decreased to < - 2 or fracture occurrence ("Delayed ZOL"). After 60 months, Upfront ZOL increased both BMD and disease-free survival (P < 0.05) relative to Delayed ZOL. The practical analysis was a direct comparison of the cost-effectiveness of Upfront ZOL versus this population, from German (DE) and Italian (IT) payer perspectives. METHODS: A Markov state-transition model was constructed to estimate the lifetime costs and QALY for hypothetical cohorts of postmenopausal women receiving Letrozole with or without upfront zoledronic acid (ZOL). The model was parameterised using country-specific data. RESULTS: In IT, upfront ZOL treatment was associated with 15.01 QALYs and £21.998. Delayed ZOL was associated with 13.98 QALYs and £19.458. Thus, upfront ZOL cost £2.435/QALY. In DE, upfront ZOL treatment resulted in 15.44 QALYs and £22.899. Delayed ZOL was associated with 14.85 QALYs and £23.081. Therefore, upfront ZOL cost £888/QALY. In both countries, the results were very insensitive to changes in individual model input values. Compared to Delayed ZOL, upfront ZOL treatment cost £20,000/QALY in > 95% of 1000 probabilistic sensitivity analysis model runs in both IT and DE. CONCLUSIONS: This analysis suggests that treatment with upfront ZOL may reduce recurrence and increase QALY and is highly cost effective relative to a Delayed ZOL strategy from an IT and DE health care perspective.

PCN68 COST-EFFECTIVENESS OF HER-2-POSITIVE METASTATIC BREAST-CANCER TREATMENT IN POST-HER2 PROGRESSION IN COLOMBIA Chicaiza L1, Garcia-Molina M1, Castaño C2, Castañeda C1, Urrego J1, Moreno M2
1Universidad Nacional de Colombia, Bogotá, Colombia, 2ICAS, Bogotá, Colombia
OBJECTIVES: Breast Cancer (BC) is the first cause of death among women, and it progresses to metastatic breast cancer (MBC) in half of the cases. HER-2 overexpression is a marker of the worst prognosis and the target of guided therapies. The aim of this study is to assess the cost-effectiveness of therapies against BC with overexpressed HER-2 in Colombia. METHODS: A cost-effectiveness study of MBC treatment in HER-2 positive patients progressing to Trastuzumab was conducted, with lapatinib, capecitabine and capecitabine + capcitabine was compared to Herceptin + chemotherapy (capcitabine, vinorelbine or a Taxane). The effectiveness rates of these therapies were identified based on published primary studies. In the absence of head-to-head comparisons, Weibull functions for each chemotherapy were estimated from the survival curves and were multiplied by their hazard ratios. The discount rate used was 3%.

RESULTS: The cost-effectiveness analysis showed a reduction in average cost per patient of $8171 and a reduction in 0.871 of life-year gained. In IT, upfront ZOL treatment was associated with 15.01 QALYs and £21.998. Delayed ZOL was associated with 13.98 QALYs and £19.458. Thus, upfront ZOL cost £2.435/QALY. In DE, upfront ZOL treatment resulted in 15.44 QALYs and £22.899. Delayed ZOL was associated with 14.85 QALYs and £23.081. Therefore, upfront ZOL cost £888/QALY. In both countries, the results were very insensitive to changes in individual model input values. Compared to Delayed ZOL, upfront ZOL treatment cost £20,000/QALY in > 95% of 1000 probabilistic sensitivity analysis model runs in both IT and DE. CONCLUSIONS: This analysis suggests that treatment with upfront ZOL may reduce recurrence and increase QALY and is highly cost effective relative to a Delayed ZOL strategy from an IT and DE health care perspective.

PCN69 COST-EFFECTIVENESS ASSESSMENT OF AROMATASE INHIBITORS AND TAMOXIFEN AS AN ADJUVANT THERAPY IN POSTMENOPAUSAL WOMEN WITH EARLY-STAGE HORMONE RECEPTOR POSITIVE BREAST CANCER Sura SD, Banugyi SS
University of Houston, Houston, TX, USA
OBJECTIVES: The objective of this study was to estimate the cost-effectiveness of Aromatase Inhibitors (Ais) (anastrozole, letrozole and exemestane) and tamoxifen as adjuvant treatment of postmenopausal women with hormone receptor positive early-stage breast cancer. The model parameters were estimated from published clinical trials. The perspective was that of the third party payer including all direct medical costs based on Standard National Tariffs. Finally, a Markov model was developed, incremental cost-effectiveness ratios (ICER), sensitivity analysis, and acceptability curve were estimated. The discount rate used was 3%. RESULTS: Lapatinib + capcitabine was compared to Herceptin + chemotherapy (capcitabine, vinorelbine or a Taxane). The effectiveness rates of these therapies were identified based on published primary studies. In the absence of head-to-head comparisons, Weibull functions for each chemotherapy were estimated from the survival curves and were multiplied by their hazard ratios. The discount rate used was 3%.

RESULTS: The cost-effectiveness analysis showed a reduction in average cost per patient of $8171 and a reduction in 0.871 of life-year gained. CONCLUSIONS: The strategy with lapatinib is cost-effective in the treatment of MBC after progression to Herceptin.

PCN70 COST EFFECTIVENESS ANALYSIS OF BUSULFAN + CYCLOPHOSPHAMIDE (BUCY2) AS CONDITIONING REGIME BEFORE ALLOGENIC HUMAN STEM CELL TRANSPLANTATION (HSCT): COMPARISON OF ORAL VERSUS IV INFUSION TREATMENT IN POST-HERCEPTIN PROGRESSION IN COLOMBIA Malmstrom R4, Loucks A1, Wilson LS1, Zhong L1, Pon V1, Srinivas S2, Frear M1, Nguyen N1, Gong C3, Kwon S1, Cura D1, Holroyd K1, Chua K1, Au P1, Marden I1, Freer M1, Wilson LS1, Truong L3, Milosevic M4
1University of California, San Francisco, San Francisco, CA, USA, 2Veterans Affairs, Martinez, CA, USA, 3Institute of Social Security (IMSS) resource payments to evaluate the cost-effectiveness in Mexican pesos (MxP) of IVBu vs oralBu. IVBu was used to treat AEs of sunitinib was $982 (95% CI, $788-$1,112) and for pazopanib was $137 (95% CI, $87-$192). CONCLUSIONS: BSC is dominated by busulfan. Busulfan was the cost-effective conditioning regimen in Mexico and should be considered by clinicians and decision makers as a favorable option over Allo-HSCT.

PCN71 COST EFFECTIVENESS ANALYSIS OF NEW TREATMENTS FOR METASTATIC CASTRATION-RESISTANT PROSTATE CANCER: DOES SEVERITY MATTER? Wilson LS1, Zong L1, Fan V1, Sinivas S5, Frear M1, Nguyen N4, Gong C3, Kwon S1, Mainstrom R4, Loucks A2, 1University of California, San Francisco, San Francisco, CA, USA, 2Stanford University, Stanford, CA, USA, 3Veterans Affairs, San Francisco, CA, USA, 4Veterans Affairs, Martinez, CA, USA
OBJECTIVES: To evaluate cost-effectiveness of abiraterone and cabazitaxel compared to existing palliative chemotherapy, mitoxantrone and placebo for metastatic castration-resistant prostate cancer (mCRPC) patients; focusing on differences in baseline illness severity. METHODS: A decision tree comparing four treatment strategies in mCRPC patients over an 18-month period was constructed from the societal perspective. Chance nodes included baseline pain as a severity indicator with no pain, mild pain, moderate pain, and severe pain and duration up to 18 months. Utilities for bone pain, neutropenia, cardiac events and radiation therapy were included for pain palliation, and death. The short duration excluded need for discounting. RESULTS: Abiraterone and cabazitaxel were included for both arms, compared to placebo. The model estimated non discounted cost per patient and incremental cost-effectiveness ratios. Probabilistic sensitivity analysis was performed using Monte Carlo simulation 1000 model runs in each case. Baseline severity was altered to reflect relatively ill populations. RESULTS: Abiraterone and cabazitaxel gives the best effects and cabazitaxel is most cost-effective. For abiraterone versus placebo, the ICER was $120K/QALYs and $130K/LY. For abiraterone versus mitoxantrone, the ICER was $76K/QALYS and $52K/LYS. Cabazitaxel has an ICER of $920K/QALYS and $378K/LYS compared to abiraterone. One-way and probabilistic sensitivity analyses show a robust model for most variables. This maintained across the majority of WTP thresholds shown in acceptability curves.