annually. Two-way sensitivity analyses were performed by varying values for key parameters in the model. RESULTS: Under base-case scenario, gain of QALYs per patient associated with exemestane (29 QALYs) was higher compared with tamoxifen (24 QALYs) and raloxifene (28 QALYs). The cost of treating one QALY with exemestane ($44,723) was found to be low compared to tamoxifen ($93,053) and raloxifene ($70,940). These results were robust to the two-way sensitivity analyses performed. CONCLUSIONS: Results suggested that switching to exemestane after 2 years of primary treatment with tamoxifen was cost-effective.

PCN156 COST-EFFECTIVENESS OF A MAILED ADVANCE NOTIFICATION LETTER TO INCREASE COLORECTAL CANCER SCREENING Cronin P, Goodall S, Lockett T, O’ Keeffe C, Norman R, Church F
University of Technology Sydney, Sydney, Australia, *CSIRO Mathematics, Informatics and Statistics, Sydney, Australia
OBJECTIVE: Colorectal cancer (CRC) is one of the leading causes of cancer-related deaths in Australia and a common cause of morbidity and mortality worldwide. Screening is an attractive option since there is an identifiable precursor lesion and the bowel is readily accessible for screening. In addition, the early detection of CRC or adenoma has been proven to reduce CRC-associated mortality. The faecal-occult blood test (FOBT) is a widely-used cost-effective screening tool for large-scale bowel cancer screening programs. In 2006, a National Bowel Cancer Screening Program (NBSCP) was established in Australia, using an immunochemistry-based FOBT. The Program currently targets all Australians who are aged 50, 55 or 65 years of age between January 2011 and December 2014. Despite the proven impact of screening on reducing bowel cancer mortality, the uptake of the NBSCP has been low. OBJECTIVES: To evaluate the cost-effectiveness of a patient-directed mailed advance notification letter, on participants of the NBSCP in Australia. METHODS: This study followed a hypothetical cohort of 50-year-old, 55-year-old and 65-year-old patients undergoing FOBT screening through a Decision analytic Markov model. The intervention consisted of a mailed advance notification letter, NBSCP compared with 2) NBSCP and FOBT. The main outcome measures were life years gained (LYG), quality-adjusted life years (QALY) gained and incremental cost-effectiveness ratio (ICER). RESULTS: An advance notification screening letter would yield an additional 54 per 100,000 CRC deaths avoided compared with no letter. The estimated cost-effectiveness was $3976 per LYG and $6697 per QALY gained. CONCLUSIONS: An advance notification letter in the NBSCP may have a significant impact on life years gained and cancer deaths avoided. It is cost-effective and offers a feasible strategy that could be rolled out across other screening program at an acceptable cost.

PCN74 COST-EFFECTIVENESS OF FDA-APPROVED CANCER DRUGS SINCE 2000 Winn A, Neumann PJ
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OBJECTIVES: The escalating cost of innovative new cancer therapies has received increased attention in the medical literature and popular press. Cost-utility analyses (CUAs) provide information on value for money and are widely published. OBJECTIVE: To conduct a comprehensive systematic literature review at predetermined time points to describe the economic impact of FDA-approved cancer-related CUAs and the cost-effectiveness of new FDA approved therapies and non-approved therapies. The median reported cost-effectiveness ratio studies focused on all other therapies, which includes non-drug and older drugs. OBJECTIVES: To evaluate the cost-effectiveness of BR compared to FR in the treatment of relapsed iNHL/MCL. The OBJECTIVES: The objective of this study was to assess the economic impact of bendamustine-rituximab (BR) compared to FR in the treatment of relapsed iNHL and MCL in Canada. METHODS: The cost-effectiveness of BR compared to FR in the treatment of relapsed iNHL and MCL was assessed over a lifetime horizon using a time-dependent Markov model. The Markov model comprises three health states: progression-free (PF), progressive disease (PD) and death. The length of each Markov cycle is one month. All patients start in the FF state and could move to other health states thereafter, according to the respective efficacy of each treatment. The model also takes into account the incidence of treatment-induced adverse events including grade 4 haematological events and all grades nausea. Utility values associated with each health state and adverse events were used to estimate the quality of life (QoL) associated with each treatment. Analyses were conducted from both a Canadian Ministry of Health (MoH) and a societal perspective. RESULTS: Compared with FR, BR is associated with ICERs of $38,621 per QALY and $45,909 per QALY, from a MoH and societal perspective respectively. Exhustive sensitivity analyses confirm the robustness of the base-case scenario. Specifically, results of the probabilistic sensitivity analysis indicated that, according to a willingness to pay of $50,000, BR remains a cost-effective strategy in the treatment of relapsed iNHL/MCL when compared with fludarabine in combination with rituximab.

PCN77 COST-EFFECTIVENESS OF BENDAMUSTINE VERSUS IRBITUMOMAB TIUXETAN IN THE TREATMENT OF RITUXIMAB-REFRACTORY INDOLENT NON-HODGKIN’S LYMPHOMA IN CANADA Lachaine J, Beauchemin C, Mathurin K, Aissa F
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OBJECTIVES: Non-Hodgkin’s lymphoma (NHL) is the most common lymphoma type, comprising approximately 90% of all malignant lymphomas, and is the seventh most commonly diagnosed cancer in North America. For patients with advanced, symptomatic indolent NHL (iNHL), rituximab is among the standard first-line induction therapy. For rituximab-refractory iNHL cases, alternative treatments are limited and commonly immunotherapy treatments such as bendamustine tiuxetan. The objective of this study was to assess the economic impact of bendamustine compared to rituximab-tiuxetan in the treatment of rituximab-refractory iNHL in Canada. METHODS: A Markov model with one-month cycles was constructed to assess the cost-effectiveness of bendamustine compared to rituximab-tiuxetan in the treatment of rituximab-refractory iNHL. The Markov transition model comprises three health states: progression-free (PF), progressive disease (PD) and death. All patients start in the FF state and could move to other health states thereafter, according to the respective efficacy of each treatment. The model also takes into account the incidence of treatment-induced adverse events including grade 4 haematological events and all grades nausea. Utility values associated with each health state and adverse events were used to estimate the quality of life (QoL) associated with each treatment. Analyses were conducted from both a Canadian Ministry of Health (MoH) and a societal perspective over a lifetime horizon. RESULTS: Compared with rituximab-tiuxetan, bendamustine is associated with ICERs of $35,490 per QALY and $42,130 per QALY, from a MoH and societal perspective respectively. Exhustive sensitivity analyses confirm the robustness of the base-case scenario. Results of the probabilistic sensitivity analysis indicated that, according to a willingness to pay of $50,000, bendamustine-tiuxetan remains a cost-effective strategy in 99.9% and 96.3% of the simulations. CONCLUSIONS: This economic evaluation demonstrates that

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