lower than that with Herceptin-IV in the management of patients with HER2+ EBC and MBC. Hence, the substitution of Herceptin-IV by Herceptin once occurred in less than 5% in case of tegafur. Tegafur (in monotherapy or in combination with calcium folinate) is less costly than capecitabine. The difference in costs in favor of tegafur monotherapy amounted to €1,956.97 per patient 6 months or €3,778.53 per year, of tegafur + calcium folinate versus €2,168.12 and €4,196.08 per patient 6 months and 4 years, respectively. CONCLUSIONS: Tegafur is a cost-saving option compared with capecitabine with similar efficacy and safety.

PCN152
ECONOMIC IMPACT OF USING SUBCUTANEOUS TRASTUZUMAB
Gutierrez E1, Narco G1, Vila MF1, Rulleos M1, Gonzalez H1, Valcarcel C2
1University Hospital of Canary Islands, Las Laguna, Spain, 2University Hospital of Nuestra Señora de la Candelaria, Santa Cruz de Tenerife, Spain, 3Canary Islands Foundation for Health and Research, Benitez de la Cruz del Sur, Spain

OBJECTIVES: To analyze the economic impact of the incorporation of trastuzumab subcutaneous (TSC) in a University Hospital according to real data of our patients. METHODS: Retrospective cost minimization study that included patients diagnosed with breast cancer treated with trastuzumab from april 2013 to april 2014. The demographic data of the patients (age and weight) and antineoplastic treatments used were obtained from the computer program Hospital Management System. An economic model was developed in Excel® data base, based on the dose used in previous clinical trials: IV loading dose of 8mg/kg and after 6mg/kg/3 weeks and SC fixed dose of 600 mg/3 weeks. The time horizon was one year and the perspective of the Health Care System. Sensitivity analysis was performed. RESULTS: During the study, 371 patients were treated for breast cancer. Of these 75% were treated with TIV (20.2%) with an average weight of 71.5 kg (SD=17.1) and a cost of 990,996.88/eur/patient. Of these patients had been treated with TSC: Situation A the total spending would be 829,965.44 €; situation B the total spending would be 786,938.50 eur. So the savings would be 161,031.44 (19.4%) and 222,058.93 (28.8%) respectively. The costs of oncology chair (not necessary for the TSC) it’s included, the savings would be 150,549.40 € and 314,576.30 € respectively. CONCLUSIONS: In this study we wanted to show how TSC saved costs in all of the situations analyzed. The TSC is a therapeutic innovation that helps promote the system’s health’s sustainability.

PCN154
PHARMACOECONOMIC ANALYSIS OF ORAL CAPECITABINE AND TEGAFUR FOR COLORECTAL CANCER TREATMENT IN RUSSIA
Gerasimova E1, Arentseva Y2, Rebрова G3
1The Russian Presidential Academy of National Economy and Public Administration, Moscow, Russia, 2Proger Russian National Research Medical University, Moscow, Russia, 3MIRAS Consulting (MIRAS CONSULTING) GmbH, Berlin, Germany

OBJECTIVES: To compare the pharmacoeconomic impact of oral drugs, tegafur versus capecitabine, for advanced colorectal cancer (CRC) in adult patients. METHODS: Indirect comparison and network meta-analysis of clinical efficacy and safety of tegafur, capecitabine + tegafur + calcium folinate or capecitabine were performed. Cost-minimization analysis (CMA) with calculation of cost minimization difference was used for economic evaluation of studied drugs. RESULTS: There was no statistically significant difference in the full and partial objective tumor responses between tegafur (both in monotherapy or in combination with calcium folinate) and capecitabine for advanced CRC treatment in an indirect comparison and network meta-analysis. Capecitabine tegafur + calcium folinate has less 3–4th grade stomatitis but there was no difference in the incidence of diarrhea and 3–4th grade nausea/vomiting. There was no difference in safety between tegafur and capecitabine monotherapy in terms of incidence of diarrhea, vomiting, stomatitis in a Russian setting. The hand–to–head comparison of tegafur and capecitabine showed differences in OS and PFS for first line (1L) mCRC in KRAS wild-type (wt) patients amongst bevacizumab (Bev) and cetuximab (Cet) – the most commonly used biologics in this setting. Since benefit of both drugs is comparable, the aim of the study was comparing treatment costs. Costs were taken from CMED price list and UNIMED reimbursement lists. A uni-variate sensitivity analysis was conducted varying parameters from ±20% range. RESULTS: Bev price and patient height. The higher costs of initial bendamustin treatment are in the long-term horizon offset by substantial savings of progression costs. There is 100% probability of Be-R being cost-effective at the selected WTP threshold.

PCN156
MODEL-BASED COST-UTILITY ANALYSIS OF ERYPHROPOIESIS-STIMULATING AGENTS FOR THE TREATMENT OF CANCER-TREATED INDUCED ANEMIA IN THE CZECH REPUBLIC
Valek P1, Marvan M2, Liska M3, Napravnik I4, Smollek T5, Huley N1, Hoyle M1, Krathorne L1, Haassova M1, Briscoe S1, Coelho H1, Medina-Lara A1, Mujica Mota R1, Napier M2, Hyde C1
1University of Eastern, Easter, UK, 2Royal Devon & Exeter NHS FT, Easter, UK

OBJECTIVES: To assess the cost-utility of erythropoiesis-stimulating agents (ESAs) in conjunction with red blood cell transfusions (RBCTs) in patients with cancer-treatment induced anaemia (CIA). METHODS: A cost-utility analysis was conducted, with costs from a societal perspective. Uncertainty assessment was performed using one-way and probabilistic sensitivity analysis. RESULTS: Among patients with common EGFR mutations (89%) had higher overall survival when treated with afatinib versus PEM, ICUR was €1,133 EUR/QALY and €1,044 EUR/LYG. The incremental total costs were 1,368 EUR (total life time costs for B-R compared to PEM) and €41,712,761.19 (total life time costs for B-R compared to PEM). The higher costs of initial bendamustin treatment are in the long-term horizon offset by substantial savings of progression costs. There is 100% probability of B-R being cost-effective at the selected WTP threshold.

PCN157
EVALUATION OF EFFICACY OF TREATMENT OF METASTATIC LUNG CANCER WITH AFTAINIB
Zaim B1, Tran L2, Green HM1, Uyl-de Groot CA1
1Erasmus University, Institute for Medical Technology Assessment, Rotterdam, The Netherlands, 2Leiden University Medical Center, Leiden, The Netherlands

OBJECTIVES: To assess the cost–utility of erythropoiesis-stimulating agents (ESAs) in conjunction with red blood cell transfusions (RBCTs) in patients with cancer-treatment induced anaemia (CIA). METHODS: A cost-utility analysis of B-R was conducted, with costs from a societal perspective. Uncertainty assessment was performed using one-way and probabilistic sensitivity analysis. CONCLUSIONS: We demonstrated that genotype-directed therapy with afatinib improved survival in patients with common EGFR mutations (89%) had higher overall survival when treated with afatinib versus PEM, ICUR was €1,133 EUR/QALY and €1,044 EUR/LYG. The incremental total costs were 1,368 EUR (total life time costs for B-R compared to PEM) and €41,712,761.19 (total life time costs for B-R compared to PEM). The higher costs of initial bendamustin treatment are in the long-term horizon offset by substantial savings of progression costs. There is 100% probability of B-R being cost-effective at the selected WTP threshold.