OBJECTIVES: Three formulations of leuprolide, an established LH-RH agonist are used in the management of advanced prostate cancer. In order to inform clinical practice, the economic impact of the different formulations and dosing schedules were evaluated for Austria, Belgium, Czech Republic, Hungary, Italy, Latvia, The Netherlands, Poland and Portugal. METHODS: Database searches identified 10 clinical trials of leuprolide 1-monthly (1M), 3-monthly (3M) and 6-monthly (6M) with Atigrel® requiring 6, 4 and 2 hospital treatment visits respectively. Due to reported comparable efficacy, safety and adherence, cost-minimization analysis was conducted. Costs of the product, specialist consultations and diagnostics (converted to 2010 euros) were considered during up to 12 months follow-up. The perspective was that of public payers.

RESULTS: The review showed that with the use of leuprolide 1M, 3M and 6M the respective percentage of patients achieving testosterone suppression ≤50ng/dl was 93.3%, 98.3% and 97.3% (p=0.05). However, 6M was the least cost treatment option, with average total annual costs from 788€ (Portugal) to 1839€ (Portugal). The 3M option was 2.5% (Hungary) to 7.6% (Belgium) higher than 1M. 3M was €5.6% and €1.8% more than 1M for those countries, respectively. The 3M option was 11.2% to 45.3% less expensive than 1M. The cost drivers were the frequency of visits for injection and monitoring. The study showed that up to 50% additional visits could be funded with 1M and 3M formulations. Results were robust in one-way sensitivity analyses, as well as probabilistic sensitivity analysis.

CONCLUSIONS: Leuprolide acetate with Atigrel® 1M, 3M and 6M formulations offer comparable efficacy and safety. However, driven by the frequency of visits, the 6-monthly formulation offers the greatest cost-savings for prostate cancer patients in the European countries studied.

PCN103
THE ADJUVANT TREATMENT OF STAGE 3 COLON CANCER (ACC): AN INDIRECT COST-MINIMISATION AND POPULATION NET HEALTH BENEFIT ANALYSIS OF CAPECITABINE + OXALIPLATIN (XELOX) VS. IV 5-FU + FA + OXALIPLATIN (FOLFOX)
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OBJECTIVES: XELOX is the most utilised therapy for aCC in the UK. The aim of this analysis was to assess and compare the population net health benefit (pNHB) of all patients treated with an ACC regimen from the NHS perspective (National Health Service) in the UK. METHODS: An indirect comparison of the NO16968 (XELOX) and MOSAIC (FOLFOX-4) trials was undertaken (where both regimens were compared to i.v. 5-FU plus FA) showing XELOX to be non-inferior. A cost minimisation approach was therefore taken. Drug costs were based on UK list prices taken from the British National Formulary (BNF 63), and additional costs such as administration costs, adverse event costs and pharmacy costs were taken from NHS reference costs, the literature and previous technology appraisals. A £200,000/QALY assumed displacement threshold was utilised to estimate the pNHB provided. Uncertainty was explored via one-way sensitivity analyses. RESULTS: Replacing FOLFOX-6 and FOLFOX-4 with XELOX saved £6490 and £9778 per patient respectively, of which £2434 and £1534 came from drug acquisition costs. Over 60% of the total savings were realised from reductions in the frequency of pharmacy use and administration resource use. The savings realised from full implementation of the XELOX regimen could be used by the NHS to generate more than 1000 QALYs over the next 5 years. The costs of AEs were similar across all three regimens. XELOX achieved savings of £3,400 per patient even when all parameters in the sensitivity analysis were simultaneously set to the worst case scenarios.

CONCLUSIONS: A cost minimisation analysis has been demonstrated to be, respectively and significantly cost-saving versus FOLFOX-4 and FOLFOX-6 in acc from an NHS perspective. Full conversion of all aCC patients to XELOX could offer the NHS substantial financial savings and a significant pNHB of over 1000 QALYs over a 5 year period.

PCN104
COST MINIMIZATION ANALYSIS (CMA) OF CAPECITABINE/CISPLATIN (XP) VS. 5-FU/CISPLATIN (FP) REGIMENS IN ADVANCED GASTRIC CANCER (AGC) TREATMENT IN THE ROMANIAN SETTING
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OBJECTIVES: The objective was to compare the first-line therapy costs of capecitabine-cisplatin(XP) and 5-FU-cisplatin (FP) in patients with AGC in the Romanian health care system. METHODS: Due to similar efficacy as shown in the study ML 17 032 (Kang et al.) a cost minimization analysis was performed (CMA). Direct costs of the two alternative therapies were estimated based on the trial results on actual dose and the number of administrations, and unit costs in Romanian hospitals from payer perspective (National Health Insurance). Event (AE) profiles were used to calculate costs of treating AEs. An expert panel estimated typical treatment patterns and costs of treating major AEs. RESULTS: FP arm patients received 5.2 cycles vs. 4.6 cycles in FP arm. The substitution of oral capecitabine for intravenous 5-FU reduced the number of hospital clinic visits by 17.6 (22.8 for FP) and 7.6 (13.9 for FP) respectively. Drug costs were lower for CAPOX (15% and 14% less) than for FOLFOX. Total incremental cost was -ROL 741 in favor of XP regimen.

CONCLUSIONS: Oral capecitabine treatment is a cost-saving regimen for AGC from Romanian public payer’s perspective.