CMF (cyclophosphamide 600 mg/m², methotrexate 40 mg/m², fluorouracil 600 mg/m²) in 19 women or FAC (fluorouracil 500 mg/m², doxorubicin 50 mg/m², cyclophosphamide 500 mg/ m²) in 42 women. Alltogether 61 women were included into study. Frequency and gradus of unwanted effects were measured during five days after one arrival for the treatment. Neuthropenia was measured by counting white blood cells 18–20 days after chemotherapy. Diarrhoea, nausea and vomiting were graduated by counting of number of episodes per day for five days after each treatment. For each protocol the costs of treatment for cytostatics as well as for treatment of unwanted effects and need for prolonged hospitalisation were calculated. RESULTS: There was a higher incidence of nausea, vomiting and neuthropenia in FAC vs. CMF treatments (73.81%, 23.57%, 21.43% vs. 57.98%, 15.79%, 10.53%) and higher incidence of diarrhoea in CMF vs. FAC treatments (5.68% vs. 2.38%). Anthracyline-based protocols (FAC) caused greater severity of nausea, vomiting and diarrhoea than CMF with equally severe neuthropenia. Drugs used for treatment of nausea, vomiting and neuthropenia were setrons, corticosteroids and metoclopramide. The cost for the one treatment episode for cytostatics were higher for FAC (66.94 EU per single dose, 401.64 EU for the whole cycle) than for CMF (19.10 EU per single dose, 229.20 EU for whole cycle). The costs of drugs used for the treatment of AEs were 13.20 EU/patient/episode receiving CMF and 17.24 EU/patient/episode receiving FAC protocol. CONCLUSIONS: CMF is safer and cheaper than FAC protocol.

EXPLORATORY COST EFFECTIVENESS ANALYSIS OF BEVACIZUMAB IN ADDITION TO FOLFOX-4 IN THE ADJUVANT TREATMENT OF STAGE III COLON CANCER: A UK PERSPECTIVE

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OBJECTIVES: To predict the expected incremental costs and mean life-years associated with adding bevacizumab to FOLFOX4 in the adjuvant treatment of patients with AJCC/UICC stage III colon carcinoma following surgical resection.

METHODS: A three-health state (disease-free survival [DFS], relapse/new occurrence of colon carcinoma, and death) Markov model was used to explore the effects of adding one year of adjuvant treatment with bevacizumab to the existing adjuvant FOLFOX4 treatment regimen. Baseline DFS for FOLFOX4-treated patients was based on published data from the MOSAIC trial (André et al 2004). The relative risk reduction for bevacizumab was based on protocol assumptions for the ongoing phase III AVANT study. Outcomes included life-years, QALYs, direct costs, and incremental cost-effectiveness ratios (ICERs) expressed as costs per QALY or life-year gained. A life time horizon (40...