of progression-free survival (PFS) curves for dabrafenib and vemurafenib, from their respective first-line treatment with dacarbazine as a common comparator. The model was applied to the conditions of locally-specific population data and treatment costs, including adverse events, of patients with MM. In the model, individual costs were considered due to drug costs of RER at 3% and progression-free survival was 1 million inhabitants. Costs and financial benefits relevant from a societal perspective were considered, including intervention costs, productivity losses, and patients' costs. Patients with a multidisciplinary rehabilitation need are typically covered by health insurance, leaving 735k to be financed by the cancer centre. Small improvements in return-to-work and quality of life led to substantial reductions in productivity loss and future health care costs. These savings were used in a societal perspective. Final outcomes: The benefit of the intervention was based on the economic analysis of the cost-effectiveness analysis. Further research is needed to determine the cost-effectiveness of ATO + TRIPT.

PCN61 ECONOMIC IMPACT OF CENTRALIZED HISTOLOGICAL REVIEWS IN PATIENTS WITH CANCER: A MULTICENTRE STUDY


1Cancer Centre Léon Bérard, Lyon, France, 2Institut Bergonie, Bordeaux, France, 3Institut Gustave Roussy, Villejuif, France, 4BVF, Lyon, France, 5Regional oncology network Réseau EspACE Cancer, 6Institut Curie, Paris, France

OBJECTIVES: The aim of this study was to compare the costs of disease management based on revised diagnoses after centralized histological reviews for sarcoidosis, GaST, and mesothelioma on diagnostic biopsy. A decision tree was constructed. For both options, the initial pathway was the World Health Organization (WHO) Classification of soft tissue and bone tumors. Diagnoses were considered concomitant only when the final diagnosis was categorized in the same family of tumors. The decision tree was evaluated over a time horizon of 12 months. Disease management and the probabilities were based on a cohort of patients who had a histological review performed within the RRePS (Réseau de Référence en Pathologie des Sarcomes) network in 2010. The characteristics of the patient and disease, as well as any relevant guidelines, were used. All of the disease management were defined by the authors of this study. The costs were considered from the French National Health Insurance perspective and the costs of the histological review were obtained from the literature. The costs were assessed for each pathway and expressed in Euros. The expected costs were calculated. One-way and probabilistic sensitivity analyses were performed. RESULTS: A total of 2005 patients underwent a histological review. Ten patients were excluded due to missing data. The costs reached 8,420 (histological review) and was based on a cost of 5,810 when not. CONCLUSIONS: In addition to the positive impact of centralized histological reviews on the quality of diagnosis for sarcoidosis, GaST, and mesothelioma, our model demonstrated that histological reviews lower the cost of disease management for the French NHS.

PCN62 A COST-ANALYSIS OF COMPLEX RADIOThERAPY IN PATIENTS WITH HEAD AND NECK CANCER RESULTS FROM THE ART-OL STUdy


1Cancer Centre Léon Bérard, Lyon, France, 2Léon Bérard Centre Cancer, Lyon, France, 3Institut Régional de Cancérologie de Montpellier, Montpellier, France, 4Centre Oscar Lamerle, Lille, France, 5Groupe Oncoban Garouze, Toulouse, France, 6Institut de Cancérologie de Curie, Paris, France, 7Centre Eugène Marquis, Rennes, France, 8Centre Paul Strauss, Strasbourg, France, 9Institut de Cancérologie de Lorraine, Vandoeuvre-lès-Nancy, France, 10Hôpital Européen Georges Pompidou, Paris, France

OBJECTIVES: A cost analysis investigating TomoTherapy® (Accuray), Elekta Volumetric-modulated Arc Therapy (VMAT®), and Varian RapidArc® was conducted in patients with head and neck cancer such as nasopharynx, laryngeal, or hypopharyngeal cancer. The cost-analysis, funded by the National Institute of Cancer (INCa), was performed prospectively based on a multicenter study. Cost calculations were strictly based on a micro costing approach according to the hospital accounting of view. Only resources which are likely to vary between the strategies being compared were considered. Data on consumption of resources were collected from the treatment planning until the end of the last irradiation session. Productivity losses of radiotherapy involved personnel related to organizational constraints or absenteeism, costs of administrative personnel, costs of logistics and general management were not taken into account. All costs were given in 2013 euros. Numbers of irradiation sessions were compared using Kruskal-Wallis test. Uncertainty was captured by one-way and probabilistic sensitivity analyses using a non-parametric bootstrap method. RESULTS: 174 patients were enrolled in 16 French centers from February 2010 to February 2012. 173 economic questionnaires were exploit. The mean numbers of sessions were 34.33 (SD: 25.7) for TomoTherapy® (n=73) and 34.33 (SD: 25.7) for Varian RapidArc® (n=92, p=0.603). Eight patients were treated with Elekta Volumetric-modulated Arc Therapy (VMAT®). For irradiation (all sessions included), the over cost of TomoTherapy® (~73) reached $1.109 per patient compared to Varian RapidArc® (~92). Sensitivity analyses showed that the annual operating time of the accelerators played a major role in irradiation costs. CONCLUSIONS: This is to our knowledge the first study investigating costs incurred by different intensity-modulated Arc Therapy (IMAT) modalities in this setting. Costs of TomoTherapy® appeared more expensive than RapidArc®. The study should be now completed by a cost-effectiveness analysis in order to shed further light on which modality to focus on.

PCN63 COST-TREATMENT PATHWAYS OF DIFFUSE LARGE B-CELL LYMPHOMA IN A UK POPULATION-BASED COHORT: A PATIENT LEVEL SIMULATION Model

Wang H1, Smith A1, Roman E1, Crouch S1, Jack A1, Patmore R1

1University of York, York, UK, 2Sage’s University Hospital, Leeds, UK, 3Castle Hill Hospital, Hull, UK

OBJECTIVES: Diffuse large B-cell lymphoma (DLBCL) is the most common type of non-Hodgkin lymphoma and treatment is usually given with curative intent. Using restricted datasets derived from clinical trials, previous studies examining the cost of treating this cancer have generally focused on first-line therapy alone, meaning...