risk of breast cancer recurrence and mortality, while considering the side effect profile of the treatment. METHODS: A total of 85 women aged 50–83 (mean 61) years were recruited from the Australian general public. Participants completed questions regarding breast cancer experience and undertook a discrete choice task. The attributes used in the WTP scenarios included values for risk of breast cancer recurrence, mortality, hot flushes, vaginal abnormalities, deep vein thrombosis (DVT) and fracture, and also cost. The risk estimates against placebo were derived using indirect comparisons. RESULTS: A total of 74 subjects provided evaluable data. Eleven subjects were excluded because they were non-traders (3) or irrational in their choice task. The total WTP for anastrozole over placebo was US$906.00 per month (95% CI: 380.7–1548.7) for 4–5 years. This included a WTP of AUS$794.20, AUS$481.70, AUS$38.20 and AUS$32.10 for the reduced risk of breast cancer recurrence, mortality, hot flushes and vaginal abnormalities, respectively. For DVT and fracture, which favoured placebo, negative WTPs of –AUS$316.00 and –AUS$124.20, respectively, were obtained. CONCLUSIONS: Subjects were willing to pay an average of AUS$906.00 per month for 4–5 years for access to a treatment with the attributes of anastrozole. The reduced risk of breast cancer recurrence and mortality were the main drivers for the treatment; however, increased risk of fracture and DVT were also of concern to participants.

PCN37
DIFFERENCES IN TREATMENT PRACTICE, RESPONSE RATES AND COST OF EPOETIN ALFA AND DARBEPOETIN ALFA TREATMENT FOR ANEMIC CANCER PATIENTS: A RETROSPECTIVE ANALYSIS FROM SWEDEN
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OBJECTIVES: To document and compare actual treatment practices, outcomes (hematopoietic response rates, Hb changes, transfusions, hospital care), and health care costs of Epoetin alfa and Darbeapoetin alfa in the treatment of chemotherapy-related anemia in cancer patients in Sweden. METHODS: A retrospective chart review was performed at 3 Swedish hospitals. A total of 59 patients with cancer who developed chemotherapy-related anemia and received erythropoiesis-stimulating agent treatment were identified: 29 patients initially received epoetin alfa and 30 patients initially received darbeapoetin alfa. Data were collected on dosage and duration of treatment with these agents, hemoglobin (Hb) response measures, red blood cell transfusions, and health care resource consumption and analyzed at follow-up time points of 28, 56, 84, and 112 days. RESULTS: A significantly faster Hb response and increase in Hb levels was observed in patients treated with epoetin alfa compared to patients treated with Darbeapoetin alfa. Lower dosages are used in actual clinical practice than recommended in Swedish treatment guidelines. No significant differences in resource utilization or in health care costs between epoetin alfa- or darbeapoetin alfa-treated patients were found. At a follow-up of 112 days, the mean treatment cost per patient was SEK74,701 (approximately US$9000 or 8300€) with epoetin alfa and SEK58,255 (approximately US$61,000 or 9500€) with darbeapoetin alfa. Drug acquisition and administration costs accounted for 81% and 67% of total costs for epoetin alfa- and darbeapoetin alfa-treated patients, respectively, with remaining costs accounted for by hospitalization and transfusions. CONCLUSIONS: Epoetin alfa was associated with a significantly faster Hb response, and significantly higher increases in Hb levels compared with darbeapoetin alfa, as used clinically. While the costs are in favor of epoetin alfa, they are not significantly different for the two treatment arms. Lower dosages of both agents are used in actual clinical practice than recommended in Swedish treatment guidelines.

PCN38
THE IMPACT OF SCREENING ADHERENCE ON MEDICAL EFFECTIVENESS AND COST-EFFECTIVENESS OF CERVICAL CANCER SCREENING IN GERMANY—A DECISION ANALYSIS
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OBJECTIVES: To systematically evaluate the impact of screening adherence on clinical effectiveness and cost-effectiveness of cervical cancer screening (CCS) in Germany using a decision analytic approach. METHODS: A decision-analytic Markov model was used to evaluate long-term clinical and economic outcomes for the following CCS strategies: 1) no screening; 2) conventional Papanicolaou test with manual smear analysis (PAP); 3) PAP with automated smear analysis (AA); 4) liquid-based preparation (LP) with manual smear analysis; and 5) LP in combination with AA. German clinical, epidemiological and economic data were used. German clinical practice in screening, diagnosis, and treatment of cervical cancer and its precursors were considered. Calculated outcomes were detected/prevented cervical cancer cases and deaths, life expectancy, lifetime costs, and discounted incremental cost-effectiveness ratios (ICER). We adopted a societal perspective with a three percent (3%) annual discount rate. In the absence of individual data, screening adherence was modeled to be independent from screening history. RESULTS: In women adherent to screening, annual PAP saved 94 life days, when compared to “no screening”, and new CCS strategies saved additional 0.5 days. Assuming 50% adherence annual screening with new strategies would save additional 3 days compared to annual PAP screening with 50% adherence and would be nearly equally effective as annual PAP with complete adherence. Assuming a societal willingness-to-pay of 50,000€/LYS, annual PAP compared to “no screening” was cost-effective independent of screening adherence. Annual screening with new strategies compared to PAP was not cost-effective in adherent women, but may be cost-effective with 65% (AA) or 40% (LP or LP + AA) lower adherence. CONCLUSIONS: For the current clinical standard of annual cervical cancer screening in Germany, PAP screening is both medical effective and cost-effective independent of adherence. New CCS strategies may be effective and cost-effective in women who do not regularly attend annual screening programs.

PCN39
QUALITY ASSURANCE IN CANCER CHEMOTHERAPY THROUGH PHARMACEUTICAL CARE DOCUMENTATION
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OBJECTIVES: Develop and categorise pharmaceutical care activities that contribute to the care of patients receiving cancer chemotherapy. METHODS: A retrospective survey of clinical