

were HK\$5,581 and HK\$6,403 (1US \$ = 7.8 HK \$), respectively. The cost-effectiveness ratios per ulcer-free patient were HK\$6001 for triple-therapy arm and HK\$8653 for naproxen group. **CONCLUSION:** *H. pylori* eradication therapy is cost-effective in preventing NSAID-induced peptic ulcers in patients with positive *H. pylori* infection.

## CANCER

### COST-EFFECTIVENESS ANALYSIS OF IRINOTECAN AS FIRST-LINE THERAPY IN ADVANCED COLORECTAL CANCER

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It has been shown that the combination of irinotecan with fluorouracil is superior to fluorouracil alone in patients with advanced colorectal cancer as first-line therapy. In a recent randomised trial (Douillard et al., *Lancet*, 2000), median survival was 17.4 months for patients treated with irinotecan combined with fluorouracil as compared to 14.1 months in patients who received fluorouracil alone. **OBJECTIVE:** The objective of the study is to relate this statistically significant difference in overall survival to differences in costs of each alternative. **METHODS:** Medical care consumption data were collected prospectively as part of the trial that included 387 patients. A further retrospective data collection was designed to inform on further chemotherapy and disease cost after study treatment failure. The perspective for the calculation of cost was the French National Health System. Drug costs were assumed to be equal to public prices. Hospital costs were derived from French public DRG database. Consultation costs were abstracted from the public tariff database. Censoring of medical care consumption data was handled using the method described by Lin et al. (*Biometrics*, 1997). Uncertainty will be explored through bootstrap analyses. **RESULTS:** The total costs including drug cost, cost of treatment administration, cost of the management of toxicities and cost of disease progression amounted to 182,000 FF (USD 26,500) per patient treated with irinotecan and 123,000 FF (USD 18,000) per patient treated with fluorouracil alone. When the difference in cost is related to the clinical benefit of irinotecan, the cost per life year saved amounted to 214,000 FF (USD 31,100). Uncertainty analyses are ongoing and results will be presented. **CONCLUSION:** First-line therapy with irinotecan extends significantly survival, at a cost that remains within the limits currently accepted for new chemotherapeutic agents. Robustness of this conclusion to uncertainty is currently under investigation.

CN1

### RELATING QUALITY ADJUSTED LIFE YEARS TO CONTINGENT VALUATION: ACUTE VERSUS CHRONIC ILLNESSES

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**OBJECTIVE:** To investigate the relationship between quality adjusted life years (QALYs) and willingness to pay (WTP) in acute and chronic conditions. **METHODS:** Two face-to-face interviews were conducted one week apart in a convenience sample of women aged 22 to 50 years with no history of breast cancer or cancer requiring chemotherapy (n = 119). Data were collected between 3/2000 to 6/2000 at The Ohio State University. Study participation required completion of two surveys: one evaluating utility for an acute condition (post chemotherapy nausea and vomiting: PCNV), and the other assessing utility in a chronic condition (breast cancer). Utility was assessed using: WTP, and visual analogue scale (VAS) and standard gamble (SG) methods were used to estimate QALYs. Since QALYs and WTP were purported to be based on the same underlying theoretical foundations in welfare economics, WTP was regressed on QALYs, age, income and health status, for acute and chronic health interventions using natural log transformations of WTP and QALY. **RESULTS:** Regression analysis reported statistically significant models for breast cancer cure and treatment respectively (Adjusted R<sup>2</sup> = 0.245, P = 0.001; Adjusted R<sup>2</sup> = 0.287, P = 0.001) and PCNV standard and optimal therapy (Adjusted R<sup>2</sup> = 0.01, P = 0.003 and Adjusted R<sup>2</sup> = 0.01, P = 0.003). **CONCLUSION:** The results of this study indicate that QALY is a better predictor of WTP for chronic conditions; however, QALY is not a good predictor of WTP for acute conditions. This could be attributed to violations of underlying assumptions in measurement of QALYs.

CN3

### COST-SAVINGS FOR CAPECITABINE DUE TO ORAL ADMINISTRATION IN PREVIOUSLY UNTREATED ADVANCED/METASTATIC COLORECTAL CANCER

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**INTRODUCTION:** Capecitabine is an oral fluoropyrimidine, which mimics continuous 5-FU and is preferen-