nisms had a substantial impact on the results of health economic evaluations.

PCN22
COSTS OF COMMON TREATMENT OPTIONS FOR INDOLENT FOLLICULAR NON-HODGKIN’S LYMPHOMA
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OBJECTIVES: Follicular non-Hodgkin’s lymphoma (FL) is the most common indolent lymphoma occurring in the Western Hemisphere with a variable clinical course. Because of high costs of new treatments, we assessed direct health care costs associated with the most commonly prescribed treatments for FL.

METHODS: New and previously diagnosed FL patients (>18 years) known during 1997–1998 to 15 Dutch hospitals were randomly selected for inclusion. Each patient was followed for three years, from a distinct event in the disease course onwards, for resource use associated with each of the treatments, including ‘watchful waiting’. The hospital perspective was adopted. Unit costs were based on the 2003 price level. RESULTS: Two hundred patients were included, of whom 75% percent underwent drug treatment during the 3-year data collection period (25% was not treated because of a watchful waiting strategy (10%) or complete remission (15%)). Allogeneic and autologous stem cell transplantations were the most expensive treatments, with a mean per patient cost of €45,326 (n = 7) and €18,866 (n = 9) respectively (up to discharge only). This was followed by fludarabine i.v. €10,651 (n = 33), rituximab (€10,628; n = 7), and CHOP €7547 (n = 42). Classical FL treatments were found to be the least expensive treatments used with an estimated cost for CVF of €5268 (n = 58), for radiotherapy of €4218 (n = 52), and for chlorambucil €2476 (n = 53). CONCLUSIONS: This study presents detailed information on resource use and costs associated with the most commonly prescribed FL treatments. In addition to differences in effectiveness, commonly used treatments vary considerably in terms of resource use and overall cost. This information is of value for resource planning.

PCN23
ECONOMIC ASPECTS AND DRIVERS OF FEBRILE NEUTROPENIA IN CANCER—A MULTICENTRE RETROSPECTIVE ANALYSIS IN BELGIUM
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OBJECTIVES: To determine costs and identify cost drivers for febrile neutropenia (FNE) in Belgium. METHODS: Direct costs of FNE to health care payers were calculated from retro-projection of chart review of patients treated during 2003 in 4 centres (n = 93, 4 Hodgkin’s disease (HD), 36 Non-Hodgkin lymphoma (NHL), 10 multiple myeloma, 35 breast cancer (BRCA) and 8 small-cell lung cancer). Clinical data and FNE related resource utilization were collected from patient files. Cost data included all FNE related costs. Resource use (including hospitalisation, antimicrobials, perfusions, lab tests, interventions and other drugs) was multiplied with unit costs from official sources. Regression analysis to identify cost drivers was performed on log-transformed costs using a mixed linear model. RESULTS: The average number of FNE’s in patients with FNE was 1.3, the first FNE occurring after 1.7 cycles. The average number of FNE’s tended to be higher in patients with hematological malignancies and in patients receiving combination chemotherapy. The mean cost per FNE episode, excluding G-CSF treatment and secondary prevention, was €4221 (95% CI:3521–4921). Major cost components were hospitalization (€2707), antimicrobial therapy (€784) and tests (€636). Growth factors were prescribed for FNE treatment and secondary prevention in 84% and 51% of patients respectively. The average total cost of growth factors was €2197. Mortality during chemotherapy was 11%. Regression analysis showed that underlying disease and survival were independent cost drivers. NHL patients incurred 1.85 times higher costs than others (95% CI:1.07–3.20, p = 0.0316). Patients who died, either from FNE or from their underlying disease, showed 1.52 times higher costs (95% CI:1.04–2.22, p = 0.0347) than survivors. Co-existence of thrombocytopenia or anemia also significantly predicted higher FNE costs. CONCLUSION: The cost of FNE varied according to underlying disease. NHL patients showed the most elevated total FNE related costs. These analyses of cost drivers enable to fine-tune data for economic analyses to relevant patient subgroup.

PCN24
ESTIMATING THE COST OF INFORMAL CAREGIVING IN LUNG CANCER PATIENTS. THE HABIT STUDY
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OBJECTIVES: To estimate cost associated with informal care giving in advanced stage Non-Small Cell Lung Cancer (NSCLC) patients, identifying the costs drivers in Italy; to measure symptoms evolution using the LCS subscale of the FACT-L questionnaire. METHODS: A total of 104 patients (55 on second line chemotherapy and 49 in supportive care) were enrolled in 18 Italian oncology departments and followed up for 3 months. Main caregiver workload was assessed monthly by evaluating the number of hours devoted to ten care giving tasks, presence and activities of other informal or formal caregiver were registered, performance status was evaluated monthly by means of the ECOG scale. Patients completed the LCS symptoms subscale for each visit. Formal care giving time was valued according to market prices; informal care giving hours were valued using the wage rate for an equivalent service. The covariance analysis was performed to check for influential factors in assistance need and costs. RESULTS: During the 3-month observational period both ECOG and LCS scores depreciated in the two groups. An equal number of deaths were registered among patients in chemotherapy and in supportive care. Monthly hours of informal care giving increased from 124.37 to 166.9 for the chemotherapy patients and from 141.92 to 150.97 for supportive care patients. The whole home assistance cost accounted for €584 for chemotherapy and €4159 for supportive care patient. The regression analysis highlighted that symptom depression is a driver of care giving time and costs and that the assistance cost increases if the caregiver doesn’t live with the patient. CONCLUSIONS: The burden of assistance in NSCLC advanced patients is mainly heard by family members who provide also home health aide. As the population ages and family structure is changing, social intervention targeted at unpaid family caregiver will be needed to ease the economic, psychological and physical burden of care giving.

PCN25
INFLUENCE OF THE PORTION OF MEDICAL EXPENSE PAID INDIVIDUALLY ON PHYSICIANS’ ATTITUDE TOWARDS CANCER TREATMENT IN JAPAN
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