efficacy. CONCLUSIONS: In CLL patients, first-line treatment with R-FC in the observational setting significantly extends life expectancy and is a cost-effective alternative to FC.

PCN71
COSTEFFECTIVENESS OF ORAL TOPOTECAN PLUS BEST SUPPORTIVE CARE VERSUS BEST SUPPORTIVE CARE ALONE IN PATIENTS WITH RELAPSED SMALL-CELL LUNG CANCER (SCLC) IN THE UK
Lykopoulos K1, Morris S2, Papo N1, O’Brien ME3
1GlaxoSmithKline, Uxbridge, UK, 2Brunel University, Uxbridge, UK, 3Royal Marsden Hospital, Sutton, UK
OBJECTIVES: To assess the lifetime cost-effectiveness (CE) of oral topotecan (Hyacamtrin Hard Capsules) plus best supportive care (BSC) versus BSC alone in patients with relapsed SCLC in the UK. METHODS: In an international randomised phase III trial, patients with relapsed SCLC not considered as candidates for standard intravenous therapy were randomly assigned to oral topotecan (OT) plus BSC (n = 71) or to BSC alone (n = 70) and followed until death. Median survival with BSC was 13.9 weeks (95% CI, 11.1 to 18.6) and with OT, 25.9 weeks (95% CI, 18.3 to 31.6). Patients on OT had slower deterioration in health related quality of life and greater symptom control. A CE model using patient level data was developed to estimate the lifetime incremental cost per quality adjusted life year (QALY) gained of OT + BSC versus BSC alone. UK unit costs and an assumed drug acquisition cost were included to estimate lifetime CE from the perspective of the UK National Health Service (NHS). Outcomes were measured in QALYs based on individual residual life expectancy data and health related quality of life (EQ5D) collected during the trial. The cost components were drug acquisition costs, drug administration costs, monitoring costs, costs of treating haematological and non-haematological adverse events, and costs of providing care in the additional months of life attributable to OT + BSC. RESULTS: The base case estimate of the incremental cost per QALY gained was £25,709. The results were sensitive to the drug acquisition cost for OT. Subgroup analysis showed that OT + BSC was more CE among patients with rapid disease progression (i.e. treatment free interval <60 days) (cost/QALY = £16,957), with worse performance status (i.e. PS 2) (£24,783), and with no liver metastasis (£20,345). CONCLUSIONS: In patients with relapsed SCLC OT + BSC represents a cost-effective treatment option versus BSC alone from the perspective of the UK NHS.

PCN72
THE IMPACT OF INITIAL TREATMENT CHOICE AND DISEASE PROGRESSION ON THE ECONOMIC BURDEN OF PATIENTS AND THEIR CAREGIVERS—A LONGITUDINAL STUDY OF STAGE IV NON-SMALL CELL LUNG CANCER (NSCLC)
Romatus D1, Neumann PJ2, Earle C1, Weinstein MC3, Weeks JC1
1Dana-Farber Cancer Institute, Boston, MA, USA, 2Tufts-New England Medical Center, Boston, MA, USA, 3Harvard University, Boston, MA, USA
OBJECTIVES: Despite the high incidence of NSCLC, little is known about associated economic burdens experienced by patients and caregivers. In a longitudinal study of newly diagnosed stage IV NSCLC patients we calculated estimates of out-of-pocket costs (OPC) and time costs (TC) for patients and caregivers. We also explored the relationship between OPC and sociodemographic and clinical factors. METHODS: Patients and their surrogates were asked to report OPC and TC in monthly diaries and surveys. Monthly costs were compared in 2 disease phases: terminal phase (TP) within 2 months of death, and initial phase (IP) from diagnosis until 2 months before death (2007 US $). RESULTS: Among 196 patients, 129 received initial chemotherapy and 67 received best supportive care. Mean age was 59 years and median income was $60,000; 40% were employed. Initial treatment choice was not associated with OPC, but phase of illness was. Monthly mean OPCs were $372 and $582 (p-value = 0.02) during IP and TP. Prescription medications and transportation accounted for 22% v. 27%, and 15% v. 37%, of total OPC in IP and TP, respectively. In TP, mean monthly wage losses of $1835 for patients and $419 for caregivers were reported. 87 respondents (48%) reported usage of complementary and alternative therapy, at a mean monthly cost of $107 among users. 86% of surrogates reported some effect of caregiving on work, including job loss in 6%. Costs of lost leisure time for caregivers were significantly higher in TP compared to IP, at $3682 vs. $1579 (p-value = 0.003). CONCLUSIONS: OPC and TC represent a substantial financial burden on patients and caregivers. A vast majority of caregivers report adverse work impact. These results support the need for programs aimed at alleviating the economic burden stemming from care-related activities that are increasingly being shifted towards informal caregivers and patients.

PCN73
DEVELOPING A COMPREHENSIVE COSTS TOOLKIT TO FACILITATE ECONOMIC EVALUATIONS OF CANCER CARE IN FRANCE
Baffert S1, Coudray-Omnès C1, Livartowski A1
1Institut Curie, Paris, France, 2Roche, Neuilly sur Seine, France
Health care costs are virtual and depend upon the criteria chosen. Costs considered for economic evaluations vary according to the objective of the study, comparators, analysis perspective, time horizon and stage of the disease. OBJECTIVES: Our research objective is to create a toolkit compiling relevant and exhaustive information about costs needed to conduct an economic evaluation for cancer. METHODS: Economic French data were extensively collected within Internet sites, French official journals, health insurance and hospital databases, IRDES, INSEE, personal contacts with health economics professionals. We checked the costs to build a table showing the different type of costs, how and when these costs can be used, where they can be found. Clearly identifying and making easily available economic data could reduce process of economic assessment. Taking into account standard costs would simplify economics studies and increase their production. Comprehensive and exhaustive costs tables are intended to be useful for decision-makers, in particular for Health Technology Assessment.