duration of all LHRH agonist use was 26.3 weeks and 33.2 weeks in younger and older patients, respectively (P < 0.05). LHRH agonists were used for 24 weeks and >48 weeks in 56.4% and 17.6% of younger and in 43.3% and 28.3% of older patients. Average duration of anti-androgen use for CAB patients was 34.7 and 39.8 weeks in younger (n = 80) and older patients (n = 117, P = ns). Anti-androgens were used for 24 weeks and >48 weeks in 43.8% and 31.3% of younger and in 40.2% and 36.8% of older patients. CONCLUSIONS: The duration of LHRH agonist use by prostate cancer patients varies by age. Large proportions of patients in both age groups use CAB for 24 weeks, suggesting use to protect against testosterone surge. Additional research is required to verify these results.

PHARMACOECONOMIC ANALYSIS OF ADVANCED NON-SMALL CELL LUNG CANCER TREATMENT WITH DOCETAXEL-CISPLATIN, PACLITAXEL-CISPLATIN AND PACLITAXEL-CARBOPLATIN
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OBJECTIVES: To compare the efficiency (the evaluation of efficacy in relation to costs) of three first-line treatment options for advanced non-small-cell lung cancer (stage IIIIB and IV) used in the ECOG study: docetaxel/cisplatin (75/75 mg/m²/day; 1 hour IV infusion of docetaxel); paclitaxel/cisplatin (175/75 mg/m²/day; 3 or 24 hour IV infusion of paclitaxel), and paclitaxel/carboplatin (175/400 or 225/400 mg/m²/day; 3 hour IV infusion of paclitaxel).

METHODS: The results of the ECOG 1594 phase III clinical trial demonstrated equivalent efficacy (survival, objective response) between the treatment options. To differentiate between the treatment options, we performed a cost-minimization analysis, using a pharmacoeconomic model.

RESULTS: The average estimated treatment cost per patient (median, four cycles) with docetaxel/cisplatin would be €8522 and €1599 in younger and €7340 and €2951 in older patients. Average direct cost for paclitaxel/cisplatin and paclitaxel/carboplatin was €8651 and €6481 respectively. This difference is mainly due to the lower treatment cost associated with docetaxel.

Neuropathy quality of life and cost burden has been ignored in the chemotherapy cost-effectiveness literature, because direct treatment costs are small and quality of life impacts due to neuropathy in OC patients are rarely explicitly measured. Nevertheless, this treatment toxicity may have a substantial effect on chemotherapy cost-effectiveness, possibly increasing reported medication cost/QALY estimates by 60%. More research is needed to quantify the cost and quality of life burdens of chemotherapy-induced neuropathy.

QOL CHANGE OVER TIME POST-REINFUSION OF PBPC IN HIGH DOSE TREATMENT OF NON-HODGKIN’S FOLLICULAR LYMPHOMA (N-HFL) WITH AND WITHOUT FILGRASTIM USE
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OBJECTIVES: To assess the quality of life (QoL) with Q-TwiST retrospectively in a randomised phase III trial.