this patient population, with a focus on related hospitalizations and costs. **Methods:** Men receiving ADT with ≥2 claims for a diagnosis of PC were identified in the administrative medical and commercial data (3/1/2009-12/31/2018). Index date was the first ADT claim. Patients were required to be continuously enrolled 6-months pre- and ≥2 months post-index. Patients with a major adverse cardiovascular event (MACE: myocardial infarction, cerebrovascular-accident, unstable angina, percutaneous coronary intervention, and/or coronary bypass graft) post index and insurance eligibility for ≥30 days after MACE were identified. Thirty-day (30) post-MACE hospitalizations and MACE-related costs (2018 USD) were assessed. **Results:** The study included 49,135 men with PC on ADT; 8,102 patients (16.5%) experienced a MACE during the entire study period. A total of 6,754 (13.7%) qualified for the post-MACE analysis; most had Medicare (86.6%) coverage. In the 30-days post-event, a high proportion of patients incurred a MACE-related hospitalizations (Medicare: 46.6%; Commercial: 45.3%); inpatient costs among patients with a MACE admission were $36,185 (SD: $62,654) and $55,322 (SD: $69,539) in Medicare and commercial patients, respectively. **Conclusions:** PC patients treated with GnRH agonists are at increased risk of CV events. When MACE occurs, patients likely require a hospital stay, resulting in high costs that may impact overall patient outcomes.

**PCN152 THE BURDEN OF SKELETAL-RELATED EVENTS IN FOUR LATIN AMERICAN COUNTRIES: ARGENTINA, BRAZIL, COLOMBIA, AND MEXICO**


**Abstract:** The estimated total number of SREs was 251,503 in 2020, resulting in a total annual cost of approximately $1.4 billion. The projected costs and revenues were assessed from a hospital perspective. All relevant clinical parameters (target population and patient pathway) are editable to enable adaptation at the hospital level. Model base case parameters/inputs are based on Study 301 (Lancet J. Clin Oncol 2018;36:2684-2692) and French real-world data. **Results:** At a national level, the introduction of CPX-351 increases total costs (+35%) and total revenues (+10%). **Conclusions:** Economic assessment of a new healthcare intervention, including the BIM, is a relevant decision-support tool for many stakeholders within the healthcare system. At the hospital level, it helps to evaluate the affordability of new products, which may lead to greater accessibility across the country.

**PCN154 BUDGET IMPACT ANALYSIS OF LIPOSOMAL IRINOTECAN FOR TREATMENT OF METASTATIC ADENOCARCINOMA OF PANCREAS FOLLOWING PROGRESSION ON GEMCITABINE-BASED THERAPIES FROM GREEK PAYER’S PERSPECTIVE**

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**Methods:** A budget impact model was developed from third-party payer perspective over a 5-year time horizon to estimate the financial impact of liposomal irinotecan by obtaining market shares from available treatments options. Based on local experts, patients with mPDAC are currently treated with FOLFIRI, FOLFOXIRINOX, capcitabine and nab-paclitaxel, which represent the common clinical practice in the absence of any other recommendation. The model framework considered market share scenarios with and without liposomal irinotecan and reimbursed costs of treatment applied to the eligible patient population. Data on the number of eligible patients were estimated from the published literature and local experts. While the projected uptake of liposomal irinotecan was provided by Servier. Drug acquisition costs were considered in the analysis and were retrieved from the Greek Ministry of Health. The model measured outcome was incremental budget impact from the introduction of liposomal irinotecan as a treatment option in the patients with mPDAC.

**Results:** Over the 5-year horizon, the number of eligible patients was 485 and the number of patients who received liposomal irinotecan was 19, 116, 189, 210 and 210 in the years 1 to 5 respectively. The annual incremental costs associated with the introduction of liposomal irinotecan were €1,321,695 for years 1 to 5 respectively, resulting in a total 5-year budget impact of €4,676,928. **Conclusions:** The regimen of liposomal irinotecan plus 5-FU/LV as a treatment option for patients with mPDAC after disease progression following gemcitabine-based therapies, provided incremental clinical and economic benefits. The analysis suggests that, those clinical benefits are associated with additional costs which may be considered as reasonable and bearable from the Greek payer perspective.

**PCN155 HEALTHCARE RESOURCE USE AND ASSOCIATED COSTS IN PATIENTS DIAGNOSED WITH ACUTE MYELOID LEUKEMIA IN HOSPITAL DISTRICT OF SOUTHWEST FINLAND**

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**Objective:** To estimate health care resource utilization (HRCU) and costs in different disease stages of acute myeloid leukemia (AML) in Finland. **Methods:** Real-world data of adult patients (≥18 years) diagnosed with AML (ICD-10 C92.0) 2004-2016 was collected from Auria Biobank. Data on HCRU (secondary healthcare visits, medical procedures, laboratory tests, AML-related hospital drugs) were collected from the medical records of Turku university hospital. The unit costs were extracted from the 2020 hospital price list. Drug costs were not included in the cost calculation. Costs were reported as average cost per patient. Resource used was from year 1 for 191 diagnosed patients (56% men) were identified. FLT3 mutation status was available from 120 patients, including 23 cases (19%) of FLT3-ITD and 5 cases (4%) of FLT3-TKD mutations. 119 patients (62%) received standard intensive chemotherapy, with 71% reaching complete remission (CR). For the 1st induction trans-plantation (SCT) was given to 57 patients (30%), out of which 33% were later diagnosed with graft versus host disease. The costs of induction (1st month of follow-up) were $32,605E, consolidation (1st month from the beginning of consolidation phase) $26,829, CR after consolidation ($97-792) (1st month of the follow-up) $4,900, post