revealed a cost of US $1438 compared to $1074 and $888 for simple excision and ED& C respectively. Sensitivity analysis using probability of recurrence had little impact on the base case cost modeling with imiquimod falling between ED & C and simple excision. **CONCLUSIONS:** The overall cost of therapy of sBCC by topical imiquimod was slightly higher compared to the common office-based surgical treatments. Preferences for number of visits, cosmetic outcome, risks of surgery, side effects of topical treatment all need to be considered on an individual basis.

PCN18

ECONOMIC EVALUATION OF SUNITINIB VS. IMATINIB IN SECOND LINE FOR GASTROINTESTINAL TUMOR (GIST) IN BRAZIL

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OBJECTIVES: The second line options for patients with GIST on imanitib 400 mg/day, whose tumor continued to progress is: imatinib dose increased to 600 mg/day followed by another increase to 800 mg/day. In case of intolerance, only palliative treatment was available. In these cases, TTP was not higher than 6.4 weeks. Sunitinib malate consists of a new therapeutic alternative for this unmet medical need. The objective of this economic evaluation was to estimate the costs and outcomes for GIST treatment with sunitinib, compared with best supportive care (BSC) and imatinib 800 mg/day, under the Brazilian public health care system perspective **METHODS:** A Markov model was developed, with a maximum of 6 years time horizon, to simulate the costs and outcomes associated to GIST treatment, considering health care resources from the Brazilian Public Health Care System perspective (SUS). The model considers disease progression, death from all causes, adverse events and dose decrease needs every 6 weeks cycles. Results were expressed as life-years (LY) gained, progression-free LY (PFLY) gained, treatment costs, and incremental cost-effectiveness ratios (ICER) **RESULTS:** In comparison with BSC, sunitinib increases LY and PFLY by 0.3 and 0.26 years respectively, with incremental costs of R$86,756 (US$61,968 Purchasing Power Parity 2005, 1US$ = 1,4R$) In comparison with imatininb, sunitinib was both more effective (with 0.02 LY and 0.47 PFLY gained) and less costly over 6 years. **CONCLUSIONS:** This model suggests that when taking the perspective of the Brazilian Public Health Care System (SUS), sunitinib is a cost-effective alternative when compared with imatinib 800 mg/day in a 6 years time horizon. In comparison to BSC, sunitinib promoted better results on efficacy parameters, with an incremental cost in the same time horizon.

PCN19

COST-EFFECTIVENESS ANALYSIS OF CLOFARABINE IN THE TREATMENT OF ACUTE LYMPHOBLASTIC LEUKEMIA IN MEXICO

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OBJECTIVES: To assess the incremental cost effectiveness ratio (ICER) of Clofarabine for the treatment of pediatric patients 1 to 21 years old with refractory or relapsed acute leukemias compared against the usual care in this patient group. **METHODS:** A decision tree model of the outcomes of Clofarabine compared against the usual care was constructed to estimate the cost-effectiveness of a hypothetical cohort of pediatric patients 1 to 21 years old with refractory or relapsed acute leukemia. The results of clinical trail (CLO 212) were used to create a model of disease progression and treatment patterns. The analysis was performed from the Mexican Health Care System perspective, only direct costs were considered and all costs were reported in 2008 Mexican pesos. Extensive sensitivity and variability analyses were performed to test the robustness of the cost-effectiveness results. **RESULTS:** Life expectancy was greater for clofarabine than usual supportive care; 3.04 and 0.37 years, respectively. Total lifetime medical cost was US$63,938 for clofarabine and US$6,475 for best supportive care. The incremental cost-effectiveness of clofarabine was US$21,528 per life year gained. Considering a willingness to pay (WTP) threshold of $21,800 “3 GDP” per LY, there is a 90% probability that treatment with clofarabine is cost-effective relative to best supportive care treatment. Sensitivity analyses showed that drug cost acquisition, age, discount rate most affected estimates of cost-effectiveness **CONCLUSIONS:** We estimated the ICER for clofarabine compared to usual care at approximately $ 21,528 per life year gained in the treatment of acute lymphoblastic leukemia in Mexico. This ratio may well be in range of what is acceptable and warrants reimbursement for new drug treatments in the Mexico, in particular in therapeutic areas as end-stage oncology and HIV and other last-resort health care interventions.

PCN20

COST-EFFECTIVENESS ASSESSMENT FOR COLOMBIA OF LETROZOLE VS. TAMOXIFEN IN ADJUVANT TREATMENT OF HORMONE RECEPTOR-POSITIVE, POST-MENOPAUSAL EARLY BREAST CANCER WOMEN

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OBJECTIVES: To assess cost effectiveness of Letrozole vs Tamoxifen in five-year adjuvant treatment of hormone receptor-positive, post-menopausal early breast cancer patients in Colombia. **METHODS:** The natural history of the disease and the effects of treatment were modeled as a Markov process. Effectiveness was defined as disease-free survival. Transition probabilities for the disease and adverse effects were obtained from the literature. Costs are the median of actual costs for some health insuring firms and the National Cancer Institute, and are expressed in 2007 Colombian pesos (COP). Sensibility analysis were also carried out for costs, effectiveness, discount and model assumptions. **RESULTS:** Compared to Tamoxifen, Letrozole results in an additional relapse-free period of 0.45 years. Each year obtained in this way costs $58,128,304 (COP), or $79,355,466 (COP) with a discount rate of 3%. The results were not sensitive to relapse cost, adverse events and discount. Drug cost was the main variable that affected cost effectiveness: Letrozole is cost effectiveness for Colombia if its cost is lower than $2081 (COP) per tablet. **CONCLUSIONS:** The use of Letrozole has an additional cost per relapse-free year over the Colombian per capita GDP ($7,521,363 (COP) in 2007). Hence, for postmenopausal, early breast cancer hormone receptor positive women in Colombia, the cost-effective alternative is Tamoxifen as adjunvant therapy for five years.

PCN21

ESTUDIO DE COSTO EFECTIVIDAD DEL USO DE TRASTUZUMAB COMO TRATAMIENTO ADYUVANTE DEL CÁNCER DE MAMA TEMPRANO HER2 POSITIVO EN EL INSTITUTO NACIONAL DE CANCEROLOGÍA DE COLOMBIA, DESDE EL PUNTO DE VISTA DEL PAGADOR

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OBJECTIVOS: Determinar si en pacientes afiliadas al sistema de salud colombiano que asisten al Instituto Nacional de Cancerología, con cáncer de mama temprano y sobreexpresión del marcador Her2-neu, es costo efectivo el uso de trastuzumab como terapia adyuvante, desde el punto de vista del pagador. **METODOLOGÍAS:** Se realizó un estudio de costo-efectividad empleando un modelo de Markov, con la perspectiva del pagador, horizonte de tiempo la expectativa de vida de las mujeres colombianas y tasa de descuento 3%. Se construyó un modelo de historia natural de la enfermedad, se establecieron los costos para los diferentes escenarios usando el manual tarifario SOAT del Ministerio de la Protección Social, para el año 2008. **RESULTADOS:** El costo del tratamiento adyuvante sin trastuzumab es $9,396,220. El costo del tratamiento adyuvante con Trastuzumab es $126,380,645. El costo de la ICC aguda inducida por trastuzumab es $2,252,600 y la ICC crónica $863,520. El uso de trastuzumab adyuvante durante un año, produce una relación de costo efectividad de $39,516,226 sin descuento y $58,090,827 con descuento por cada año de vida ganado. El análisis de sensibilidad muestra una relación costo efectividad favorable si se usa por periodos menores a un año, siempre y cuando se mantenga lae efectividad y el paciente logre vivir por lo menos diez años. **CONCLUSIONES:** Trastuzumab es un medicamento de efectividad comprobada en la terapia adyuvante, en Colombia el costo de un año de tratamiento adyuvante contrasta con el PIB percapita de US$3729, este estudio sugiere que para una mayor eficiencia de los medicamentos innovadores estos deben tener costos que permitan su acceso en los países de ingresos bajos, por tanto se sugiere el aprobación de nuevo medicamentos con precios preferenciales para estos países.

PCN22

COST-EFFECTIVENESS OF PALONOSETRON FOR THE PREVENTION OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING ASSOCIATED WITH HIGHLY EMETOGENIC CHEMOTHERAPY

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OBJECTIVES: To compare the cost-effectiveness of Palonosetron in the Prevention of Chemotherapy-Induced Nausea and Vomiting (CINV) Associated with Highly Emetogenic Chemotherapy **METHODS:** A decision analytic model was used to synthesise the health care costs and benefit of a Palonosetron regimen versus Ondansetron over a five days period. The main effectiveness measure was “complete response CR”, defined as the percentage of patients who had neither emesis nor rescue therapy over the 5-day cycle, was derived from a previously published clinical trial. Uncertainty in the data parameters was investigated through a series of one-way sensitivity analyses, simulation methods and scenario analyses. The analysis was conducted from the Mexican health care perspective using 2008 unit cost prices **RESULTS:** The corresponding health effects were 0.69 CR for Palonosetron and 0.48 CR for Ondansetron regimen. The mean total cost of the Palonosetron regimen was US$77.45 compared with $US 58.09 for the Ondansetron regimen. The cost of successfully treating one patient with Palonosetron and Ondansetron was US$94.18.87 and US$111.73, respectively. The incremental cost-effectiveness ratio was $US 94.18 per CR gained for Palonosetron over the 5-day period. Findings were robust across various sensitivity analyses **CONCLUSIONS:** The results indicate that Palonosetron is a more cost-effective antiemetic compared with Ondansetron for the prevention of CINV associated with highly emetogenic chemotherapy. The incidence of CINV and use of rescue antiemetics was significantly greater in the Ondansetron group compared with the Palonosetron group.