Ra-223 or placebo respectively. Patients entered the model progression-free, receiving active treatment until progression or completion of the therapy course. Health states reflected patients experiencing first or subsequent SRE. In the trial, SRE was defined as treatment with external beam radiation therapy (EBRT), surgical intervention, occurrence of pathological bone fracture, or spinal cord compression. A 5-year time horizon was considered. Costs were estimated from a US perspective and costs were derived by multiplying the number of patients experiencing SRE by its specific treatment cost (including hospitalization costs). RESULTS: Ra-223 increased mean life expectancy by 0.205 (95% CI 0.146-0.264) and 0.268 (95% CI 0.203-0.333) years in the subgroup of patients who had not received first-line docetaxel. Ra-223 was projected to lead to 44% reduction in the total cost of SREs versus BSC, 46% reduction in pathologic bone fracture costs; 48% for spinal cord compression costs, 14% for external beam radiation, and 11% for surgical interventions. A total of 32.9% of patients suffered a first SRE for Ra-223 versus 37.8% for placebo and 6.5% and 7.8%, respectively, suffered two or more SREs in the Ra-223 and placebo groups, respectively. Costs were calculated with BSC, Ra-223 reduced costs of SREs. Future studies will evaluate the total cost of care related to the benefit of Ra-223 versus placebo in patients treated with BSC in mCRPC once the cost of the therapy and the impact on quality adjusted survival are known.

PCN36

OBJECTIVES: Comparing the costs and outcomes of the two diagnostic tests, bevacizumab and cetuximab, are the most used biologics in management of metastatic CRC: bevacizumab and cetuximab.

RESULTS: Differences in medical costs were due to higher ambulatory and inpatient expenditures for ifosfamide cohorts, which generally had higher numbers of patients included in the trajectory. Treatment with ifosfamide resulted in significantly higher health care costs and its drivers for managed care patients with STS who were treated against hemorrhagic cystitis; resultant costs are unknown. This study examined cumulative Medicare-paid expenditures and survival associated with various treatment modalities for HCC in a population for which it is most treated.

CONCLUSIONS: Treatment with ifosfamide resulted in significantly higher health care costs and its drivers for managed care patients with STS who were treated against hemorrhagic cystitis; resultant costs are unknown. This study examined cumulative Medicare-paid expenditures and survival associated with various treatment modalities for HCC in a population for which it is most treated.

CONCLUSIONS: In patients treated with BSoC, Ra-223 reduced costs of SREs. Future studies will evaluate the total cost of care related to the benefit of Ra-223 versus placebo in patients treated with BSC in mCRPC once the cost of the therapy and the impact on quality adjusted survival are known.