compared to imatinib 400 mg in patients with newly diagnosed CML from the health insurance perspective.

PCN152 COST-EFFECTIVENESS ANALYSIS OF CANCER RISK REDUCTION STRATEGIES FOR BRCA MUTATION CARRIERS

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Women with BRCA mutations inherit high risks of breast and ovarian cancer; options to reduce cancer risk include preventive surgeries or regular breast screening. Modelling studies on this issue indicate that preventive surgeries lead to better survival than routine surveillance (5S) alone. Still its costs and cost-effectiveness remain uncertain as well as when the age of preventive surger-
ies should be made. OBJECTIVES: To evaluate the cost-effectiveness of different preventive interventions using the Markov model. METHODS: Different active preventive strategies were compared, each included prophylactic mastectomy (PM) a prophylactic oophorectomy (PO) at differ-
ent ages and in different clinical situations, i.e. after breast cancer was diagnosed in in situ. Cost-effectiveness analysis was conducted in the Markov model that included five health states: “disease free”, “cancer”, “no progression”, “progression” and “death”. The probability of health outcomes for BRCA mutation carriers aged 25-70 was derived from the published literature and national statis-
tics. Direct medical costs for preventive services and cancer treatment were calcu-
lated on the basis of the tariffs of Russian Scientific Center of Roentgenology. Incremental cost-effectiveness ratio (ICER) per life-year saved (LYS) was calculated if preventive strategy is more costly than RS. RESULTS: All assessed preventive surgeries are cost-saving in comparison with RS, except for bilateral PM + PO at age 50, which had ICER of 966 euros per LYS. The best option was bilateral PM + PO at age 40. It resulted in most LYS at the least cost. COST-EFFICICIENCY ASSAYS Active preventive surgery is the cost-saving option for BRCA mutation carriers, the preferred strategy is bilateral PM + PO at age 40.

PCN153 COST EFFECTIVENESS OF SUNITINIB VERSUS PAZOPANIB AND BEST SUPPORTIVE CARE FOR THE TREATMENT OF METASTATIC RENAL CELL CARCINOMA IN THE CZECH REPUBLIC

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OBJECTIVES: Assess the cost-effectiveness of Sunitinib (SU) versus Pazopanib (PA) and Best Supportive Care (BSC) for the treatment of metastatic renal cell carcinoma (mRCC) from the perspective of the Chilean public healthcare system. METHODS: A four-state state-transition Markov model was built: first and second line treatments, BSC and chemotherapy. Transition probabilities and second line costs were estimated from an indirect-treatment comparison analysis and was most sensitive to the OS efficacy relative to BSC, where evidence showed impor-
tance of cost-effectiveness of SU and PA was 25% and 32% respectively. This probability was accounted for in the cost-effectiveness ratio (CER) of G-CSF.

PCN154 COST-EFFECTIVENESS ANALYSIS OF LEPIGFILGRASTIM IN PROPHYLAXIS OF FEITRILE NEUTROPIA IN CANCER PATIENTS

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OBJECTIVES: To assess the cost-effectiveness of lepegfilgrastim compared with pegfilgrastim, filgrastim, lenograstim in prophylaxis of febrile neutropenia in cancer patients in Russia for 1-year period. METHODS: A Markov model was used to simulate the efficacy and costs of medicinal drugs. The data on drug efficacy (measured as percentage of responders to the febrile neutropenia prophylaxis) was obtained from -Meta-analysis and indirect treatment comparison of lepegfilgrastim for the reduction of chemotherapy-induced neutropenia from C.B. The following treatments were taken into account: cost for the treatment course with granulocyte colony-
stimulating factor drugs (including costs for administration of the drug), costs for the treatment of febrile neutropenia events, expenses for monitoring of febrile neutropenia events associated with administration of granulocyte colony-stimulating factor drugs. As a result cost-effectiveness ratio (CER) of G-CSF was calculated. RESULTS: Prophylaxis with lepegfilgrastim leads to the 1-year percentage of prophylaxis response of 97%. Lepegfilgrastim, filgrastim, lenograstim results in 91.90%, 87.60% and 87.60% respectively. As a result, the prophylaxis with lepegfilgrastim is characterized by the lowest cost-effectiveness ratio (217352 rubles/3288 $) as compared to prophylaxis with pegfilgrastim (342348 rubles/5186 $), filgrastim (30027 rub/4571 $ for 11 days of prophylaxis), lenograstim (788582 rub/11932 $ for 11 days of prophylaxis) by the end of the 1st year of prophylaxis. Current rate taken as for 15.06.2016 is $ 16 – 66 rub. CONCLUSIONS: In the context of pharmacoeconomic analysis it is prefer-
able to use lepegfilgrastim for prophylaxis of febrile neutropenia compared to other G-CSFs (pegfilgrastim, filgrastim, lenograstim), as it allows to increase the number of patients who responded to prophylaxis of febrile neutropenia while reducing costs as compared to other granulocyte colony-stimulating factor drugs.

PCN155 COST-EFFECTIVENESS ANALYSIS OF TREATMENT FOR RECURRENT MALIGNANT GLIOMA IN ROMANIA

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OBJECTIVES: The objective of the study was to perform a cost-effectiveness analysis and clinical trial data for everolimus (RECORD trial) and Simulated Treatment Comparison of AXIS and RECORD trials, matching-adjusted indi
cern patients having grade III gliomas. In the DCI group, 58(73.41%) of the patients had GB while 21(26.59%) patients had grade II gliomas. In comparison, the studies showed the following: the axitinib and bevacizumab + irinotecan group had a mean survival of 0.02±0.00 while the mean survival gain was -0.014±5.44 for DCI group. We found that DCI com-
pared with bevacizumab plus irinotecan does not improve statistically survival-gain (p<0.535). The costs for a 14 days of treatment with bevacizumab and irinotecan are approximately 100€ whereas the axitinib is not available in Romania for about tens of thousands. CONCLUSIONS: These comparisons of different interventions for the same disease is a clear indication that more health gain is possible by spending resources on the treatment with bevacizumab plus irinotecan.