
**CONCLUSIONS:** Financial expenditures for antineoplastic agents are rising due to use of new and expensive medications, which are supposed to do what is wilson coming years and are expected to decrease to cancer mortality. Senescent population with higher incidence of cancer disease is expected to slightly increase DDD and medicine packages consumption.

**PCN74**

**UTILISATION OF DRUGS INVOLVED IN TREATMENT OF STAGE I AND STAGE II BREAST CANCER IN SLOVAK REPUBLIC**

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**OBJECTIVES:** Breast cancer forms in tissues of the breast, usually in ducts and lobules. It is the most common type of woman's cancer in Slovaka (age-standardized rate - 48 incidence rate - 2016 new cases every year, mortality rate 773 deaths annually.). The aim of this study was to provide comparable and reliable data of utilisation of stage I (invasive, up to 2 centimeters, no lymph nodes involved) and stage II (invasive, 2-5 centimeters, lymph nodes might be involved, over 25 centimeters - no lymph nodes involvement) breast cancers within the period 2004-2009. **METHODS:** Analyzed data were abstracted from Slovak Institute for Drug Control, which collects them from wholesalers. Data were studied in accordance with Daily Defined Dose (DDD, with exception of trastuzumab) and in financial units (€).

**RESULTS:** The consumption of drugs used in stage I and II breast cancer had increasing trend in terms of financial burdens between 2004 and 2009 with anastrozole (from € 1 378 317 € to € 1 888 478 €), doxorubicin (from € 776,600 € to € 1 354,072 €), methotexate (from € 138,954 € to € 650,993 €) and tamoxifen (from € 797 € to € 11 703 935 €) and decreasing trend with cyclophosphamide (€ 205,316 €, € 232,867 €, € 207,042 €) and epirubicin (€ 238,125 €, € 408,690 €, € 272,757 €) and fluorouracil (€ 444,627 €, € 455,578 €). Highest consumption in terms of DDD showed fluorouracil (3,34 DDD/1000 inhabitants/day) in 2007, the highest increase of DDD in 2004, 0,46 DDD (2009). **CONCLUSIONS:** Optimal treatment of breast cancer requires different therapies. Trastuzumab is well established on Slovak market due to good results in early stage treatment with few recurrences. Consumption of tamoxifen and anastrozole will be influenced by exemestane.

**PCN75**

**ECONOMIC EVALUATION OF DASATINIB IN CHRONIC MYELOGENOUS LEUKAEMIA PATIENTS RESISTANT TO IMATINIB IN PERU, COMPARED TO NILOTINIB AND HIGH DOSES OF IMATINIB**

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**OBJECTIVES:** Optimal treatment of breast cancer requires different therapies. The most common type of woman's cancer in Slovakia is breast cancer. The treatment of breast cancer is performed in stage I, II, III and IV. The number of hospitalisations per SRE (defined as spinal cord compression [SCC], surgery to bone [SB], pathology fracture [PF] or radiation to bone [RB]). Patients with breast, lung or prostate cancer metastatic to bone or multiple myeloma and life expectancy < 6 months were enrolled in centres in Germany, Italy, Spain, UK, Canada and USA after experiencing a SRE. We report here the European HRU data on hospitalisation, which were collected retrospectively for the 90 days prior to enrolment and prospectively for approximately 18-21 months. **RESULTS:** 631 eligible patients with a total of 1282 SREs were enrolled across 95 European sites: 223 (35.3%) had a primary diagnosis of breast cancer, 151 (21.4%) lung cancer, 120 (19%) prostate cancer and 153 (24.3%) multiple myeloma. Across all tumour types, for Germany, Italy, Spain and UK, respectively, mean number of hospitalisations per patient was 0.69, 0.89 and 0.88; mean number stays of (PF) was 0.53 and 1.06 with a mean length of stay (per SRE with ≥ 1 hospitalisation) of 25.6, 41.1, 34.3 and 27.7 days. For SB (n = 137) mean number of hospitalisations per SRE was 0.90, 0.76, 0.83 and 0.75 with mean stays of 19.4, 19.8, 8.4 and 10.0 days, respectively. For SB (n = 254), mean number of hospitalisations per RB was 0.42, 0.49, 0.49 and 0.39 with mean stays of 18.7, 22.4, 20.2 and 20.7 days, respectively. Mean number of hospitalisations per RB (n = 692) were 0.19, 0.15, 0.16 and 0.07 with mean stays of 17.9, 16.6, 21.9 and 10.4 days respectively. **CONCLUSIONS:** Each SRE leads to considerable hospitalisation, which varies by SRE type and country.

**PCN76**

**THE DEVELOPMENT OF A VALUE BASED PRICING INDEX FOR NEW DRUGS IN METASTATIC COLORECTAL CANCER**

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**OBJECTIVES:** Worldwide, prices for cancer drugs have been under downward pressure where several governments have mandated price cuts of branded products. A better alternative to mandated price cuts would be the estimation of a launch price based on drug performance, cost-effectiveness and a country's ability to pay. We developed a global pricing index for new drugs that encompasses all of these attributes in patients with metastatic colorectal cancer (mCRC). **METHODS:** A pharmacoeconomic model was developed to simulate clinical outcomes in mCRC patients receiving chemotherapy with the addition of a "new drug" that improves survival by 1.4, 3 and 6 months. Cost and health state utility data were obtained from cancer centers and oncology nurses (n=112) in Canada, Spain, India, South Africa and Malaysia. A price per dose was estimated for each survival increment using a target value threshold of three times the per capita GDP for each country, as recommended by the World Health Organization (WHO). Multivariable analysis was then used to develop the pricing index, which considers survival benefit, per capita GDP and income dispersion as measured by the Gini coefficient as predictor variables. **RESULTS:** Higher survival benefits were associated with elevated drug prices, particularly in wealthier countries such as Canada. For Argentina with a per capita GDP of $15,000 and a Gini coefficient of 51, the pricing index estimated that the drug which provides a 4 month survival benefit in mCRC, the value based price would be $13.630 per dose. In contrast, the same drug in a wealthier country like Norway could command a price of $15,275. **CONCLUSIONS:** The application of this index to estimate a price based on cost effectiveness would be a good starting point for opening dialogue between the key stakeholders and a better alternative to governments' mandated price cuts.

**PCN79**

**IMPACT OF NON-ADHERENCE TO IMATINIB ON PROGRESSION-FREE SURVIVAL AS 1ST TREATMENT FOR CHRONIC MYELOID LEUKEMIA IN BRAZIL: TWO YEARS FOLLOW UP**

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**OBJECTIVES:** To determine the burden of non-metastases and health resource utilisation (HRU) associated with skeletal-related events (SREs) in patients with advanced cancer. **METHODS:** This observational study assessed HRU associated with SREs (defined as spinal cord compression [SCC], surgery to bone [SB], pathologic fracture to bone [PF] and radiation to bone [RB]). Patients with breast, lung or prostate cancer metastatic to bone or multiple myeloma and life expectancy < 6 months were enrolled in centres in Germany, Italy, Spain, UK, Canada and USA after experiencing a SRE. We report here the European HRU data on hospitalisation, which were collected retrospectively for the 90 days prior to enrolment and prospectively.