with a pre and post-index review period of 6 and 18 months respectively. RESULTS: Data are from an interim analysis of 37 patients, 62% (n=23) DR and 36% (n=18) BFR. DR reflected in time between first and second treatments, patients received 5.2 years. Average age was 62.2 (range 41-77), 76% were male and average number of co-morbidities was 2.2. Many patients (59%) died during the post index period with median survival following diagnosis of refractory disease being 6.3 months. Conclusions: the pre-index period and the average number of pharmacotherapy regimens was 0.9 (range (3) and in the post-index period 1.4 (range 1-4). During the 24 month review the most frequent single agent regimens were alemtuzumab (38%) and melyprednisolone (53%). Patients receiving combination therapy most frequently received rituximab and rituximab in combination with CHOP(16%), fludara-
binone-cyclophosphamide (11%), and bendamustine (8%). 89% of patients experi-
cenced at least one treatment related adverse event, including infection (76%),
anemia (76%), thrombocytopenia (68%) and neutropenia (62%). Average number of post SDI CR visits was 0.8 and patient stays 1.9, the majority (86%) relating to CCL or its treatment. Average inpatient stay was 11.2 days. Most patients (81%) had multiple diagnostic investigations (average 11.5), predominantly CT scans (average 6.1) and X-rays (average 2.0). CONCLUSIONS: This study demonstrates the high economic burden and continuing unmet clinical needs of patients with fludara-bine-refractory CLL disease in Europe.

PCN121 CHALLENGES IN CONDUCTING PHARMACOECONOMIC ANALYSIS IN CENTRAL AND EASTERN EUROPE – CASE STUDY ON BREAST CANCER

To review and analyse studies capturing indirect costs of treatment for breast cancer and identify opportunities for improvement. To assess the cost of breast cancer care in Central and Eastern Europe (CEE).

OBJECTIVES: The main objective of this study was to evaluate the utilisation of antineoplastic agents in Slovak Republic during the period of 2006-2010. METHODS: Statistical analysis data including the number of medication packages, DDD and financial expenditures were abstracted from the Slovak Institute of Drug Control. Key data were provided by wholesalers due to their legal obligation towards the SIDC. RESULTS: Consumption of antineoplastic agents in terms of DDD ( Defined Daily Dose) in 2010 reached its peak; the highest utilisation of antineoplastic agents in terms of DDD was observed in 2009 with 29.7. The total expenditures dou-
bled their volume within period of 2006-2010 from 56,021,412 to 111,646,240 € respectively. Number of delivered packages showed slight increase from 426,412 in 2006 to 429,712 in 2010 while price per single package was rising from 131,29 € (2006) to 197,68 € (2008) and then decreased to 177,28 € (2010). Results from further study, the highest consumption in terms of DDD was reached by gemcitabine (7,36 in 2006 and 7,21 in 2010), 5-flouracil (5,91 in 2006 and 6,94 in 2010) and fourouacil (2,56 in 2006 and 3,26 in 2010). Expressed in financial units the most costly antineoplastic agent in 2006 was imatiniburn with 8 569 021 €, followed by rituximab with 4,896,000 € and irinotecan with 4,888,660 €. In 2010 reached parameter medical consumption bevacizumab with 17,771,426 €, trastuzumab with 10,173,699 € and imatiniburn with 8,212,353 €. CONCLUSIONS: Expenditures for antineoplastic agents are continually rising as a result of biological treatment establishment. There is observed significant increase of their consumption due rheumatic diseases treatment. 

PCN119 LACK OF DATA FOR INDIRECT COSTS ASSOCIATED WITH TREATMENT OF EARLY BREAST CANCER

To review and analyse studies capturing indirect costs of treatment for breast cancer and identify opportunities for improvement. To assess the cost of breast cancer care in Central and Eastern Europe (CEE).

OBJECTIVES: To review and analyse studies capturing indirect costs of treatment in EBC. Indirect costs can form a substantial part of the treatment cost and have a considerable impact on both the patient and society. METHODS: A literature re-
view was conducted to identify publications that included indirect costs of EBC. Indirect costs were defined as out of-pocket expenses or pro-
duction losses. RESULTS: A total of 10 studies were included (4, 2, 5, 3, 4, 2, 7, 3, 4, 2). Five studies were published in 2002-2006 and 5 in 2007-2009. Only 28 studies reported data on indirect costs. In the majority of studies the evaluated period was the longest three months (4). Only 8 studies included the post-index period. CONCLUSIONS: It was difficult to draw quantitative conclusions from the studies included in this review due to the paucity of studies, lack of standardisation and inconsistency in reporting of data. Reducing indirect costs would ease the financial burden to society, owing to the majority of patients being of working age. Identified cost data will be presented in the forthcoming poster, however, further work is required.

PCN120 THE NATURAL HISTORY OF FLUDARABINE-REFRACTORY CHRONIC LYMPHOYCTIC LEUKEMIA PATIENTS WHO FAIL ALEMTUZUMAB OR HAVE BULKY LYMPHADENOPATHY – A EUROPEAN PERSPECTIVE

To review and analyse studies capturing indirect costs of treatment for breast cancer and identify opportunities for improvement. To assess the cost of breast cancer care in Central and Eastern Europe (CEE).

OBJECTIVES: To describe the current pattern of care and resource utilisation in Europe for patients with fludarabine-refractory chronic lymphocytic leukemia (CLL) who are either refractory to alemtuzumab (DR) or ineligible for alemtuzumab due to bulky lymphadenopathy (BFR). METHODS: Medical charts were reviewed from nine sites in France, Germany, Italy, Spain and the UK. Patient charts with an index diagnosis of DR or BFR between January 2002 and July 2006 were abstracted.