COST SAVINGS RELATED TO SUPERIOR ADVERSE EVENT PROFILE OF BEVACIZUMAB PLUS CHEMOTHERAPY VERSUS CETUXIMAB PLUS CISPLATIN/VINORELBOINE IN THE FIRST-LINE THERAPY OF ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) IN GERMANY: A SENSITIVITY ANALYSIS ON THE ECOSG STATUS

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OBJECTIVES: Novel combination therapies can improve survival compared with chemotherapy alone in patients with advanced NSCLC. However, acceptable tolerability profiles are important as they affect clinical outcomes, quality of life, and overall cancer treatment costs. This analysis assesses direct medical costs for the management of grade 3/4 adverse events (AEs) associated with two new chemotherapies for NSCLC consisting of either Bevacizumab (BEV) plus chemotherapy (CT) or Cetuximab (C) plus cisplatin/vinorelbine (CV). METHODS: All resource use were extracted from health care providers in Germany. RESULTS: When unadjusted incidences of all AEs reported in AVAiL, E4599, and FLEX are used, unadjusted incidences of all AEs reported in AVAiL, and E4599, incidences of febrile neutropenia, non-febrile neutropenia, and leukopenia in FLEX were decreased by up to 30% based on expert suggestion to improve study comparability. Information on standard treatment patterns of the different AIs were collected from a systematic literature search and complemented by data provided by two German oncologists. These resource use were estimated using existing data from national and local databases. The findings illustrate the major impact that the new biologic agents have on the cost of cancer care. Their also highlight the potential to reduce health care resource utilisation by implementing strategies to detect colorectal cancer at earlier stages.

COSTS OF TREATING SEVERE ADVERSE EVENTS OBSERVED WITH A REGIME OF BEVACIZUMAB PLUS CHEMOTHERAPY VERSUS CETUXIMAB PLUS CISPLATIN/VINORELBOINE IN THE FIRST-LINE THERAPY OF ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC) IN GERMANY

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OBJECTIVES: Novel combination therapies can improve survival compared to chemotherapy alone in patients with advanced NSCLC. Essential is also that these new therapies have acceptable tolerability profiles. Furthermore, toxicities can result in increased health care costs. This analysis therefore explores the overall costs of adverse events (AEs) associated with two new biologics in first-line NSCLC consisting of either Bevacizumab (BEV) combined with chemotherapy (CT) or Cetuximab (C) combined with cisplatin + vinorelbine (CV). METHODS: All published incidences of selected AEs (it affects clinical outcomes, quality of life, and overall cancer treatment costs. This analysis assesses direct medical costs for the management of grade 3/4 adverse events (AEs) associated with two new chemotherapies for NSCLC consisting of either Bevacizumab (BEV) plus chemotherapy (CT) or Cetuximab (C) plus cisplatin/vinorelbine (CV). METHODS: Information on AE profiles were retrieved from the AVAiL study (7.5 mg/kg, Reck et al. 2009) and the mg/kg, Reck et al. 2009) and the mg/kg, Reck et al. 2009) and the

RESULTS: When unadjusted incidences of all AEs reported in AVAiL, E4599, and FLEX are used, unadjusted incidences of all AEs reported in AVAiL, and E4599, incidences of febrile neutropenia, non-febrile neutropenia, and leukopenia in FLEX were decreased by up to 30% based on expert suggestion to improve study comparability. Information on standard treatment patterns of the different AIs were collected from a systematic literature search and complemented by data provided by two German oncologists. These resource use were estimated using existing data from national and local databases. The findings illustrate the major impact that the new biologic agents have on the cost of cancer care. Their also highlight the potential to reduce health care resource utilisation by implementing strategies to detect colorectal cancer at earlier stages.

COSTS AND QUALITY OF LIFE OF MULTIPLE MYELOMA (MM) IN ITALY: THE COM.M.I.T STUDY

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OBJECTIVES: A cross-sectional retrospective, prevalence-based study was designed to measure costs and Qol associated with MM management at different disease phases from the payer perspective. METHODS: A snapshot questionnaire was filled out by 2287 patients at 236 centres in 5 Italian hematological centers. Health-related Qol was measured using the EORTC QLQ-C30 and its MM specific module MY24, administered to 199 patients at enrolment. Four disease-phases were considered in a distribution that reflects real clinical practice: asymptomatic, “watch-and-wait” (16%), symptomatic, receiving an autotransplant (12%); symptomatic, receiving drugs (45%); and platelet/ remission (including best supportive care) (27%). Costs were identified over 1 year of disease management with regard to: drugs, visits, laboratory tests, hospital admissions, support devices, home assistance, travel, and reduced productivity of patients and caregivers. Costs for working days lost were derived according to the Italian national capital method. RESULTS: The average costs per subject per year were €20,695 while direct health care costs were €16,717 and direct non-health care costs were €447; indirect costs (productivity loss) were €3,531 per subject per year. The average direct health care costs per subject per year were €6,660; €5,020; €9,892; €6,319 for symptomatic, autotransplanted, receiving drugs and platelet/ remission respectively. The groups with the highest resource utilization were the autotransplanted and those receiving drugs. Regarding Qol, our sample of 199 patients recorded a 66.93 Global Health Score in QLQ-C30 (asymptomatic: 71.05; autotransplanted: 57.41; receiving drugs: 49.25; Plateau/remission: 72.02). CONCLUSIONS: The main resource utilization comes from direct medical costs. MM treatment strategy has changed dramatically in the last years. In particular, transplant and pharmacological treatments represented the most relevant costs. This analysis allows to measure costs and QoL associated with MM management at different disease phases from the payer perspective. The main resource utilization comes from direct medical costs. MM treatment strategy has changed dramatically in the last years. In particular, transplant and pharmacological treatments represented the most relevant costs. This analysis allows to measure costs and QoL associated with MM management at different disease phases from the payer perspective.

HOSPITALISATIONS FOR HEAD AND NECK CANCERS IN FRANCE

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OBJECTIVES: With 16,005 new cases and 5,406 related deaths in 2005, France is particularly concerned by Head and Neck (H&N) cancers. In addition to tobacco and alcohol, Human Papillomavirus (HPV) has been reported as a risk factor for H&N cancers. In addition to tobacco and alcohol, Human Papillomavirus (HPV) has been reported as a risk factor for H&N cancers. Particularly concerned by Head and Neck (H&N) cancers. In addition to tobacco and alcohol, Human Papillomavirus (HPV) has been reported as a risk factor for H&N cancers. Particularly concerned by Head and Neck (H&N) cancers. In particular, transplant and pharmacological treatments represented the most relevant costs. This analysis allows to measure costs and QoL associated with MM management at different disease phases from the payer perspective.