of capcitabine administration cost, were derived from DRG information issued by French Health Authorities. For capcitabine, the administration cost (drug acquisition cost excluded) has been considered to be equal to the cost of an oncologist out-patient visit. RESULTS: Efficacy was assessed for 297 patients in the capcitabine arm and for 299 patients in the FuFol arm based on an average follow-up of 165 days. The average costs for the management of metastatic colorectal cancer patients with capcitabine and FuFol are respectively €4320 and €10,311 (p < 0.001). Full administration costs (corresponding to the drug acquisition cost plus the cost related to the administration) are €3882 for capcitabine and €9742 for FuFol (p < 0.001). Costs related to the treatment of adverse events are €396 for capcitabine and €537 for FuFol (p = 0.16). CONCLUSION: This cost minimisation analysis shows that the use of capcitabine results in very significant savings on fixed costs. Hospital medical resources are becoming particularly scarce in France. In this context, capcitabine is of high economic interest for the treatment of metastatic colorectal cancer.

COSTS OF MANAGING TOXICITIES IN ADVANCED NON-SMALL CELL LUNG CANCER WITH PEMETREXED COMPARED WITH DOCETAXEL AS SECOND-LINE CHEMOTHERAPY

OBJECTIVE: To estimate costs associated with management of chemotherapy-induced toxicity with pemetrexed compared with docetaxel as second-line chemotherapy for advanced non-small cell lung cancer (NSCLC).

METHODS: Resource utilization data were analysed from a multinational phase III randomised trial comparing pemetrexed (ALIMTA®) with docetaxel (N=571). Costs included in this initial analysis were hospitalisations, transfusions, erythropoietin, granulocyte colony-stimulating factors (GCSFs) and parenteral antibiotics. Unit costs were sourced from UK National Health Service (NHS) case mix data (2002) and national drug prices. RESULTS: Efficacy was shown to be similar with median survival times of approximately 8 months for both arms, although toxicity-related events and need for medical management were lower for pemetrexed. CTC grade 3/4 neutropenia and neutropenic fever were significantly higher for docetaxel (40% vs. 5%, 13% vs. 2%, respectively). Most other grade 3/4 toxicities, including nausea/vomiting, diarrhoea, thrombocytopenia and anaemia, occurred at low rates (≤5%) and were similar between treatment arms. The most common reasons for drug-related hospitalisation for both arms were febrile neutropenia and neutropenia (4 admissions on the pemetrexed arm (£4730) vs. 42 on the docetaxel arm (£571).