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COST-EFFECTIVENESS OF MOHS' MICROGRAPHIC SURGERY VERSUS SURGICAL EXCISION FOR THE TREATMENT OF FACIAL BASAL CELL CARCINOMAS: RESULTS OF A RANDOMISED CLINICAL TRIAL

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OBJECTIVES: The department of Dermatology of the University hospital Maastricht performed a randomised trial to compare the cost-effectiveness of surgical excision (SE) and Mohs Micrographic surgery (MMS) in a group of patients with primary and recurrent facial Basal Cell Carcinoma (BCC). **METHODS:** Hospital costs, recurrence rates and quality of life data (NHP and STAI) were collected during a time period of 18 months. The Incremental Cost Effectiveness Ratio's were calculated based on incremental costs per recurrence avoided, both for primary and recurrent BCC. The reliability of the ICER was estimated by means of bootstrap simulations. **RESULTS:** In total 408 primary BCC and 204 recurrent BCC were randomised to either SE or MMS. The ICER for primary BCC amounted to €25.200. Seventy-four percent of all ratio's were within the quadrant where MMS is more effective but also more costly. Twenty-four percent of all ratio's were in the quadrant where SE dominates. The ICER for recurrent BCC amounted to €7.733. All ratios were within the quadrant where MMS is more effective but also more costly. For both primary and recurrent BCC group, quality of life was not statistically significant different between SE and MMS. **CONCLUSIONS:** Based on costs and the recurrence rates, it is not cost-effective to introduce MMS for primary BCC on a large scale. However, other aspects like the patient perspective have not been examined in this study. It is possible that patients have a specific preference for either one of the two treatment modalities. For the recurrent BCC both ICER and bootstrap results should be treated with caution since only fifty percent of the patients with recurrent BCC have completed their 18-month follow-up. Possible changes in the recurrence rate may have a considerable effect on the final cost-effectiveness ratio of this group.

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COST IMPLICATIONS OF ORAL TREATMENT OF COLORECTAL CANCER IN GERMANY

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OBJECTIVES: To evaluate cost implications of oral chemotherapy with capecitabine vs. standard fluoropy-

rimidine-therapies (Mayo Clinic and AIO/Ardalan-regimen), in different treatment settings in Germany. **METHODS:** Costs of fluoropyrimidine-therapies were evaluated for the office-based setting. Physician's fees (89 quarterly fee-listings, 26 patients, 6 office-based oncologists), drug and pharmacy costs and costs for venous port systems and single-use pumps were included. Capecitabine treatment costs were assumed to be identical to the cost of the Mayo Clinic-regimen, except drug administration and acquisition. Based on the frequency of administration of active drugs by office-based oncologists costs were modelled for 4 scenarios in the hospital sector, i.e. in- and outpatient treatment in university- and municipal hospitals. A third-party payer perspective was adopted. Market research data on frequency and setting of use of the evaluated regimens were used to estimate potential overall cost implications. **RESULTS:** Treatment costs for a 6-months course in the office-based setting was most expensive with the AIO/Ardalan regimen (€20,358) and cheapest with capecitabine (€4776). In contrast, the AIO/Ardalan-protocol was cheaper than the Mayo Clinic-protocol in all hospital settings (AIO/Ardalan €2588–13,434; Mayo Clinic 4072–21,138). Potential direct yearly savings by switching patients from Mayo-Clinic- or AIO/Ardalan-regimen to oral capecitabine were estimated at €78–84 Mio. **CONCLUSION:** The most expensive treatment options were the AIO/Ardalan-protocol in the office-based setting and the Mayo Clinic protocol in the hospital setting. Interestingly, remuneration for hospitals is unlikely to be cost covering for some treatment situations, in particular with the AIO/Ardalan-regimen. Capecitabine emerged as the cheapest option in the office-based setting (NA for hospital due to oral administration). Transferring patients to oral capecitabine is likely to result in substantial cost savings, estimated at €78–84 Mio annually. Savings are likely to be substantially higher if combination therapies with irinotecan or oxaliplatin are considered.

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COST ANALYSIS OF TREATMENT FOR ADVANCED OR RECURRENT GASTRIC CANCER IN JAPAN: ECONOMIC COMPARISON BETWEEN THE ORAL FLUOROPYRIMIDINE TS-1 AND CONVENTIONAL INTRAVENOUS CHEMOTHERAPY

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OBJECTIVE: Gastric cancer is the most frequent cancer in Japan and is an important cause of growing national Health care costs. However, few studies focusing on the costs of treating gastric cancer in Japan have been conducted. We previously reported the costs of chemotherapy for advanced or recurrent gastric cancer. Our results have shown that the costs of hospitalization and sup-