nosed or for first relapse of AML or MDS. IFI subjects had been diagnosed with proven or probable IFI according to EORTC criteria and received antifungal therapy. Match criteria were duration of febrile neutropenia, age and type of chemotherapy. Resource utilization data included length of stay, mechanical ventilation, parenteral nutrition, diagnostic procedures, antifungal agents and cost-intensive concomitant medication. Direct medical cost was calculated from the hospital provider perspective. RESULTS: A total of 108 patients were enrolled at 5 maximum care hospitals, 36 IFI patients and 72 controls. Mean age was 61.5 years (IFI group) and 61.2 years (control group), 50% and 63% were male, respectively. Primary diagnosis was AML in 97% of IFI patients and in 99% of control patients. The vast majority of IFI patients (74%) had invasive aspergillosis. IFI patients stayed on average 12 days longer in the hospital than control patients. In the IFI group all patients (100%) and in the control group 89% of patients received antifungal drugs. Direct cost per patient amounted to €51,517 in the IFI group and €30,454 in the control group. Incremental cost of €1IMS Consulting, Falls Church, VA, USA, 2Eisai Corporation of North America, Woodcliff Lake, NJ, USA.

OBJECTIVES: Treatment regimens in extensively pre-treated advanced and metastatic breast cancer (MBC) patients may confer similar efficacy but have different toxicity profiles. This study aimed to identify toxicities associated with chemotherapy regimens in late-line breast cancer and to estimate direct costs of managing those toxicities. METHODS: A PubMed search identified global Phase II/III studies of single agent and combination treatment regimens for advanced and MBC patients previously treated with ≥2 chemotherapy regimens. The proportion of patients experiencing grade 3 and 4 toxicities was abstracted. Using expert opinion, reported toxicities were placed into representative groupings based on similarities in event types and treatment costs (e.g., extremity pain, pain, arthralgia, headache) and a proxy for each grouping (e.g., pain) was identified for purposes of estimating direct costs of treatment for grade 3 and grade 4 (inpatient) toxicities. Unit costs were estimated using data from Health Care Utilization Project, Medicare reimbursement rates, and Redbook and updated to 2008 USD using the medical care component of the Consumer Price Index. RESULTS: This study included toxicity information from seven treatment regimens studied in the salvage setting. The most commonly reported grade 3 toxicities were hematological (albumin-bound paclitaxel, capectabine, gemcitabine, ixabepilone + capectabine), cardiac (bevacizumab + capectabine), fatigue (ixabepilone), and gastrointestinal-related (sunitinib). The most commonly reported grade 4 toxicities were hematological (albumin-bound paclitaxel, capectabine, ixabepilone, ixabepilone + capectabine), embolic (bevacizumab + capectabine) and anemia-related (capectabine, gemcitabine). Estimated total direct costs of treating all toxicities by treatment regimen were: sunitinib ($107), gemcitabine ($585), albumin-bound paclitaxel ($1446), bevacizumab + capectabine ($3493), capectabine ($3775), ixabepilone ($4403), and ixabepilone + capectabine ($16279). CONCLUSIONS: Treatment regimens in extensively pre-treated breast cancer patients may have similar efficacy but vary greatly in the cost of managing treatment-related toxicities: $107 to $16279 in this study. The costs of these toxicities should be included in future economic evaluations comparing the clinical and cost-effectiveness of alternative treatment regimens for advanced and MBC.

PCN62

ECONOMIC BURDEN OF TOXICITIES ASSOCIATED WITH SALVAGE TREATMENT IN ADVANCED AND METASTATIC BREAST CANCER

Kowalski-Podmore S1, Munakata J1, Tenczer T1, Smith TW1

1IMS Consulting, Falls Church, VA, USA, 2Eisai Corporation of North America, Woodcliff Lake, NJ, USA.

OBJECTIVES: Treatment regimens in extensively pre-treated advanced and metastatic breast cancer (MBC) patients may confer similar efficacy but have different toxicity profiles. This study aimed to identify toxicities associated with chemotherapy regimens in late-line breast cancer and to estimate direct costs of managing those toxicities. METHODS: A PubMed search identified global Phase II/III studies of single agent and combination treatment regimens for advanced and MBC patients previously treated with ≥2 chemotherapy regimens. The proportion of patients experiencing grade 3 and 4 toxicities was abstracted. Using expert opinion, reported toxicities were placed into representative groupings based on similarities in event types and treatment costs (e.g., extremity pain, pain, arthralgia, headache) and a proxy for each grouping (e.g., pain) was identified for purposes of estimating direct costs of treatment for grade 3 and grade 4 (inpatient) toxicities. Unit costs were estimated using data from Health Care Utilization Project, Medicare reimbursement rates, and Redbook and updated to 2008 USD using the medical care component of the Consumer Price Index. RESULTS: This study included toxicity information from seven treatment regimens studied in the salvage setting. The most commonly reported grade 3 toxicities were hematological (albumin-bound paclitaxel, capectabine, gemcitabine, ixabepilone + capectabine), cardiac (bevacizumab + capectabine), fatigue (ixabepilone), and gastrointestinal-related (sunitinib). The most commonly reported grade 4 toxicities were hematological (albumin-bound paclitaxel, capectabine, ixabepilone, ixabepilone + capectabine), embolic (bevacizumab + capectabine) and anemia-related (capectabine, gemcitabine). Estimated total direct costs of treating all toxicities by treatment regimen were: sunitinib ($107), gemcitabine ($585), albumin-bound paclitaxel ($1446), bevacizumab + capectabine ($3493), capectabine ($3775), ixabepilone ($4403), and ixabepilone + capectabine ($16279). CONCLUSIONS: Treatment regimens in extensively pre-treated breast cancer patients may have similar efficacy but vary greatly in the cost of managing treatment-related toxicities: $107 to $16279 in this study. The costs of these toxicities should be included in future economic evaluations comparing the clinical and cost-effectiveness of alternative treatment regimens for advanced and MBC.

PCN63

METASTATIC COLORECTAL CANCER: MEDICAL COSTS OF FIRST LINE INFUSIONAL 5-FUOROURACIL OR ORAL CAPECITABINE IN ITALIAN PATIENTS

Lopatriello S1, Negrini C2, Amoroso D3, Donati S3, Alabiss O4, Fornerisao A5, Smergo A2, Iacono C2, Lucenti A2, Lalli AM2

1Pbe Consulting, Verona, Italy, 2Pbe Consulting, Milan, Italy, 3Istituto Toscano Tumori, Firenze and Ospedale Versilia, Lido di Camaiore (LU), Italy, 4Azienda Ospedaliera-Università Maggiori della Carità, Novara, Italy, 5Ospedale Immocolata Concezione, Pieve di Sacco (PD), Italy, 6Azienda Ospedaliera “Civile-Maria Paternò Arezzo”, Ragusa, Italy, 7Azienda Ospedaliera “Civile-Maria Paternò Arezzo”, Ragusa, Italy, 8Ospedale Maria SS d. Spedore, Giulianova (TE), Italy

OBJECTIVES: To estimate the costs of infusional 5-fluorouracil (5-FU) and oral capectabine (CAP) in Metastatic Colorectal Cancer (MCC) patients. METHODS: Observational, retrospective study estimating direct medical costs (medications, administration patterns, infusion device insertion, tests, visits, adverse event management) after treatment with first-line 5-FU or CAP, with or w/o association of other chemotherapies. Data were collected from patients’ charts in 5 Oncology ambulatories. Average per patient direct cost was estimated by national tariffs and market retail prices (2007 values) in the Italian Healthcare Service (IHCS) perspective. RESULTS: Data were collected on 202 subjects (136 on 5-FU; 66 on CAP). A total of 93% 5-FU-patients and 47% CAP-patients received infusional chemotherapy agents in association. Alternatives differed in the mean number of cycles planned (5-FU 10.7 vs CAP 6.7) and administered (5-FU 9.7 vs CAP 6.4). In the IHCS perspective, average total cost was €12,029 (SD €5,321) per 5-FU-patient vs €5,781 (SD €4,933) per CAP-patient; considering only patients in combination regimens mean total cost per patient were €12,334 in 5-FU plus oxaliplatin or irinotecan and €9,986 in CAP plus oxaliplatin or irinotecan. Administration of infusional therapy in Day Hospital (DH) accounted for 51% and 28% of total costs in 5-FU and CAP group, respectively; drug cost amounted to 37% in 5-FU and 60% CAP arm. Arms differed as to catherer inser- tion, adverse event management and chemo-supportive therapy costs. Oral route remained the most economic alternative over the infusional route in all sensitivity analyses. CONCLUSIONS: Management of MCC patients by oral chemotherapies may be economically rational to IHCS.

PCN64

SHIFT OF PUBLIC HEALTH CARE EXPENDITURES FOR PALLIATIVE CANCER PATIENTS FROM INPATIENT TO OUTPATIENT EFFECTED BY HOME CARE SUPPORT TEAMS PROVIDED BY A UNIVERSITY HOSPITAL IN AUSTRIA

Spät S1, Habacher W2, Rakovac I1, Baumgartner J1, Schipperinger W1, Samonigg H1, Pieber TR1

1Joanneum Research Forschungsgesellschaft mbH, Graz, Austria, 2Azienda Ospedaliera Università “Civile-Maria Paternò Arezzo”, Ragusa, Italy, 3Coordination Palliative Care Steiermark, Graz, Austria, 4University Hospital Graz, Graz, Austria

OBJECTIVES: To quantify the financial impact of home care support teams versus inpatient palliative care in a university