lished data and expert clinical opinion. Conservative assumptions were made for gefitinib in the base-case analysis; namely that gefitinib patients consumed the same supportive care resources as patients treated with a combination of mitomycin, ifosfamide and cisplatin, which is approximately 20% higher than for BSC.

RESULTS: Additional costs of gefitinib compared with BSC were estimated to be approximately £5,000. The additional life expectancy was estimated to be approximately 3 months giving an incremental cost per life year gained (LYG) ratio of approximately £22k (based on mean of probabilistic simulations). The ratio falls to approximately £17k per LYG when equivalent palliative care costs are assumed.

CONCLUSIONS: According to this model, the results show that gefitinib is likely to be a cost-effective strategy in the UK for the treatment of advanced NSCLC patients refractory to platinum and docetaxel compared with best supportive care. The model's conservative assumptions would further support this conclusion. “Iressa” is a trademark of the AstraZeneca group of companies.

PCN22
A SYSTEMATIC EVALUATION OF THE IMPACT OF THE SCREENING INTERVAL ON EFFECTIVENESS AND COST-EFFECTIVENESS OF DIFFERENT CERVICAL CANCER SCREENING TECHNIQUES

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OBJECTIVES: To systematically evaluate the impact of the screening interval (SI) on effectiveness and cost-effectiveness of different cervical cancer screening strategies (CCS) in Germany using a decision analytic approach.

METHODS: A decision-analytic Markov model, was used to evaluate the longterm clinical and economic outcomes of different SI (1, 2, 3, 5 years) for the following CCS: 1) no screening; 2) conventional Papanicolaou test (Pap); 3) liquid-based preparation (LP); 4) automated smear analysis (AA); and 5) a combination of liquid-based preparation and automated smear analysis. German clinical, epidemiological and economic data were used. Outcomes were detected/prevented cervical cancer (CC) cases and deaths, life expectancy, lifetime costs, and discounted incremental cost-effectiveness ratios (ICER). A societal perspective and 3% annual discount rate were considered.

RESULTS: Medical effectiveness increased with increasing screening frequency in all CCS, Incremental effectiveness of new CCS versus Pap decreased with increasing screening frequency and test sensitivity. Screening every 5 years resulted in 252–699, annual screening in 3–38 detected CC cases/100,000 women. The ICER for annual Pap versus no screening was 6600€/LYS, and for screening every 2, 3, or 5 years 2300€/LYS, 1400€/LYS, 1400€/LYS, respectively.

CONCLUSIONS: Annual Pap screening, the current clinical standard in Germany, is both effective and cost-effective. However, screening with new screening techniques every 2 years may be equally effective as annual Pap, but less costly. A reduction in screening frequency should be critically discussed within the context of improving screening adherence of women.

PCN23
A COST MINIMIZATION ANALYSIS OF FIRST-LINE POLYCHEMOTHERAPY REGIMENS IN THE TREATMENT OF ADVANCED NON-SMALL CELL LUNG CANCER

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OBJECTIVES: Five polychemotherapy regimens: gemcitabine-cisplatin (Gem/Cis), vinorelbine-cisplatin (Vin/Cis), docetaxel-cisplatin (Doc/Cis), paclitaxel-cisplatin (Pac/Cis) and paclitaxel-carboplatin (Pac/Car), are commonly used in first-line treatment of advanced non-small cell lung cancer. Whereas taxanes have to be administered within a conventional day-hospitalization setting, gemcitabine and vinorelbine could be administered without platinum in home-hospitalization. The purpose of the study is to find out which case management minimizes costs for the French National Health Insurance while ensuring patient safety.

METHODS: A Markov model was constructed in order to estimate the cost consequences of home administrations for gemcitabine and vinorelbine chemotherapies (without cisplatin) compared to taxanes administrated only at hospitals. Transitional probabilities are based on Schiller (2002) and Scagliotti (2002) published controlled trials. In all cases, no differences in efficacy were found between all regimens. A cost minimization analysis was performed. The costs were calculated by adding DRG costs, onerous drug costs reimbursed over DRGs and transportation expenses. Platinum components included in DRG costs were not added. Costs of febrile neutropenia, blood transfusions, nausea and vomiting, diagnosis and palliative care, were taken into account. A univariate sensitivity analysis was performed, in order to identify the main cost drivers.

RESULTS: With the conservative assumption of no differences in therapeutic efficacy and no more than two home administrations per cycle, Gem/Cis and Vin/Cis appear with annual follow-up costs of 16,815€ and 17,206€ respectively. Taxanes (Doc/Cis, Pac/Cis and Pac/Car) hospital administration have annual follow-up costs of 20,800€, 22,720€, and 25,760€ respectively.

CONCLUSION: When the patient’s safety and his will to receive chemotherapy at home are met in an environment where equivalent efficacy exists between chemotherapy regimens, an economic analysis can quantify the financial consequences on the French Health Insurance, of the drug choice made by prescribers.

PCN24
GEMZAR RETROSPECTIVE ECONOMIC ANALYSIS OF CLINICAL TRIAL (GREAT) IN THE TREATMENT OF NON-SMALL-CELL LUNG CANCER IN TAIWAN

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OBJECTIVES: Gemcitabine/cisplatin (GC) is one of several novel chemotherapy regimens available for the treatment of non-small cell lung cancer. An economic cost-minimisation analysis using a phase III randomized clinical trial was performed to evaluate the relative total cost of treatment of GC with other novel agent regimens in Taiwan.

METHODS: The analysis was based upon the trial published by Schiller et al. (2002) with GC, paclitaxel/cisplatin (PC), paclitaxel/carboplatin (PCA) and docetaxel/cisplatin (DC) as treatment arms. The economic evaluations were conducted using the retrospective model in European countries published by Schiller et al. (2004). Taiwan costs were drawn from Taiwan National Health Insurance Reimbursement