ing to develop a targeted contrast agent that specifically detects adenomas at increased risk of progressing to CRC. This might further raise the potential of MR colonography. We explored the potential of conventional and targeted MR colonography in terms of (cost-)effectiveness using the ASCCA model.

**METHODS:** Thirteen screening strategies were evaluated, differing in primary screening interval (every 5 years) and in the screening round (or rounds) at which strategies underwent advancement. Strategies underwent advancement if and only if they were conventional and targeted MR colonography, colonoscopy and CT colonography with two, three and four screening rounds at a ten year screening interval. Furthermore, the per screening interval of the colonoscopy and number of screening rounds. The strategies under consideration were publicly available for all hospitals in Greece. Costs of health state reflected: drugs, adverse events, monitoring, administration and palliative care. Utility values were obtained from the international literature to estimate Quality-Adjusted-Life-Years (QALYs). Costs and health gains were discounted at 3.5% per annum. A probabilistic sensitivity analysis was conducted to test the robustness of the CEA analysis across a range of assumptions regarding test characteristics and costs per test.

**CONCLUSIONS:** It is the first study to evaluate the cost-effectiveness of MR colonography screening for CRC. Although conventional and targeted MR colonography are cost-effective compared to no screening, at present they cannot compete with more established screening tests because of the high costs per test.

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**PCN103**

**ECONOMIC EVALUATION OF NA3-PACTIAXEL PLUS GEMCITABINE VERSUS GEMCITABINE ALONE FOR THE MANAGEMENT OF METASTATIC PANCREATIC CANCER IN GREECE**

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**OBJECTIVES:** To estimate the cost-effectiveness of na3-pactiaxel-gemcitabine (Npg) versus gemcitabine (Gem) alone for the first-line treatment of metastatic pancreatic cancer from a National Health System perspective.

**METHODS:** A Markov model was developed, including several stages such as: “pre-progression on first-line treatment”, “post-progression”, “four weeks to death” and “death”. Data from the MAFACT trial were used to estimate overall survival (Life-Years (LYs)) and adverse events. The prices of drugs used in the model were obtained from the Greek National Organisation for Health. Costs of health state reflected: drugs, adverse events, monitoring, administration and palliative care. Utility values were obtained from the international literature to estimate Quality-Adjusted-Life-Years (QALYs). Costs and health gains were discounted at 3.5% per annum. A probabilistic sensitivity analysis was conducted to test the robustness of the CEA analysis across a range of assumptions regarding test characteristics and costs per test.

**CONCLUSIONS:** This is the first study to evaluate the cost-effectiveness of MR colonography screening for CRC. Although conventional and targeted MR colonography are cost-effective compared to no screening, at present they cannot compete with more established screening tests because of the high costs per test.

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**PCN106**

**EVENMIZUMAB PLUS MX0060 VERSUS BEVACIZUMAB PLUS FOLFIRINOX AS FIRST-LINE TREATMENT OF PATIENTS WITH WILD-TYPE RAS METASTATIC COLORECTAL CANCER**


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**OBJECTIVES:** To evaluate the cost-effectiveness of panitumumab plus MX0060 versus bevacizumab plus MX0060 as first-line treatment for patients with wild-type RAS metastatic colorectal cancer (mCRC). **METHODS:** Using a French health collective perspective, a lifetime Markov model was constructed, with health states related to first-line therapy (progression-free), disease progression with/without subsequent active treatment, resection of metastases, disease-free after successful resection, and death. Transitions to disease progression and death were estimated using parametric survival analyses of patients-level progression-free (PFS) and overall (OS) survival from the non-randomized segment of the patient-level PFS and overall survival (OS) in the non-randomized group of patients with advanced colorectal cancer, treated with bevacizumab, and the incremental cost per quality-adjusted life-year was estimated at €15,846 (95% CI: 12,327 - 19,246) for MX0060. Results: The mean number of QALYs was 0.71 (95% CI: 0.47-0.96) for MX0060 and 0.75 (95% CI: 0.41-1.02) for Bevacizumab. The incremental cost per QALY was €1,971/LYG to €1,971/LYG for MX0060 vs. Bevacizumab. This study evaluated the cost-effectiveness of everolimus plus exemesis (C-P) as compared to ChEs 2, MRE, and the incremental cost per QALY was estimated at €15,682 (95% CI: 12,117 - 19,888) for MX0060 vs. Bevacizumab.

**CONCLUSIONS:** The model is robust to alternative parameters and assumptions. Efficacy analysis showed that, when compared with C-P, MX0060 was found dominant (asso-
5-year time horizon, PFS data assessed by independent review, drug doses adjusted by relative dose intensity reported in COMPARZ trial and discount rates of 3% for costs and outcomes. Results were expressed as 2014. Deterministic (10-year time horizon, discount rates 0 and 5%, PFS assessed by investigator, and plenty-doses) and probabilistic sensitivity analyses were conducted to determine the robustness of the modeled. In the base case and the scenario showing the dominant alternative, yielding more quality of life adjusted years (0.081) and less total costs (€6,671) vs. sunitinib. Base-case results were robust in the alternative scenarios examined and via deterministic sensitivity analyses. In the probabilistic sensitivity analysis (PSA), a 67% of the simulations were plotted in the dominant quadrant of the cost-effectiveness plane. CONCLUSIONS: In the light of the present analysis, pazopanib should be considered as a dominant alternative vs. sunitinib in the first-line mBCC treatment from the Spanish National Healthcare perspective.

PCN108 ECONOMIC EVALUATION OF THE USE OF GEFITINIB FOR THE TREATMENT OF LOCALLY ADVANCED OR METASTATIC NSCLC Pelonco AC1, Salazar A1, Pizarro M1, Carpio E1, González LA2
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Non-small-cell lung cancer (NSCLC) is the most common type of cancer representing 18.2% of all cancer deaths around the world and in Mexico the estimated mortality rate is 13.4 by 100,000 patients. OBJECTIVES: Evaluate gefitinib as first and second line treatment of locally advanced or metastatic NSCLC compared to available treatment alternatives in Mexico. METHODS: A two-way analysis was performed. (1) For the first-line treatment in patients with Epidermal Growth Factor Receptor (EGFR) mutation, gefitinib was a cost-saving alternative respect to erlotinib, obtaining a cost of $927 USD and $21,346 USD respectively. Robustness of results was confirmed by additional deterministic and probabilistic sensitivity analyses. (2) For second-line NSCLC treatment, regardless of EGFR mutation, a cost-minimization analysis was performed. Conclusions of results was confirmed by additional deterministic and probabilistic sensitivity analyses. A semi-Markov based decision model was developed with an 5-year time horizon, PFS data assessed by independent review, drug doses adjusted by relative dose intensity reported in COMPARZ trial and a discount rate of 3% for costs and outcomes. Results were expressed as 2014. Deterministic (10-year time horizon, discount rates 0 and 5%, PFS assessed by investigator, and plenty-doses) and probabilistic sensitivity analyses were conducted to determine the robustness of the modeled. In the base case and the scenario showing the dominant alternative, yielding more quality of life adjusted years (0.081) and less total costs (€6,671) vs. sunitinib. Base-case results were robust in the alternative scenarios examined and via deterministic sensitivity analyses. In the probabilistic sensitivity analysis (PSA), a 67% of the simulations were plotted in the dominant quadrant of the cost-effectiveness plane. CONCLUSIONS: In the light of the present analysis, pazopanib should be considered as a dominant alternative vs. sunitinib in the first-line mBCC treatment from the Spanish National Healthcare perspective.

PCN109 COST-EFFECTIVENESS OF OFATUMUMAB PLUS CHLORAMBUCIL IN FIRST LINE CHRONIC LYMPHOCYTIC LEUKAEMIA IN CANADA Haidari A1, Nakhaipour HH1, Haiderali A1, Wolowcz S2, Jayasundara K3
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Ofatumumab (Alectinib) is a fully humanized, anti-CD20 monoclonal antibody that is approved for the treatment of patients with chronic lymphocytic leukemia (CLL) and large B-cell lymphoma with a history of ≥ 1 prior therapy. OBJECTIVES: This study aimed to estimate the cost-effectiveness of Ofatumumab plus Chlorambucil (OChl) compared with Chlorambucil (Chl) for patients with Chronic lymphocytic leukemia (CLL) who have previously been considered inadequate, from the perspective of the publicly funded health care system in Canada. METHODS: A semi-Markov based decision model was developed with a lifetime health outcomes. The analysis found that the ICER for OChl versus Chl in the first-line setting was based on Canadian treatment practices, treatment patterns identified from the PCN111 COST-EFFECTIVENESS AND COST-UTILITY OF GLUCOSE COLONIES- STIMULATING FACTORS IN THE PRIMARY PROPHYLAXIS OF CHEMOTHERAPY INDUCED FEBRILE NEUROGENIA (FN) IN BREAST CANCER PATIENTS IN GREECE: A REGRESSION PROPORTIONATE ANALYTIC STUDY Tsoumali I1, Palaka K1, Papagiannopoulou V1, Maniadakis N2
1National and Kapodistrian University of Athens School of Medicine, Athens, Greece, 2AMGEN Hellas, Maroussi, Greece, 3National School of Public Health, Athens, Greece OBJECTIVES: To evaluate the ICERs and cost-utility estimates of pegfilgrastim with filgrastim or lenograstim used either in an 11-day regimen or in a 6-day regimen for the prophylaxis of febrile neutropenia (FN) in breast cancer patients, in the Greek health care setting. METHODS: Cost-effectiveness model was developed based on the use of filgrastim as FN prophylaxis. Conclusions of results was confirmed by additional deterministic and probabilistic sensitivity analyses. A semi-Markov based decision model was developed with an 5-year time horizon, PFS data assessed by independent review, drug doses adjusted by relative dose intensity reported in COMPARZ trial and a discount rate of 3% for costs and outcomes. Results were expressed as 2014. Deterministic (10-year time horizon, discount rates 0 and 5%, PFS assessed by investigator, and plenty-doses) and probabilistic sensitivity analyses were conducted to determine the robustness of the modeled. In the base case and the scenario showing the dominant alternative, yielding more quality of life adjusted years (0.081) and less total costs (€6,671) vs. sunitinib. Base-case results were robust in the alternative scenarios examined and via deterministic sensitivity analyses. In the probabilistic sensitivity analysis (PSA), a 67% of the simulations were plotted in the dominant quadrant of the cost-effectiveness plane. CONCLUSIONS: In the light of the present analysis, pazopanib should be considered as a dominant alternative vs. sunitinib in the first-line mBCC treatment from the Spanish National Healthcare perspective.

PCN110 COST-EFFECTIVENESS OF PANITUMUMAB PLUS CHLORAMBUCIL IN THE FIRST LINE TREATMENT OF METASTATIC OR LOCALIZED BASEAL CELL CARCINOMA IN HUNGARY Mikudina B1, Tóth Péter T1, Nagy G1, Horváth K2
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OBJECTIVES: Hungarian adaptation of global cost-effectiveness models of vismodegib vs. standard of care (SOC) in the treatment of locally advanced or symptomatic metastatic basal cell carcinoma (lbBCC and mBCC). METHODS: Global Markov models were developed to compare the cost-effectiveness of vismodegib vs. SOC in patients with lbBCC or mBCC. The model inputs were based on the pivotal phase II clinical study (EUVANCE). Health state utility values were based on a time trade off study. To support the reimbursement dossier submission, the adaptation of the global model was performed. The results suggest that panitumumab plus mFOLFOX6 is a cost-effective alternative relative to bevacizumab plus mFOLFOX6 as FLT of mBCC patients with wild-type RasA, in Greece.

PCN112 COST-EFFECTIVENESS OF VISMODEGIB VS. STANDART OF CARE THERAPY IN THE TREATMENT OF LOCALLY-ADVANCED OR SYMPTOMATIC METASTATIC BASEAL CELL CARCINOMA IN HUNGARY – A GLOBAL COST-EFFECTIVENESS MODEL ADAPTAION Mikudina B1, Tóth Péter T1, Nagy G1, Horváth K2
1Healthcare Consulting Ltd., Budapest, Hungary, 2Rute Hungary, Budapest, Hungary
OBJECTIVE: Hungarian adaptation of global cost-effectiveness models of vismodegib vs. standard of care (SOC) in the treatment of locally advanced or symptomatic metastatic basal cell carcinoma (lbBCC and mBCC). METHODS: Global Markov models were developed to compare the cost-effectiveness of vismodegib vs. SOC in patients with lbBCC or mBCC. The model inputs were based on the pivotal phase II clinical study (EUVANCE). Health state utility values were based on a time trade off study. To support the reimbursement dossier submission, the adaptation of the global model was performed. The results suggest that panitumumab plus mFOLFOX6 is a cost-effective alternative relative to bevacizumab plus mFOLFOX6 as FLT of mBCC patients with wild-type RasA, in Greece.