

PRO35/#95

A COST-EFFECTIVENESS ANALYSIS OF HOSPITAL TREATMENT VOLUME AND SURVIVAL OUTCOMES IN PATIENTS WITH ENDOMETRIAL CANCER IN JAPAN

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Introduction The hospital treatment volume affects survival outcomes for endometrial cancer; notably, the initial treatment at high-volume centers improved survival outcomes. We assessed the cost-effectiveness of hospital treatment volume and survival outcomes in patients with endometrial cancer.

Methods A decision-analytic model was evaluated following assessment strategies regarding the costs and effects: 1) hospital treatment volume (low-, moderate-, and high-volume centers) and 2) post-operative recurrent risk factors based on pathological findings (adjuvant therapy in high- and intermediate-risk or without adjuvant therapy in low risk). Input data were derived from the Japan Society of Obstetrics and Gynecology database, systematic literature searches, and the Diagnosis Procedure Combination database in Japan. Quality-adjusted life years (QALYs) were used as a measure of effectiveness.

The model was built from a public healthcare perspective, and the impact of uncertainty was assessed with sensitivity analyses.

Results A base-case analysis showed that treatment at high-volume centers was the most effective strategy for patients with endometrial cancer, and the incremental cost-effectiveness ratio was below a willingness-to-pay threshold of ¥5,000,000 with a maximum of ¥3,777,830/4.28 QALY. Treatment at the high-volume centers was dominant compared to intermediate- or low-volume centers with the efficiency and cost-effectiveness. Sensitivity analyses showed that the model outcome was robust to input value changes. With a willingness-to-pay threshold of ¥5,000,000, treatment at the high-volume center remained cost-effective in at least 73.6% of iterations.

Conclusion/Implications Treatment at high-volume centers is the most cost-effective strategy to guide the need for treatment centralization in patients with endometrial cancer.

PRO36/#142

A NOVEL IMMUNE SUBTYPE CLASSIFICATION OF THE COPY-NUMBER HIGH ENDOMETRIAL CANCER

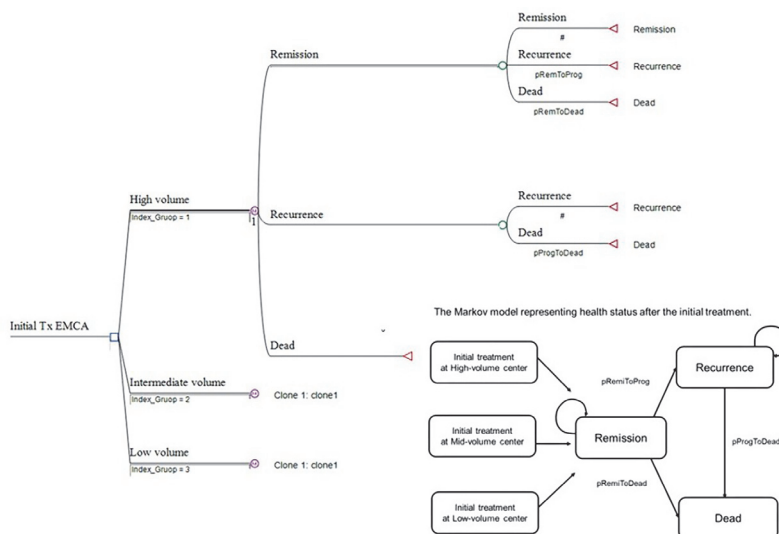
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Introduction The TCGA molecular subtype of endometrial cancer has played a crucial role in predicting prognosis and guiding treatment. Specifically, the copy-number high (CNH) subtype has been associated with poor prognosis and marked

Abstract PRO35/#95 Table 1 Incremental analysis

Strategy	Cost	Incr Cost	Eff	Incr Eff	Dominance
High volume	¥3,777,830		4.28		Reference
Intermediate volume	¥3,836,413	¥58,582	4.25	-0.04	Dominated
Low volume	¥3,892,959	¥115,129	4.21	-0.07	Dominated



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