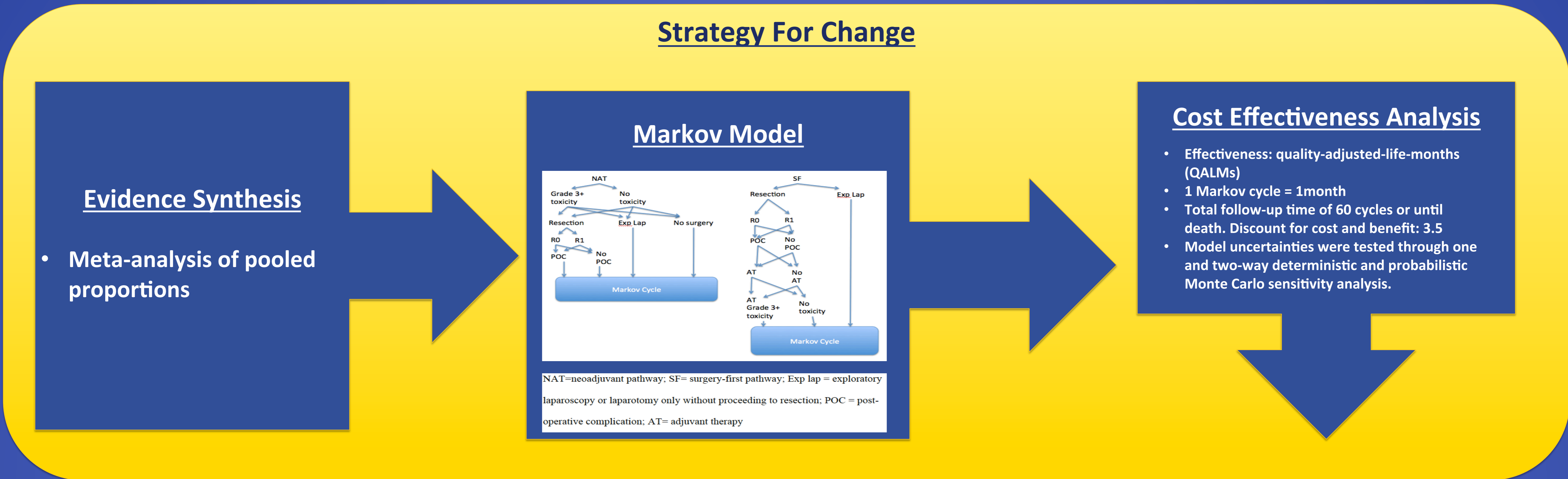
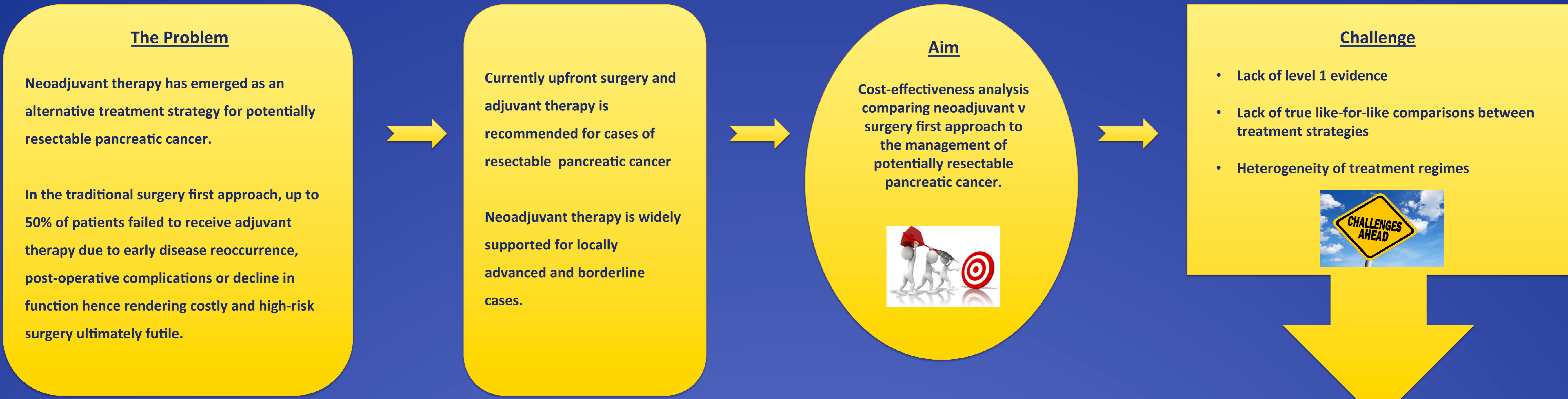


# Cost Effectiveness Analysis of the Management of Potentially Resectable Pancreatic Cancer



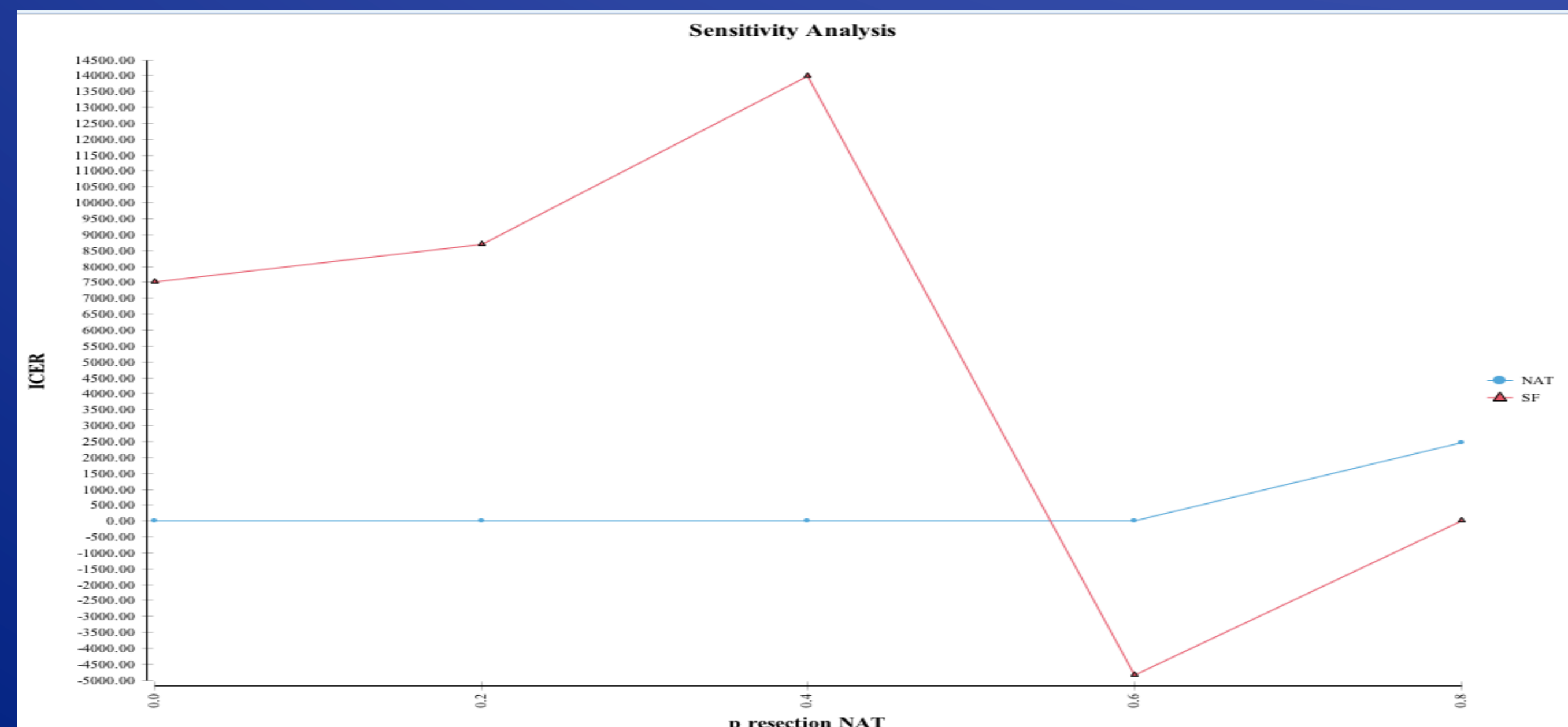
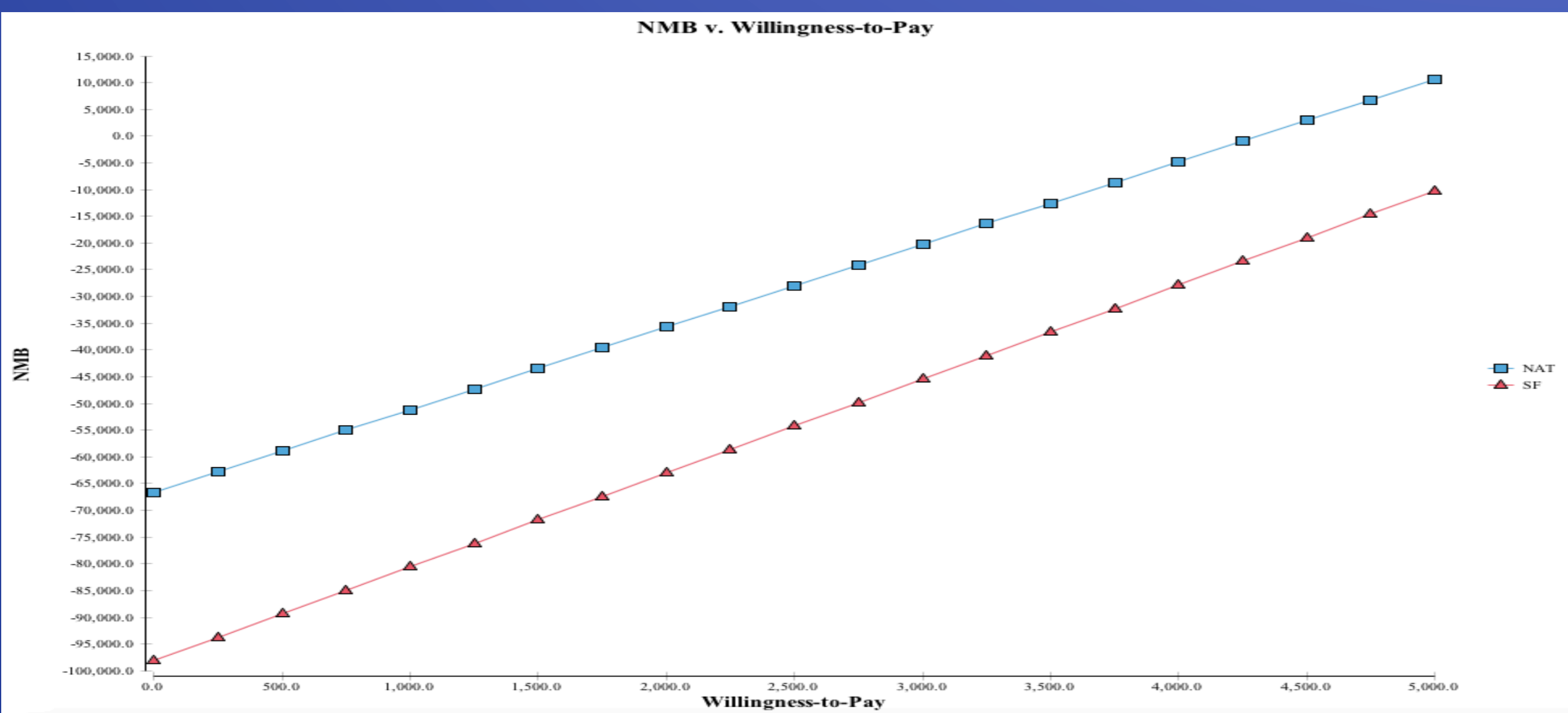
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### Results

- Surgery first pathway: 17.59 QALMs at a cost effectiveness ratio of £5582.85.
- Neoadjuvant pathway gave 15.46 QALMs at a cost effectiveness ratio of £4311.02.
- This meant the surgery first had an incremental effectiveness of 2.13 QALMs with an incremental cost effectiveness ratio of £14804.81.
- When willingness-to-pay was set at £30,000 per QALY as per NICE guidelines, neoadjuvant pathway was then most cost-effective pathway for treatment of patients with potentially resectable pancreatic cancer.



### Take Home Message

Cost-effectiveness analysis adds an important dimension to the debate. Costs and benefits in cancer treatment are multifaceted and complex. Greater patient and carer input in future research. Future research focus on personalised predictive medicine to support shared clinical decision-making and better streamlining of services to meet individual patient needs.