (ORR), progression-free survival (PFS), overall survival (OS), safety data, and preoperative utility scores for the number of patients in the “progression-free disease,” and “dead” health states at the end of each cycle was determined by parametric survival functions for PFS and OS. Long-term predictions for OS were guided by external data; the treatment effect observed in the trial was assumed not to continue beyond trial follow-up. Data from published literature and UK treatment practices and patterns were used to inform costs and utility in the post-progression health states. Incremental discounted costs and QALYs were then generated. RESULTS: The base-case incremental cost-effectiveness ratio (ICER) was £32,950 per QALY gained, with incremental discounted costs and QALYs of £10,492 and 0.32, respectively. Discount rate was 3.5% for both cost and outcomes. The probability of cost-effectiveness at a willingness-to-pay threshold of £30,000 per QALY was 43%. Univariate sensitivity analyses indicated that the proportion of patients who received active therapy after progression following first-line treatment (responders, active second-line treatment) had the largest influence on the ICER. However, none of the variables considered generated an ICER exceeding £38,000 per QALY gained. CONCLUSIONS: The improved ORR, PFS, and OS for OChl compared with Chl translated to improved long-term health outcomes in the base-case analysis. These results were robust in a wide range of sensitivity analyses and did not exceed £38,000/QALY gained.

PCN143 A SCOTLAND-BASED COST-EFFECTIVENESS ANALYSIS OF IDEALIBIS® (ZYDELIG®) IN COMBINATION WITH RITUXIMAB FOR THE TREATMENT OF ADULTS WITH CHRONIC LYMPHOCECTYC LEUKEMIA (CLL)

OBJECTIVES: Idealibis®/ rituximab (IR) is licenced for the treatment of adults with CLL who either have received at least one previous therapy and as first line therapy with del17p/TP53 mutations. Prior to the availability of IR, individuals in these patient groups received best supportive care (BSC). The clinical efficacy of IR in these patient groups was demonstrated in a Phase III RCT (“study 116”). The cost-effectiveness of IR in this patient group is unknown. A semi-Markov stratified partitioned survival model (overall survival - OS, progression free survival - PFS) was developed to estimate the lifetime costs and benefits associated with IR and BSC for a Scottish NHS perspective using a lifetime horizon and monthly cycles. OS, PFS, overall response (OR) and resource use data was taken directly from study 116. Information from study 116 was used as far as possible for patients with del17p/ TP53 mutations, with expert opinion used where necessary. Utility scores were taken from published sources. Unit-drug costs were taken from national databases and discounted at 3.5% p.a. Probabilistic and deterministic sensitivity analyses were conducted to estimate the confidence around the results. Outcomes are reported via incremental cost-effectiveness ratios (ICER). RESULTS: For all patients the ICER for the all patients was £32,180/ QALY (ΔQALYs = 2.04, ΔCosts = 646,629). In patients with del17p/TP53 mutations the ICER was £9,040/ QALY (ΔQALYs = 4.39, ΔCosts = 833,436). The results show that changes in OR rates and utility values in the ICER fell below £30,000/QALY if utility values from previous UK HTAs of treatments for CLL were used. The ICERs were robust to changes in adverse event rates/costs and alterations to background resource use pattern. CONCLUSIONS: The additional costs and benefits of using combination in all CLL patients for which it has achieved European marketing approval.

PCN144 THE COST-EFFECTIVENESS OF REGORAFENIB IN THE TREATMENT OF METASTATIC/INOPERABLE GASTRO-INTESTINAL STROMAL TUMORS IN TURKEY

OBJECTIVES: The improved ORR, PFS, and OS for OChl compared with Chl translated to improved long-term health outcomes in the base-case analysis. These results were robust in a wide range of sensitivity analyses and did not exceed £38,000/QALY gained. CONCLUSIONS: The improved ORR, PFS, and OS for OChl compared with Chl translated to improved long-term health outcomes in the base-case analysis. These results were robust in a wide range of sensitivity analyses and did not exceed £38,000/QALY gained.

PCN145 COST-EFFECTIVENESS OF SUNITINIB AS SECOND-LINE TREATMENT FOR GASTROINTESTINAL STROMAL TUMOR(GIST) IN CHINA

OBJECTIVES: Sunitinib is a multitargeted receptor tyrosine kinase inhibitor that has demonstrated its efficacy in treating Gastrointestinal stromal tumor (GIST) patients who have failed imatinib 400mg/day. The purpose of this study is to evaluate the cost-effectiveness of sunitinib as a second-line treatment in patients with advanced GISTs in China from a third party payer’s perspective. METHODS: A Markov model was developed to simulate disease progression and to determine cost and effectiveness outcomes over a 5-year time horizon. The different second-line treatment arms compared were sunitinib 50 mg/day (weeks 4 on and 2 weeks off), imatinib 600 mg/day, imatinib 800 mg/day, and best supportive care (BSC). The probabilities of state transitions and utilities were obtained from previous published trials. Resource use and costs data were obtained from previous studies and public sources. A 3.5% annual discount rate after the first year was applied to both costs and outcomes. The incremental cost-effectiveness ratios (ICER) between treatment with sunitinib 50mg/day vs. other treatments were calculated. In the base case, treatment with sunitinib vs. imatinib 600 mg resulted in 0.744 QALY gained, 0.423 LYG gained and 0.398 QALYs gained at an incremental cost of RBM14,750. The ICER was RBM37,681 per QALY gained. CONCLUSIONS: Sunitinib is likely to be a cost-effective intervention in all CLL patients the ICER for all patients was £32,180/ QALY (ΔQALYs;4.39, ΔCosts:833,436). The results show that changes in OR rates and utility values in the ICER fell below £30,000/QALY if utility values from previous UK HTAs of treatments for CLL were used. The ICERs were robust to changes in adverse event rates/costs and alterations to background resource use pattern.