consumables amount 0.84€ per preparation (0.48€ due to time saving and 0.36€ linked to less use of consumables). For the case of colorectal cancer standard chemotherapy regimen in adjuvant (12 cycles) these savings could mean annually 10,080€ per 1,000 patients. CONCLUSION: The concentration solution, a new presentation of oxaliplatin, has significant advantages compared with the traditional lyophilised powder. These advantages have been measured as monetary savings linked to less preparation time and use of consumables. In the future it would be of interest to assess other advantages of concentrated solution chemotherapies over the more conventional ones like less errors of medication due to manipulation.

PCN38
COST ANALYSIS OF XELOX VS. FOLFOX-4 ± BEVACIZUMAB (BEV) IN METASTATIC COLORECTAL CANCER (MCRC) IN AN ITALIAN HOSPITAL SETTING
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OBJECTIVES: A recent randomized 2 × 2 phase III trial compared oral capecitabine + IV oxaliplatin (XELOX), IV 5-FU/LV/oxaliplatin (FOLFOX-4), XELOX+bev, and FOLFOX-4+bev as first-line therapy for MCRC. FOLFOX-4 was the regulatory control. XELOX was non-inferior to FOLFOX-4 for progression-free survival, and bev-containing regimens were superior to comparison arms. This economic analysis compared expected costs in XELOX vs. FOLFOX-4 arms in an Italian hospital setting from a payer and societal perspective.
METHODS: Direct medical and indirect cost estimates (for patient time and travel) were compared. Resource use and patient time were estimated based on trial data and protocols. Data collected during the trial and used in the analysis were as follows: no. of visits/duration of drug administration, central venous access management, treatment of adverse events (AE) including hospital days for treatment-related AEs and total hours of ambulatory encounters. Unit costs were based on hospital costs and other published sources. RESULTS: Total direct medical cost estimates were higher for bi-weekly FOLFOX-4 vs. 3-weekly XELOX: €17,900 vs. €10,900. XELOX had higher drug costs while FOLFOX-4 had higher drug administration costs, with about 15 more visits on average per patient. Costs for hospitalization and ambulatory encounters were slightly lower for XELOX vs. FOLFOX-4. CONCLUSION: XELOX is cost-saving from both payer and societal perspective.

PCN39
THE COST OF TREATING AND MANAGING ABNORMAL CERVICAL CONDITIONS IN IRELAND
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OBJECTIVES: The objective of this study was to estimate Irish specific costs for managing abnormal cervical conditions which are required for cost-effectiveness analysis of prophylactic cervical cancer vaccination in Ireland. METHODS: This was a retrospective study that collected resource utilisation and clinical outcome data on 395 women attending four colposcopy clinics in Ireland. Sampling was stratified to include 10%, 35%, 25%, 25% and 5% of women in the borderline, mild, moderate, severe and cancer cytology groups respectively. Data were collected from the date of referral until the latest treatment or the patient returned to ‘normal’ cytology. Unit cost data, also collected during the study, were applied to the utilisation data to estimate costs. RESULTS: The mean age of all women with abnormal smears was 31 years (range 18–68). The mean age of women with cancer was 48 (range 23–68). The average cost of treating women who initially had an abnormal smear but were subsequently observed to be histologically negative without receiving treatment was €317 (SD €147). The corresponding costs for women with CIN1, CIN2 and CIN3 were €522 (SD €253), €673 (SD €237), and €689 (SD €227) respectively. The average cost of treating invasive cervical cancer was €10,449 (SD €4,952). The total cost of managing abnormal cervical conditions was estimated at around €10 million per annum. CONCLUSION: Managing abnormal cervical conditions is expensive. Analysis in other countries found that prophylactic cervical cancer vaccination is a cost effective way to reduce these abnormalities [1]. This study will be used in a cost effectiveness analysis of prophylactic cervical cancer vaccination in Ireland. Reference: [1] Goldie SJ, et al. J Natl Cancer Inst 2004;96:604–15.

PCN40
HEXVIX FLUORESCENCE CYSTOSCOPY FOR NON-INVASIVE BLADDER CANCER MANAGEMENT: AN ECONOMIC MODEL OF THE IMPACT ON GERMAN HEALTH CARE COSTS
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OBJECTIVES: The purpose of this study was to estimate the budget impact on the German health care service of using Hexvix (hexaminolevulinate) cystoscopy in conjunction with white light cystoscopy (WLC) in the management of non-invasive bladder cancer (NIBC). Hexvix cystoscopy potentially allows more complete detection and delineation of bladder cancer tumours compared with standard WLC alone during transurethral resection of the bladder (TURB). This can potentially lead to fewer tumour recurrences through more effective tumour resection, and may change patient management. METHODS: A model was developed to simulate the flow of newly diagnosed bladder cancer patients through treatment one year after diagnosis. Model inputs, including procedure costs and clinical algorithms, are based on the bladder cancer guidelines by the European Association of Urology (EAU), literature review and German clinical practice. Based on data obtained with an unlicensed and less readily taken up fluorescent molecule, a relative reduction in recurrence rate is assumed in the model when compared to WLC. RESULTS: The model predicts that Hexvix is associated with a potential reduction in the number of procedures required compared to WLC alone (801 cystectomies and 31,734 TURBs with Hexvix compared to 881 and 33,823 with WLC alone) in the first year. This is estimated to result in a potential increase in costs to the German health care system of 5.76% in the first year, compared to WLC alone in all newly diagnosed NIBC patients. CONCLUSION: The model illustrates how Hexvix, when used as an adjunct to WLC in TURB may result in the reduction of invasive, time intensive, high cost procedures such as cystectomies and TURBs, compared with WLC alone.
HEXVIX FLUORESCENCE CYSTOSCOPY FOR NON-INVASIVE BLADDER CANCER MANAGEMENT: AN ECONOMIC MODEL OF THE IMPACT ON HEALTH CARE COSTS IN THE UNITED KINGDOM

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OBJECTIVES: Approximately 80% of newly diagnosed bladder cancer patients in the UK will be diagnosed with non-invasive bladder cancer (NIBC). The use of Hexvix (hexaminolevulinate) during transurethral resection of the bladder (TURB) results in a higher detection rate and more complete resection when compared to white light cystoscopy (WLC) alone. A decision tree model was developed to assess the budget impact associated with Hexvix.

METHODS: The model structure, costs and treatment algorithms were based on the European Association of Urologist (EAU) guidelines, review of the literature and clinical practice in the UK. The model assumes a relative reduction in recurrence for Hexvix when compared to WLC based on data obtained with an unlicensed and less readily taken fluorescent molecule. Model predictions include cost savings, reductions in procedures and disease-free days (DFD) over a two year time horizon.

RESULTS: Of the 12,000 patients diagnosed with bladder cancer in the UK, 9,641 were predicted by the model to have NIBC. In these patients, the model predicts an 18% reduction in the number of cystoscopies and 43% reduction in TURBs when Hexvix use was compared to WLC. In addition, an increase of 211 106 DFD was predicted over the 2 year time horizon (177,029 in 2410 high risk patients, 14,721 in 2410 medium risk patients and 19,335 in 4821 low risk patients). The model predicts an overall increase in cost of managing these patients of 146872 (3.9%) over WLC, and an incremental cost of 21.90 per patient per disease-free year.

CONCLUSION: Although the quality of life was not modelled the assumed reduction in the number of cystoscopies and TURBs could potentially have a significant impact on the quality of life. The increase in the cost of may be offset by the improvement to the current regimen.

COST OF INTRAVENOUS ADMINISTRATION OF BISPHOSPHONATES IN PATIENTS WITH METASTATIC BREAST CANCER

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OBJECTIVES: Breast cancer often metastasizes to the bone, which leads to poor quality of life for the patients. Many patients with bone metastases are currently treated with bisphosphonates. There are different molecules and formulations of bisphosphonates available. Intravenous (IV) administration is associated with more resource utilization and higher cost than oral administration due to use of hospital facilities, equipment and increased pharmacy and nurse time for preparing and administering the drug. The objective of this study was to estimate resource use and perform a microcosting analysis of bisphosphonate administration in the treatment of metastatic bone disease in Swedish breast cancer patients.

METHODS: A sample of patients receiving IV administration of bisphosphonate was identified at two hospitals in Stockholm and Uppsala, Sweden. All patients had breast cancer with bone metastasis. Resources associated with IV administration were identified and the utilization estimated. The resource use attributable to the bisphosphonate administration during each patient visit was recorded in a data collection form specifically developed for the study.

RESULTS: The 26 patients included in the study all received either ibandronate or zoledronic acid. The cost analysis showed that the mean cost of bisphosphonate administration to breast cancer patients was 94. Of this, 84% constituted direct costs and 16% indirect costs. The patients spent on average 76 minutes at the clinic and the administration took on average 16 minutes. Nursing time and cost of facilities were the greatest direct cost drivers.

CONCLUSION: The patients included in the study all received bisphosphonates requiring short infusion times. The administration is associated with costs, which should be taken into account in the choice of bisphosphonate treatment. Bisphosphonates requiring longer infusion time than the drugs included in this study would be associated with higher costs. The incremental cost per additional infusion hour was estimated to about 33.

COST ANALYSIS OF SEPSIS MANAGEMENT AFTER MYELOSUPPRESSIV CHEMOTHERAPY IN NSCLC AND LYMPHOMA PATIENTS: A GERMAN HOSPITAL PERSPECTIVE

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OBJECTIVES: To analyse resource use and direct medical cost of sepsis as adverse drug reaction of cancer treatment. Special regard was paid to the use of blood products. METHODS: Prospective observational study in a German academic cancer center (ACC). Consecutive non-small cell lung cancer (NSCLC) and lymphoma patients were enrolled at the start of first or second line (immuno) chemotherapy treatment. Patients receiving high dose chemotherapy were excluded. Sepsis (infection grade 4) was recorded prospectively according to the Common Terminology Criteria for Adverse Events v3.0. Clinical data and resource use at the ACC were collected from pre-planned chart reviews. Direct costs were calculated from ACC perspective.

RESULTS: In all, 180 evaluable patients underwent a total of 633 chemotherapy cycles. Seven episodes of sepsis were observed in 7 patients (3.9%). Five of them had malignant lymphoma. Three patients received sepsis treatment at a local hospital and 4 at the ACC. All ACC patients received intravenous antibiotics and diagnostic work-up for infection. Blood components were transfused to 3 patients. Median and range of the number of transfusion units per patient were 6 (4–17), 14 (4–24), 23.5 (14–33) and 24 (4–74) for red blood cells, platelets, fresh frozen plasma and all blood components respectively. 3 of 4 patients were treated at an intensive care unit (ICU) for 9–31 days. Overall median length of stay was 18.5 days. Total cost per episode varied between €8.077 and €67.437. In all episodes basic hotel services and personnel costs were the cost driver (€3,795–35,898), followed by expenses for drugs (€1,489–9,151) and blood products (€0–10,976). CONCLUSION: Health care utilisation and cost of treating one episode of sepsis varied substantially. Transfusion need was heterogeneous but high on average. Further research should compare costs and revenue of high-cost-cases in the German DRG system.