tive. METHODS: We compared ipilimumab treatment for advance melanoma with and compared. All costs were presented in 2014 USD. Additionally, a survey to Chilean oncology specialist was designed to obtain qualitative information about their experience(s) with ipilimumab for the treatment of metastatic melanoma patients in Chile. RESULTS: Nineteen drugs met inclusion criteria with 28 advance cancer indications. The average cost per month of mean survival improvement was estimated at $24,802 (range 1,737 – $91,256). We estimated the cost per additional month of mean survival improvement at $13,122 and $14,843 for first and second line of newly diagnosed patients, respectively. Based on the survey, local expert opinion unanimously stated that ipilimumab is the best treatment alternative for patients with advanced melanoma. CONCLUSIONS: Compared with other innovative drugs for the treatment of advanced cancers, the cost per mean survival improvement with ipilimumab was below the average market value and may provide good value for money from a third party payer perspective in Chile. Based on the survey, specialists noted ipilimumab as the best treatment option for Chilean patient with advanced melanoma.

PCN71 BEVACIZUMAB FOR FRONT-LINE TREATMENT OF EPITHELIAL OVARIAN, FALLOPIAN TUBE OR PRIMARY PERITONEAL CANCER PATIENTS WITH HIGH RISK OF RELAPSE: A COST EFFECTIVE OPTION FOR CANADIAN PATIENTS

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OBJECTIVES: In the ICON7 randomized controlled trial, Oza et al reported that the 5-year survival of ovarian cancer patients treated with bevacizumab (5mg/kg) plus chemotherapy (carboplatin, paclitaxel), compared to chemotherapy alone in the front line setting. This study investigates the cost effectiveness (CE) of this proposed change in treatment practices. METHODS: Long-term PFS and OS were predicted using log-logistic time-to-event parametric functions over a time horizon of 10 years. Canadian PFS health state utility values were obtained from the mapping of EQ5D scores from ICON7’s high risk patient population. Post progression, utility values were derived from Naik et al (2014) Canadian study. The cost inputs, including standard resource use practices, for this CE model were informed from published literature, national databases, and a field study. Sensitivity analyses were incorporated to the two kinds of HPV vaccines. Input data were obtained from World Health Organization, global cervical cancer vaccine implementation database, cervical cancer incidence and mortality data from the country’s cancer registry, and cervical cancer incidence and mortality data from the country’s cancer registry.

CONCLUSIONS: Cost-effectiveness analysis of bevacizumab as front-line treatment for epithelial ovarian cancer was highly sensitive to differences between treatment arms, and results were robust to sensitivity analysis. The shorter and better-tolerated regimen of ATO + ATRA is a highly cost-effective strategy compared to ATRA + Chemo therapy or AIDA in the treatment of newly diagnosed low-to-intermediate risk APL patients.

PCN74 COST-EFFECTIVENESS ANALYSIS OF RADIIUM-223 DICHLORIDE (RADIIUM-223) IN ALSYMPCA: A COST-EFFECTIVENESS ANALYSIS OF RADIIUM-223 + BEST STANDARD OF CARE (BSoC) COMPARED WITH PLACEBO + BSoC IN TREATMENT OF CASTASTRIN-RESISTANT PROSTATE CANCER (CRPC) AND SYMPTOMATIC BONE METASTASES IN PATIENTS WITH PROSTATE CANCER (PCN75)

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OBJECTIVES: In ALSYMPCA, radium-223 + BSoC significantly prolonged overall survival by 3.6 months (HR=0.75; 95% CI 0.58-0.93, P<0.001). Analysis of prospectively collected MRU data from ALSYMPCA demonstrated that radium-223 + BSoC vs BSoC reduced overall MRU, including number of hospitalizations/patient/year (8.1 vs 14.6; P<0.001). An existing cost-effectiveness analysis of radium-223 (vs placebo) + best standard of care (BSoC) significantly prolonged overall survival/service (3.6 months) and improved cost-effectiveness ratio for radium-223 vs placebo + BSoC. The current study incorporates both MRU data and improved the incremental cost-effectiveness ratio for radium-223 + BSoC vs placebo + BSoC by ~35% to $73,408 ($20,098 incremental cost, 0.275 quality-adjusted life years [QALYs] gained), substantially lower than the previously referenced, although not explicitly stated, Canadian cancer drug threshold ($100,000/QALY).

PCN75 COST-EFFECTIVENESS ANALYSIS OF FEMALE HUMAN PAPILLOMAVIRUS VACCINATION IN MAINLAND CHINA

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OBJECTIVES: To evaluate cost-effectiveness of different HPV vaccination as alternates in reducing the incidence of cervical cancer in mainland China. METHOD: A Markov model was developed for a cohort of 100,000 12-year-old girls to simulate the natural history of low and high risk to HPV infection and its progression to cervical cancer or genital warts. Three recommended HPV vaccination programs were incorporated into the model: (i) Merck Gardasil 4® (protocol 2-6-6); (ii) Gardasil 9® (protocol 0-0-6-0); and (iii) Gardasil 9® (protocol 0-0-6-0) + Cervarix® (protocol 0-1-1-1). Outcomes included incidence of cervical cancer and cervical cancer in China.