was £4,142 compared to £3,762 on PE. Overall tumour response was 40.6% and 21.9% respectively and progression-free life years 0.575 and 0.358. Thus, the incremental cost-per-tumour-response of GC was £2,032 and of MVP £4,044. Overall tumour response was 54.0% and 36.7% and one year survival 36% and 17% respectively. The incremental cost-per-tumour-response of GC was £6,240 and the incremental cost-per-survivor-at-one-year was £5,681. In extreme changes to underlying variables the above ratios vary from dominance to a maximum of £14,000. CONCLUSIONS: These results demonstrate that Gemzar/cisplatin represents a relatively cost-effective treatment for NSCLC with ratios comparable of below those of therapies currently in use within the NHS.

CARDIOVASCULAR DISEASE

THE VALUE OF COMPLIANCE: EVIDENCE FROM TWO PATIENT COHORTS
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OBJECTIVES: To identify the association between compliance and the direct costs of care for two different clinical patient cohorts. METHODS: Using administrative claims data from Medstat MarketScan (tm) we assessed the association between prescription drug compliance and direct costs of care for two patient groups: a cohort of non-Medicare patients diagnosed as diabetics (N = 9960) and second cohort of non-Medicare patients diagnosed with congestive heart failure (CHF)(N = 935). Since patients who are more compliant tend to be older and have a greater number of comorbidities, and our goal was to isolate the association between compliance and medical care costs, we statistically controlled for differences in potential confounding variables using OLS regression. Covariates included age, gender, comorbidity indices (Chronic Disease Score and Charlson-Deyo), and ICD-9-based severity of illness indicators. Compliance was defined by calculating % days supply over a period of one year. Compliance was then converted to 7 ordinal categories in the regression model in order to identify dose-response associations or threshold/inflection points. RESULTS: Among diabetics, those who did not use any prescription medication showed the lowest total costs of care. However, among those patients who needed prescription medication to manage their illness, increased prescription drug costs among the most compliant are more than offset by decreases in medical care costs, for an estimated return on investment (ROI) of more than two-fold. A similar, but stronger, pattern was found among patients with CHF where the estimated ROI was three-fold or greater. CONCLUSIONS: For some medical conditions, the additional costs associated with increased compliance may be offset by lower medical costs, resulting in an ROI greater than one.

INDIRECT COMPARISONS OF DRUGS USING META-ANALYSIS: VALIDATION OF RESULTS
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OBJECTIVES: Health care decision-makers need more head-to-head drug comparison trials. Industry rarely sponsors such studies, preferring placebo comparators. We present an example of using meta-analysis for an indirect comparison of 2 drugs, with the results subsequently validated in a direct comparison trial. METHODS: The drugs for comparison were abciximab and tirofiban, both GPIIb/IIIa inhibitors used in patients with acute coronary syndromes undergoing percutaneous coronary interventions (PCI). A class effect has been assumed for these agents, although they differ in molecular structure and duration of action. We identified all placebo-controlled trials of each drug in PCI patients, and meta-analysed the odds ratios (OR) for death or MI (D/MI) at 30 days for each set of studies. These ORs were then compared using a general linear model. RESULTS: For D/MI at 30 days, the results of the meta-analysis of the 6 abciximab studies [OR = 0.52 (0.43, 0.63)] appeared superior to the results of the 3 tirofiban studies [OR = 0.73 (0.55, 0.96)], although the differences did not reach significance. In the model, a non-significant (p = 0.10) abciximab advantage was observed. The ratio of the ORs of tirofiban/placebo and abciximab/placebo meta-analyses was 1.4, suggesting a higher risk of D/MI at 30 days for tirofiban relative to abciximab. After completion of these analyses, the results of a randomized comparison trial of tirofiban vs. abciximab in PCI patients were announced (for D/MI at 30 days OR = 1.26, p = 0.04). The results demonstrated an advantage for abciximab, in keeping with our meta-analysis result. The magnitude of the efficacy difference was similar to that we had predicted. CONCLUSIONS: This is the first time an indirect comparison of drugs using meta-analytic techniques has been validated with a contemporaneous RCT. This method should be used to predict results of direct comparisons of drugs anytime such a trial is contemplated.

DO SHORT-ACTING OPIATES IN OFF-PUMP BYPASS SURGERY REDUCE LENGTH OF STAY OR TOTAL HOSPITAL COSTS?
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OBJECTIVES: The cost of remifentanil, a short-acting opiate, is approximately 10 times higher than fentanyl, a