

PCN74

A SERVICE EVALUATION TO COMPARE SECONDARY CARE RESOURCE USE BETWEEN XELOX AND FOLFOX-6 REGIMENS IN THE TREATMENT OF METASTATIC COLORECTAL CANCER (MCR) FROM A UK NATIONAL HEALTH SERVICE (NHS) PERSPECTIVE

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OBJECTIVES: Capecitabine's mCRC license was recently extended supporting its use in combination therapy. XELOX (oral capecitabine + intravenous (IV) oxaliplatin) in 21 day cycles is non-inferior to FOLFOX-6 (IV 5-fluorouracil, folinic acid and oxaliplatin) in 14 day cycles (Ducreux et al, ASCO 2007). This evaluation was conducted to provide empirical evidence of the relative NHS resource implications of using XELOX and FOLFOX-6. **METHODS:** A prospective time-and-motion study was conducted in two UK hospitals. Preparation, dispensing and administration of infusions and insertion of a central venous access device (CVAD) were observed by an independent researcher. Staff and capital item utilisation were recorded. Resource utilisation per course was derived from mean observed activity durations multiplied by per protocol frequency over an assumed typical treatment duration of 24 weeks. **RESULTS:** Forty-six episodes of dispensing related activity were observed along with 33 administration episodes, XELOX (n = 18) and FOLFOX-6 (n = 15), and 7 of CVAD insertion. A mean of 98 minutes (SD = 15) staff time was required for CVAD insertion. Mean staff time for preparation and dispensing of XELOX and FOLFOX-6 was 24 minutes (SD = 11) vs. 31 minutes (SD = 4), and for administration 39 minutes (SD = 15) vs. 68 minutes (SD = 23). Per 24 week course, staff contact time for XELOX was 39% and 43% that of FOLFOX-6 in centres 1 and 2 respectively, representing a difference of 11.5 hours and 12.2 hours. Additional chair time per patient course for FOLFOX-6 compared to XELOX was 14.5 hours and 23.2 hours for centres 1 and 2 respectively. **CONCLUSIONS:** XELOX requires less pharmacy and administration time, and use of capital items, per cycle than FOLFOX-6 and did not require the insertion of a CVAD. This combined with a longer cycle length means that XELOX is associated with considerable efficiency savings in terms of NHS staff and patient time compared to FOLFOX-6.

CANCER—Patient-Reported Outcomes Studies

PCN75

AN UPDATED GEOGRAPHIC SUBPOPULATION ANALYSIS OF HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA (MRCC) ENROLLED IN A PHASE III TRIAL OF SUNITINIB VERSUS INTERFERON-ALFA

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OBJECTIVES: In a phase III randomised trial in patients with mRCC, sunitinib, an oral multitargeted receptor tyrosine kinase inhibitor of VEGFRs, PDGFRs, KIT, FLT3 and RET, demonstrated superior efficacy versus interferon-alfa (IFN- α) in the first-line setting ($P < 0.001$) [Motzer et al., NEJM 2007]. We

present an updated analysis of the effects of geography and treatment on patient-reported outcomes. **METHODS:** Patients with mRCC received either oral sunitinib 50 mg/day in 6-week cycles (4 weeks on treatment, 2 weeks off) or subcutaneous IFN- α , 9 MU TIW. HRQoL outcomes were assessed using Functional Assessment of Cancer Therapy-General (FACT-G), FACT—Kidney Symptom Index (FKSI), FKSI disease-related symptom subscale (FKSI-DRS), Euro-Qol health-utility index (EQ-5D Index) and EQ visual analogue scale (EQ-VAS) questionnaires, administered on days 1 and 28 of each cycle. A longitudinal mixed-effects model was used to analyse data for the EU (France, Germany, Italy, Poland, Spain, UK) and US subsamples, and the total (EU, US, Brazil, Russia, Australia, Canada) population. **RESULTS:** At the time of analysis, patients (EU, n = 275; US, n = 346; total, N = 750) had received up to 22 cycles of treatment. All HRQoL endpoints favoured sunitinib over IFN- α across all the groups. For most endpoints, between-treatment differences were statistically significant ($P < 0.05$). The treatment differences within the US and EU subpopulations were similar across all endpoints apart from one FKSI symptom. Sunitinib provided a significant benefit over IFN- α for most of the nine PRO endpoints ($P < 0.05$). Exceptions were EQ-5D in both the EU ($P = 0.74$) and US ($P = 0.25$) subpopulations, and the physical and social wellbeing FACT-G scores in the EU group ($P = 0.23$ and $P = 0.12$, respectively). **CONCLUSIONS:** In the first-line setting for mRCC therapy, all HRQoL endpoints favoured sunitinib over IFN- α . This benefit was generally maintained when compared across the US and EU subpopulations, suggesting the generalisability of effects across geographic regions.

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HEALTH-RELATED QUALITY OF LIFE EVALUATION IN ROMANIAN CANCER PATIENTS

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OBJECTIVES: We aim to assess HRQOL and utilities in adult cancer patients, using Romanian version of EQ-5D questionnaire, and to evaluate the influence of patients' age, cancer type, remission state and stem cell transplantation on HRQOL and utilities. **METHODS:** We analyzed 30 adult cancer patients (6 with leukemia, 17 with lymphoma and 7 with solid tumors), aged between 18–65 years, registered and treated in "Louis Turcanu" Hospital Timisoara. Inclusion criteria were: oncologic disease, age > 18 years, IQ > 100 and voluntary participation on the study. Mean age of the patients was 29.9 years. **RESULTS:** Patients younger than 30 years had statistically significant lower QoL scores in mobility domain ($p = 0.0338$), and had less anxiety and depression ($p = 0.0333$). Cancer type had statistically significant influence only on mobility ($p = 0.0071$) and self-care ($p = 0.0400$) domains and also on VAS utility values ($p = 0.0245$). Remission had statistically significant influence on mobility and self-care domains ($p < 0.0001$), and no influence on other domains and on utilities, although patients in remission state had higher descriptive and VAS utility values. Stem cell transplantation had improved mobility ($p = 0.0009$), self-care (0.0487) and usual activities (0.0089) but didn't influenced utilities. **CONCLUSIONS:** EQ-5D is a useful instrument in assessing quality of life in cancer patients, allowing comparisons between different patient groups and providing important data. This instrument appears to be a reasonably measure which can be administered for self-completion in cancer patients.