trastuzumab (11 703 935 €), rituximab (9 153 856 €), and in the setting of Dd: ifosfamid (3,43 (2004) and 6.3 (2009), gemcitabine (4,88 (2004) and 4.66 (2009), fluorouracil (3,14 and 2,85 (2009)).

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

PCN7 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 women's cancer in Slovakian 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 5 centimeters - no lymph nodes involvement) breast cancer drugs within the period 2004-2009. METHODS: Analysed 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 the 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 anastozole (from 1 378 317 € to 1 888 478 €), doxorubicin (from 776 400 € to 1 354 072 €), methotrexate (from 138 954 € to 650 993 €) and tamoxifen (from 11 703 935 € to 11 703 935 €). Data from 2016/2017 were omitted due to unavailability of final values. 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 recidives. Consumption of tamoxifen and anastrozole will be influenced by exemestane.

PCN7 ECONOMIC EVALUATION OF DACASITINIB IN CHRONIC MYELOGENOUS LEUKAEMIA PATIENTS RESISTANT TO IMATINIB IN PERU, COMPARED TO NILOTINIB AND HIGH DOSES OF IMATINIB

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OBJECTIVES: Within the framework of Chronic Myelogenous Leukaemia (CML) treatment in Peru, and based on a previously performed economic evaluation, we compared the costs and cost-effectiveness ratio of using 100mg/day and 140 mg/day doses of Dasatinib with the use of 800 mg/day doses of Nilotinib or an increased dose of Imatinib (800mg/day), for each stage of the disease, in patients who developed resistance (P) or radiation to bone (RB). METHODS: A Markov model was used for this economic evaluation, which considered a cohort of 10,000 CML patients in its three phases (chronic, accelerated and blast phase), a lifetime horizon and a 3.5% discount rate for costs and benefits. Model results included the costs of treatment in patients with Chronic Myelogenous Leukaemia, Nilotinib or Imatinib, and Cost-Adjusted Life Years (CALYS) gained. Costs were measured in Peruvian SOLYS of year 2010. RESULTS: In the chronic phase of the disease, dasatinib 100 mg/day yielded the highest cost-effectiveness ratio of QALYS with 6.62 and the lowest cost-effectiveness ratio in the accelerated phase. Dasatinib 140 mg/day also showed the lowest cost-effectiveness ratio compared to Nilotinib and Imatinib. In the blast phase, dasatinib showed lower cost-effectiveness ratio than imatinib. CONCLUSIONS: Dasatinib 100 mg/day showed the lowest cost-effectiveness ratios than doses of 800 mg/day of Nilotinib and imatinib 800 mg for the treatment of patients with CML resistant to usual doses 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, especially 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 for a drug which provides a 4 month survival benefit in mCRC, the value based price would be $US 630 per dose. In contrast, the same drug in a wealthier country like Norway could command a price of $US 2,775. 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.

Cancer – Patient-Reported Outcomes & Preference-Based Studies

PCN7 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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A168 V A L U E I N H E A L T H 1 4 ( 2 0 1 1 ) A 1 – A 2 1 4
OBJECTIVES: Imatinib is considered standard of care for 1st line treatment of chronic myeloid leukemia (CML) in Brazil. Long-term treatment effectiveness, however, is jeopardized by questionable adherence among patients receiving imatinib. The goal of this study is to document the adherence of CML patients to imatinib and the impact on their disease progression. This long-term prospective study was performed.

METHODS: A longitudinal cohort analysis was performed using SIA/DATASUS data from January 2008 through Jun 2010. Inclusion criteria included patients ≥ 18 years old, diagnosed with CML (ICD10 92.1) in Chronic Phase; beginning 1st line treatment with imatinib from January 1, 2008 to December 31, 2008; and a minimum follow-up period of 6 months. Adherence of all patients that met inclusion criteria was calculated based on medication possession ratio (MPR) over a 15-month period. Patients were categorized as adherent (MPR ≥ 0.9) or non-adherent (< 0.9). Using uni and multivariate logistic regression we analyzed the following covariates: adherence, age, gender, region of country and other comorbidities for their influence on progression rates. RESULTS: In total, 386 patients, 56% males and mean (SD) age 48 (15) years, were included in the study. There were 210 (54%) patients calculated as being adherent (MPR ≥ 0.9). At the end of the 24-months of follow-up, 20% patients from the non-adherent group had progressed, versus 10% in the adherent group (log-rank p = 0.02). Patients from North, South and Southeast regions of Brazil had significantly higher adherence as compared with those from Northeast or Center-west. According to the multivariate logistic regression, lower adherence is significantly associated with higher progression rates. CONCLUSIONS: Adherence to imatinib is associated with a better progression-free survival profile, with statistical significance being observed after a 24-months period. Non-adherence was observed in 46% of the population studied. 

PCN80 PATIENT PREFERENCES FOR TOXICITIES ASSOCIATED WITH CHEMOTHERAPIES FOR ADVANCED BREAST CANCER
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OBJECTIVES: Given that treatments for advanced breast cancer are palliative rather than curative, the patient-perceived impact of chemotherapy is a critical outcome. To date, no studies have estimated the strength of patient preferences for a comprehensive set of toxicities associated with breast cancer treatments. The objective of this study was to measure patient preferences for treatment-related toxicities in advanced breast cancer. METHODS: This was a cross-sectional Web-based survey of women with stage I through IV breast cancer who were recruited through web forums and newspaper ads. Using the standard gamble approach, each participant was asked about their own current health status and in the absence of toxicities and nine health states describing that current health state plus each of nine grade III/IV toxicities. Toxicity disutilities were calculated by subtracting the utility for that from current health plus the toxicity. RESULTS: Of the 103 patients who completed the web survey, 21 had to be excluded given irrational responses. The mean ‘current health’ utility for the sample was 0.817. Patients assigned higher utilities to their current health state than to the toxicity states. Alopecia received the highest utility (mean =0.79; disutility = – 4.6) of all the side effects, and diarrhea received the lowest (mean =0.69; disutility = – 14.7). Patterns were similar across disease stages, although patients with more advanced disease (stage III or IV) generally assigned lower utilities (greater disutilities) to the various toxicities. For several side effects (alopecia, nausea, vomiting, fatigue, mucositis, and diarrhea), patients who had experience with the side effect reported higher utility for that particular comparison than those who had never experienced the side effect. CONCLUSIONS: To our knowledge, this study was the first to report strength of preferences for toxicities associated with advanced breast cancer treatments. The utilities obtained in this study may be used in future cost-effectiveness evaluations of breast cancer therapies.

PCN81 DIVERSITY IN BELIEFS ABOUT THE CAUSES OF CANCER: A QUALITATIVE APPROACH TO EVALUATE CANCER PATIENTS’ UNDERSTANDING TOWARDS CANCER AND ITS CAUSES
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OBJECTIVES: To evaluate and compare the preferences for targeted therapy for metastatic renal cell carcinoma in patients, patients’ family members and medical experts. METHODS: Using discrete choice experiment, survey questions were constructed on the basis of six attributes of efficacy, adverse events and administration. We designed four and two kind of scenarios sets as first-line therapy and therapy for poor prognosis. A total of 485 individuals were completed questionnaire: 140 cancer patients, 60 patients’ family members and 285 medical experts(39 oncology doctors, 34 oncology nurses, 133 nurses and 79 pharmacists). RESULTS: In first-line therapy and therapy for poor prognosis, all six attributes in studies were statistically significant so they were important for choices. In first-line therapy coefficients of six attributes in patients and medical experts were all statistically significant but not progression free survival(PFS) in patients’ family members. Between patients and doctors, FFS, hand-foot skin reaction(HFSR) and administration were statistically significantly different. Between patients and nurses, the coefficient of bone marrow suppression, HFSR, gastrointestinal perforation and administration were significantly different. In therapy for poor prognosis, six attributes were statistically significant in patients but not administration in patients’ family members, not HFSR, interstitial pneumonitis in doctors. Between patients and doctors, coefficients of FFS, HFSR, asthenia and interstitial pneumonitis were different significantly. Between patients and nurses, five attributes were significantly different except HFSR. CONCLUSIONS: Efficacy, adverse events and administration were all important for preference in respondents. Comparisons of coefficients between subgroups represented different preferences of those groups. Medical experts especially doctors showed quite different preferences from patients and patients’ family members. Doctors considered efficacy more important than adverse events, and nurse accorded the most important the drug had adverse events more frequently. But patients and patients’ family members showed reluctant attitudes about adverse events.

PCN84 PATIENTS’ PREFERENCES FOR THE TREATMENT OF COLORRECTAL CANCER: A DISCRETE CHOICE EXPERIMENT (DCE) SURVEY
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OBJECTIVES: Colorectal cancer (CRC) is one of the most common cancers worldwide. major treatment advances, however, have changed the assumptions about smoking, high consumption of red meat, and pesticides in foods were some of the environmental factors that were described. Among those who claimed to have healthy habits prior to the illness, there was a rejection of the notion that unhealthy lifestyle was a cause. A strong spiritual connection was found as many patients found their cancer diagnosis as ‘God’s will’. CONCLUSIONS: This exploratory investigation suggests that cancer patients’ understanding about cancer is complex in nature. The findings may help health care providers remove myths about cancer and reassure patients during the treatment decision making process. It may also help in improving patients’ compliance towards the proven cancer therapies.