

to the LAC arm who were converted to open colectomy were included in the LAC group in the analysis. **RESULTS:** Among 855 patients, length of stay (mean: 5.5 vs. 6.7 days) was significantly shorter, while operating time was significantly longer (mean: 166 vs. 109 minutes) in the LAC arm. More costly OR supplies were used in the LAC arm. Resource use was otherwise similar between arms. The incremental costs were either modestly higher in the LAC arm, \$2,454 (95% CI \$1,421–\$3,485, 2007 US \$) (C), or not statistically different, –\$62 (95% CI –\$1,759–\$1,608) (A) depending on the source of unit costs. **CONCLUSIONS:** Economically, the choice between LAC and OC consists of a tradeoff between higher operative costs and shorter length of stay. The direction and magnitude of the net effect depends on the cost inputs from a given institution, with LAC relatively less expensive in institutions with higher “hotel” costs and less costly operative supplies. Future research should focus on structured peri- and post-operative care to further optimize the care and costs associated with LAC.

PCN46**COST-MINIMIZATION ANALYSIS OF CAPECITABINE VERSUS UFT/LEUCOVORIN FOR THE TREATMENT OF METASTATIC COLORECTAL CANCER (mCRC) IN BRAZIL**Saggia MG¹, Nasciben VD¹, Santos EA¹, Stefani S²¹Roche Brazil, Sao Paulo, SP, Brazil, ²UNIMED and Instituto do Câncer Mãe de Deus, Porto Alegre, RS, Brazil

OBJECTIVES: Capecitabine (Xeloda) is an effective alternative to treat metastatic colorectal cancer (mCRC) patients. This study compares the costs of capecitabine and UFT/Leucovorin (UFT/LV) in first line therapy for patients with mCRC in Brazil. **METHODS:** An analytic-decision model for projecting costs of treating mCRC in Brazil was developed considering local guidelines, to compare costs of capecitabine (2500 mg/m²/day, d1-d14; 21 days-cycle) and UFT/LV (300 mg/m²/day of UFT, d1-d28; 35 days-cycle; 70 mg of LV per day), under the payer perspective. The time horizon of this analysis was 3.5-months, based on the progression free survival (PFS) of UFT/LV showed in Douillard, et al 2002 trial. In the absence of head-to-head trials, the same efficacy, in terms of PFS, was assumed for capecitabine and UFT/LV. The safety profiles were obtained from Twelves, et al 2001 and Douillard, et al 2002. A panel of Brazilian specialists was conducted to identify the local practices for treating adverse events (AE). Costing was conducted based on public lists. For the base case scenario a 1,7 m² body surface patient was considered. One-way sensitivity analysis was conducted to check the robustness of the results. **RESULTS:** The total treatment cost of capecitabine is lower than UFT/LV: R\$11,908 for capecitabine vs R\$19,417 for UFT/LV. Capecitabine has a lower acquisition cost (R\$3,205/month) than the UFT/LV scheme (R\$4,457/month). Capecitabine shows a better safety profile thus costs for AE management are lower than UFT/LV (R\$196 for CAP vs. R\$1,089 for UFT/LV). **CONCLUSIONS:** Findings suggest capecitabine as a cost-saving therapy under the payers' perspective in Brazil. Total savings could reach R\$7,509 for a 3.5 month-period treatment.

PCN47**ECONOMIC EVALUATION IN THE POSTOPERATIVE MANAGEMENT OF COLORECTAL CANCER PATIENTS IN GREECE**Maniadakis N¹, Fragoulakis V², Pectasides D³, Foutzilas G⁴¹University of Piraeus, Piraeus, Greece, ²National Social Insurance Institute, Athens, Greece, ³Medical School, University of Athens, Haidari Athens, Greece, ⁴Hellenic Cooperative Oncology Group, Athens, Greece

OBJECTIVES: An economic analysis was undertaken alongside a trial evaluating chemotherapy with FOLFOX6: (5Fluouracil/

Leucovorin/Oxaliplatin) versus XELOX: (Capecitabine/Oxaliplatin) as an adjuvant postoperative therapy for high risk colorectal cancer patients. **METHODS:** In the absence of survival difference, a cost-minimisation analysis was undertaken. Individual patient data (n = 169) were combined with 2008 unit prices to estimate the cost of chemotherapy, administration, medical consumables, drugs and laboratory testing. Patient addresses were used to estimate travelling expenditure and income data to evaluate productivity losses for those at productive ages. Raw data were bootstrapped 5000 times to correct for distortions and to undertake statistical testing. **RESULTS:** From a hospital perspective, the mean patient chemotherapy cost was €8,866 with FOLFOX6 and €9723 with XELOX. Administration cost was €5,212 and €1,051, erythropoietin €2,787 and €1,744 and total treatment cost €17,485 and €12,524 respectively. Thus, XELOX reduced overall treatment cost by €4,961 (p ≤ 0.01). From a social insurance perspective, the mean chemotherapy cost was €9,265 with FOLFOX6 and €10,160 with XELOX. Administration cost was €3,113 and €185, erythropoietin €2,789 and €1,713 and total treatment cost €15,797 and €12,116 respectively. Thus, XELOX reduced total treatment cost by €3680 (p ≤ 0.01). Mean patient travelling cost was €184 with FOLFOX6 and 80€ with XELOX, a difference of €104 (p ≤ 0.01). Mean productivity loss was €100 with FOLFOX6 and €31 with XELOX, a difference of €69 (p ≤ 0.01). **CONCLUSIONS:** Apart from being more convenient for patients, oral chemotherapy with Capecitabine(Xeloda) reduces total treatment cost for the NHS and Insurance Funds, as it reduces drastically the cost of administration. It also reduces patient travelling time and cost and productivity loss. Hence, it represents a cost saving and advantageous approach to the management of operated colorectal cancer patients.

PCN48**COST-MINIMIZATION ANALYSIS OF XELOX VERSUS FOLFOX-6 IN THE FIRST LINE TREATMENT OF METASTATIC COLORECTAL CANCER IN BRAZIL**Caponero R¹, Saggia MG², Nasciben VD², Santos EA², Stefani S³¹Hospital Brigadeiro, São Paulo, SP, Brazil, ²Roche Brazil, Sao Paulo, SP, Brazil, ³UNIMED and Instituto do Câncer Mãe de Deus, Porto Alegre, RS, Brazil

OBJECTIVES: A cost-minimization analysis compared total costs of XELOX (capecitabine + oxaliplatin) versus FOLFOX-6 (5-FU + folinic acid + oxaliplatin) in the first line treatment for patients with metastatic colorectal cancer (mCRC) in Brazil. **METHODS:** An analytic-decision model for projecting costs of treating mCRC in Brazil was developed considering local guidelines and the Brazilian payers' perspective. According to the phase III trial of Ducreux et al 2007, we assumed the same efficacy for XELOX and FOLFOX-6 in terms of progression free-survival and overall survival. Only direct costs (drugs, IV administration, physician fees, materials, etc.) were considered for the chemotherapy and for treating adverse events. The time-horizon of this analysis was 126 days according to the mean number of Progression Free Survival found in the Ducreux clinical trial (6 cycles of XELOX and 9 cycles of FOLFOX-6). For the base case a patient with 1.7 m² was considered. A Delphi panel was conducted to identify local practices to manage the adverse events of each scheme. Discount rate was not necessary because of the short length of the analysis. **RESULTS:** Drug acquisition costs for FOLFOX-6 were higher than XELOX (R\$66,433 vs. R\$59,657). XELOX treatment generated a R\$15,465 saving per patient due to a 92% reduction in the number of IV administrations. XELOX also presented a reduction of R\$2,121.65 in costs related to the management of adverse events. A one-way sensi-