MEDICAL TREATMENT FOR CHRONIC MYELOID LEUKAEMIA (CML): AVERAGE COST EFFECTIVENESS RATIOS OF FIRST AND SECOND LINE TREATMENT

Groot MT1, Ossenkoppele GJ2, Kramer MHH3, van den Boom G4, Huigens PC5, Uyl-de Groot CA1
1Erasmus University Rotterdam, Rotterdam, Netherlands; 2VU Medical Centre, Amsterdam, Netherlands; 3Meander Medical Centre, Amersfoort, Netherlands; 4Novartis Pharma B.V, Arnhem, Netherlands

OBJECTIVES: To determine the average cost-effectiveness ratios of interferon used first line and imatinib used second line in chronic phase CML. METHODS: A general cost effectiveness analysis was performed. Therefore, a model consisting of two phases is developed: an induction phase of eight months, in which newly diagnosed patients are treated with two different doses of IFN or patients refractory to IFN are treated with imatinib, and a chronic treatment phase where patients are treated according to the result of the induction phase. Costs and effects are modeled for a maximum of 25 years. Input for this model was derived from literature and expert opinion. Costs are based on real cost prices and tariffs. RESULTS: Compared to first line IFN, treatment with imatinib second line gives greater quality adjusted life years (QALYs); 4.98 versus 6.67. Average costs of treatment with 5MIU IFN are €76,969 and with 3MIU IFN €53,257. For treatment with imatinib the total costs are €140,765 per patient. Average cost-effectiveness ratios in the 5MIU IFN group is €13,443 per QALY and €10,687 in the 3MIU IFN group. Using imatinib second line the average cost-effectiveness ratio is €21,082 per QALY. CONCLUSION: The addition of imatinib to the treatment options in CML suggests that the costs of treatment will rise but average survival and quality of life will also considerably increase. The average costs per QALY are in our view fully acceptable.

CANCER—Quality of Life/Preference Based Outcomes

AGREEMENT OF HEALTH UTILITIES INDEX SCORES AMONG SURVIVORS OF CANCER IN CHILDHOOD, THEIR PARENTS AND THEIR DOCTORS IN URUGUAY

Horsman JR1, Fluchel M2, Furlong W3, Castillo L2, Barr RD4
1McMaster University, Hamilton, ON, Canada; 2University of Washington, Seattle, WA, USA; 3Hospital Pereira Rossell, Montevideo, Uruguay; 4Hamilton Health Sciences, Hamilton, ON, Canada

OBJECTIVES: The study assesses inter-rater agreement of Health Utilities Index (HUI) measures reported for 103 survivors of cancers in childhood and 98 age-matched controls (C) in Montevideo, Uruguay. METHODS: The children completed face-to-face interviewer-administered HUI health status questionnaires, Spanish language version. Parents (P) and doctors (D) of the survivors, and parents of 22 controls completed proxy-assessments. Inter-rater agreement of HUI3 single-attribute and health-related quality of life (HRQL) utility scores was assessed between children and parents, children and doctors, and parents and doctors using intra-class correlation coefficients (ICC). RESULTS: Agreement results vary by attribute (vision, hearing, speech, ambulation, dexterity, emotion, cognition, pain) but most are substantial (ICC > 0.60). Due to lack of measurement variability, agreement could not be assessed for HUI3 dexterity. As hypothesized, agreement is generally substantial between children and parents. ICC for overall HRQL and individual attributes vision, hearing, speech, ambulation, cognition, and pain, varying from 0.554 to 0.999 and all are significant at p < 0.0005. There is only slight agreement (ICC < 0.20) for the highly subjective emotion attribute, and that is consistent across all pairs of raters. Agreement between children and doctors, and parents and doctors is strongest for easily observed attributes, including vision, hearing, speech and ambulation (p < 0.005), and weakest for the less observable attributes (pain, cognition and emotion). CONCLUSIONS: Results indicate that parents are reliable proxies for assessing overall HRQL of their children but parents and doctors may not have sufficient knowledge or insight into the pain, cognitive or emotional burdens suffered by these young cancer survivors. These results are consistent with those reported from an English-language study of survivors of brain tumours in childhood in Hamilton, Canada. This consistency between studies validates both the results and the Spanish-language translation of the HUI.

SPECIFIC CHOICES AND EXPENDITURES FOR HERBAL MEDICINES BY CANCER PATIENTS

The University of Texas M.D. Anderson Cancer Center, Houston, TX, USA

OBJECTIVES: The use of alternative medicine is increasing worldwide with total annual expenditures on herbal medicine and/or supplements approaching 10 billion dollars in the US alone. Cancer patients often feel uncomfortable discussing the use of herbs. This survey study was designed to identify the types of herbs used, evaluate the patients’ expectation of results of use, communication with the physician regarding use, out-of-pocket expenditure and possible correlations between these and other demographic factors. METHODS: A survey consisting of 17 questions was developed with a list of herbal medications purchased by the patient. The instrument was administered with the assistance of a nurse or pharmacist to 450 patients in the Pre-op and Symptom and Palliative Care Clinic (SCPC), 300 and 150 respectively. The type and stage of cancer were retrieved from the