group. However, there is no significant difference between the costs of bone fracture in older women with early breast cancer and older women who do not have breast cancer.

**PCN6**

**HEALTH ECONOMIC EVALUATION OF A NEW CONTRAST PRODUCT FOR LIVER MRI IN COLORECTAL CANCER PATIENTS**

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**OBJECTIVES:** The decision to decide for operating liver metastases in colorectal cancer (CRC) patients depends largely on the performance of imaging techniques. A more sensitive and specific test is only of value when it induces a change in therapeutic decisions. This study aimed at analysing the health economic impact of Resovist®, a superparamagnetic iron oxide used in magnetic resonance imaging (MRI) for the diagnosis of hepatic CRC metastases. The selected setting was Belgium. **METHODS:** A medical decision tree model simulating a patient’s evolution applying a 5-year time horizon was developed using 2 scenarios; 1) current diagnostic algorithms; and 2) Resovist® added to current algorithms. Clinical data reveal that, in comparison to current diagnosis Resovist® offers an increased sensitivity (95.4 vs. 74.3 %) and a moderately increased specificity (89.4 vs. 86.2 %), and such an improved test performance would change medical management in about 30% of patients. A Delphi panel with 16 members indicated that this change in practice would be in 29 % from no operation to operation and in 71 % from no operation to no operation. The Delphi panel also provided medical resource use data. Costs of medical resources were obtained from the public health insurance. Life expectancy in function of chosen medical action was obtained from epidemiological literature. **RESULTS:** Resovist® increased costs with €655.4, and adds 1.32 months to life resulting in a cost-effectiveness = €5938 per Life Year Gained, which means good value for money. Sensitivity analysis (20% up and down) on performance of the diagnostic tool, cost of treatment options and change in medical practice showed robustness of the conclusions with a maximal range from €3527 to €10,032. **CONCLUSION:** This medical decision tree approach showed that Resovist® has the potential to improve medical management and outcomes at a very acceptable ratio between costs and effects.

**PCN7**

**ORAL VINORELBINE IN THE TREATMENT OF NON SMALL CELL LUNG CANCER**

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**OBJECTIVES:** Since May 2001, vinorelbine has been available to be administered in oral form at home in the treatment of non-small cell lung cancer. Its efficacy is similar to that of IV vinorelbine, gastro-intestinal toxicity is more frequent. The periodicity of the treatment follow up in a hospital environment is poorly defined. The aim of this study is to establish the regimen, which minimises costs whilst ensuring patient safety. **METHODS:** A model was constructed in order to follow the repercussions of attending hospital every 3, 6, or 9 weeks compared to purely outpatient, weekly management. The corresponding costs were compared to those of conventional treatments used in the indication: gemcitabine, docetaxel and paclitaxel. Costs were estimated from the society perspective. For hospital courses, the DRG costs were adjusted by replacing the drugs component by the actual cost of the substances. For the oral form, primary care costs are allocated values using the price of oral form and the primary care visit or an hospital specialist consultation. **RESULTS:** For equivalent therapeutic efficacy, oral vinorelbine appears to be the least expensive substance: its annual follow up costs per patient using specialised consultations every 3, 6, and 9 weeks were €6360, €6190, and €5940. The least expensive regimen was the regimen involving entirely home management following initial day hospitalisation: €5940. IV cytotoxic agents administered in hospital: gemcitabine, vinorelbine, docetaxel and paclitaxel had annual follow up costs of €6970, €7400, €8320, and €9440 respectively. **CONCLUSION:** How can patient safety and the will to keep a patient at home at the end of their life be reconciled? An economic analysis can quantify the financial repercussions of the more or less extensive interpretations which clinicians place on the principle of precaution.

**PPN8**

**PHARMACO-ECONOMIC ASSESSMENT OF CAPECITABINE ORAL CHEMOTHERAPY VERSUS FUFOL MAYO CLINIC CHEMOTHERAPY IN THE TREATMENT OF COLORECTAL CANCER**

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Capecitabine (Xeloda®) was the first oral oncology drug launched on the French market for the management of metastatic colorectal cancer patients. This drug gives the opportunity to caregivers to treat cancer on an outpatient basis. **OBJECTIVE:** Assess the economic impact of capecitabine compared with the FuFol/Mayo Clinic chemotherapy regimen in metastatic colorectal cancer from the French payer’s perspective. **METHODS:** A RCT (SO 14796) demonstrated an equivalent efficacy of the two therapeutic strategies. Based on this clinical data, a cost minimisation analysis was carried out. Costs were assessed for hospitalisation, chemotherapy regimen administration, management of adverse events and patient monitoring. All these costs, with the exception...
of capecitabine administration cost, were derived from DRG information issued by French Health Authorities. For capecitabine, the administration cost (drug acquisition cost excluded) has been considered to be equal to the cost of an oncologist out-patient visit. RESULTS: Efficacy was assessed for 297 patients in the capecitabine arm and for 299 patients in the FuFol arm based on an average follow-up of 165 days. The average costs for the management of metastatic colorectal cancer patients with capecitabine and FuFol are respectively €4320 and €10,311 (p < 0.001). Full administration costs (corresponding to the drug acquisition cost plus the cost related to the administration) are €3882 for capecitabine and €9742 for FuFol (p < 0.001). Costs related to the treatment of adverse events are €396 for capecitabine and €537 for FuFol (p = 0.16). CONCLUSION: This cost minimisation analysis shows that the use of capecitabine results in very significant savings on fixed costs. Hospital medical resources are becoming particularly scarce in France. In this context, capecitabine is of high economic interest for the treatment of metastatic colorectal cancer.

COSTS OF MANAGING TOXICITIES IN ADVANCED NON-SMALL CELL LUNG CANCER WITH PEMETREXED COMPARED WITH DOCETAXEL AS SECOND-LINE CHEMOTHERAPY

OBJECTIVE: To estimate costs associated with management of chemotherapy-induced toxicity with pemetrexed compared with docetaxel as second-line chemotherapy for advanced non-small cell lung cancer (NSCLC).

METHODS: Resource utilization data were analysed from a multinational phase III randomised trial comparing pemetrexed (ALIMTA®) with docetaxel (N = 571). Costs included in this initial analysis were hospitalisations, transfusions, erythropoietin, granulocyte colony-stimulating factors (GCSFs) and parenteral antibiotics. Unit costs were sourced from UK National Health Service (NHS) case mix data (2002) and national drug prices.

RESULTS: Efficacy was shown to be similar with median survival times of approximately 8 months for both arms, although toxicity-related events and need for medical management were lower for pemetrexed. CTC grade 3/4 neutropenia and neutropenic fever were significantly higher for docetaxel (40% vs. 5%, 13% vs. 2%, respectively). Most other grade 3/4 toxicities, including nausea/vomiting, diarrhoea, thrombocytopenia and anaemia, occurred at low rates (≤5%) and were similar between treatment arms. The most common reasons for drug-related hospitalisation for both arms were febrile neutropenia and neutropenia (4 admissions on the pemetrexed arm £4730 vs. 42 on the docetaxel arm).