

Poster Presentations

PP02 Cost Effectiveness Of Tamoxifen For Breast Cancer Treatment In Ghana

AUTHORS:

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INTRODUCTION:

In recent years, unlike developing countries, developed countries have seen an increase in the survival of women diagnosed with breast cancer and this has been attributed to early detection through screening and best treatments such as adjuvant systemic therapies with medications like Tamoxifen. The burden of breast cancer in Africa, including Ghana, lies among premenopausal women, with mean age of diagnosis being 46 years. However, survival among these women is low due to reasons such as inability to afford treatment including Tamoxifen, an older but cheaper and effective adjuvant therapy. This study therefore sought to assess the cost effectiveness of Tamoxifen compared to nothing for the adjuvant treatment of early breast cancer among pre- and peri-menopausal women in Ghana to inform funding decisions.

METHODS:

A Markov model was developed using TreeAge pro to incorporate effectiveness, costs and utility data. Effectiveness of Tamoxifen, rate of events and utility weights were derived from published literature. Resource utilization and costs were estimated from Ghanaian clinical expert, national health insurance scheme tariffs and medicines. The analysis was conducted from the perspective of the payer.

RESULTS:

Patients on Tamoxifen incurred additional costs compared to those who received nothing. The key driver of costs was the cost of Tamoxifen. However, these costs were offset by the QALY gained: 3.51. The incremental cost effectiveness ratio (ICER) was GHC 666.15 (USD 150) per QALY gained. In line with the effective measure commonly used in developing countries, the ICER per DALYs averted was GHC 219.96 (USD 50). The results were sensitive to variations in the utility weights and the cost of Tamoxifen. There were no

significant differences between the ICERs of premenopausal and peri-menopausal women in a subgroup analysis.

CONCLUSIONS:

Compared to no treatment, Tamoxifen therapy is highly cost-effective for the adjuvant treatment of breast cancer among pre- and peri-menopausal women in Ghana. The results can be applied to other African countries with similar resource use and treatment protocols

PP03 Evidence Synthesis In Spasticity In Children

AUTHORS:

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INTRODUCTION:

Botulinum toxin type A (BoNT-A) is used in the management of lower limb spasticity in children, which affects more than 2.5 million children worldwide. BoNT-A aims to improve active function and to prevent or delay future musculoskeletal complications. The objective was to evaluate the relative efficacy and safety of different BoNT-A to manage spasticity in children, in the absence of head-to-head evidence.

METHODS:

A systematic literature review was conducted in March 2016 to identify all relevant randomized controlled trials. The evidence base was synthesized by means of Bayesian network meta-analyses. Scenario analyses included standardized mean differences (SMD). The endpoints were Modified Ashworth Scale (MAS), Tardieu scale-spasticity grade and Goal Attainment Scale (GAS) (SMD only) at twelve weeks post-injection, and any adverse events.

RESULTS:

Thirty-eight studies were identified, ten of which met the inclusion criteria for quantitative synthesis. For MAS,