of capecitabine administration cost, were derived from DRG information issued by French Health Authorities. For capecitabine, the administration cost (drug acquisition cost excluded) has been considered to be equal to the cost of an oncologist out-patient visit. **RESULTS:** Efficacy was assessed for 297 patients in the capecitabine arm and for 299 patients in the FuFol arm based on an average follow-up of 165 days. The average costs for the management of metastatic colorectal cancer patients with capecitabine and FuFol are respectively €4320 and €10,311 (p < 0.001). Full administration costs (corresponding to the drug acquisition cost plus the cost related to the administration) are €3882 for capecitabine and €9742 for FuFol (p < 0.001). Costs related to the treatment of adverse events are €396 for capecitabine and €537 for FuFol (p = 0.16). **CONCLUSION:** This cost minimisation analysis shows that the use of capecitabine results in very significant savings on fixed costs. Hospital medical resources are becoming particularly scarce in France. In this context, capecitabine is of high economic interest for the treatment of metastatic colorectal cancer.

**PCN9**

CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING (CINV)—OUTCOMES OF PROPHYLACTIC CARE AND COSTS IN GERMAN CANCER CENTERS

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**OBJECTIVES:** Evaluating the outcomes of prophylactic care and estimating direct medical costs of CINV among patients receiving emetogenic chemotherapy in Germany. **METHODS:** Prospective, multi-center, cross-sectional, cost-of-illness study (3 hospitals and 3 office-based facilities). Two hundred eight patients receiving level 4 or 5 emetogenic chemotherapy (Hesketh classification) were evaluable. Data were obtained from chart reviews and patients’ diaries. We provide data on the subgroup of 137 patients who received chemotherapy at hospital (mean age: 55 years; 61% male) and present costs from patients’ diaries. We provide data on the subgroup of 137 patients who received chemotherapy at hospital (mean age: 55 years; 61% male) and present costs from providers’ perspective (hospital). **RESULTS:** Seventy-three patients (53%) reported at least 1 episode of nausea or vomiting, despite antiemetic prophylaxis. More patients experienced delayed than acute CINV (50% vs. 20%) and more patients reported nausea than vomiting (51% vs. 21%). Ninety percent and 71% of patients received prophylactic antiemetic regimens for acute or delayed CINV in compliance with ASCO (American Society of Clinical Oncology) guidelines, respectively. Twelve percent of patients receiving prophylaxis for delayed symptoms according to ASCO guidelines experienced delayed vomiting in contrast to 34% of the group whose treatment did not follow the guidelines (p < 0.05). One patient was rehospitalized due to CINV; 12 patients received rescue medication at hospital. Mean direct medical costs for antiemetic prophylaxis per patient and treatment cycle were €34 (SD 11). Mean direct costs due to CINV per patient and cycle were €15 (SD 81). Staff time and material consumption associated with managing episodes of CINV was the main cost driver (92%). Rescue medication (administered inside hospital) is responsible for 8% of those costs. **CONCLUSIONS:** In the hospital setting we found considerable room for improvement in processes and outcomes of care regarding guideline adherence for antiemetic prophylaxis of delayed CINV. Aside from its clinical consequences, CINV has an additional economic impact in oncology centers. Improved CINV prophylaxis may potentially offset some costs of CINV treatment.

**PCN10**

COSTS OF MANAGING TOXICITIES IN ADVANCED NON-SMALL CELL LUNG CANCER WITH PEMETREXED COMPARED WITH DOCE TAXEL AS SECOND-LINE CHEMOTHERAPY

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**OBJECTIVE:** To estimate costs associated with management of chemotherapy-induced toxicity with pemetrexed compared with docetaxel as second-line chemotherapy for advanced non-small cell lung cancer (NSCLC). **METHODS:** Resource utilization data were analysed from a multinational phase III randomised trial comparing pemetrexed (ALIMTA®) with docetaxel (N = 571). Costs included in this initial analysis were hospitalisations, transfusions, erythropoietin, granulocyte colony-stimulating factors (GCSFs) and parenteral antibiotics. Unit costs were sourced from UK National Health Service (NHS) case mix data (2002) and national drug prices. **RESULTS:** Efficacy was shown to be similar with median survival times of approximately 8 months for both arms, although toxicity-related events and need for medical management were lower for pemetrexed. CTC grade 3/4 neutropenia and neutropenic fever were significantly higher for docetaxel (40% vs. 5%, 13% vs. 2%, respectively). Most other grade 3/4 toxicities, including nausea/vomiting, diarrhoea, thrombocytopenia and anaemia, occurred at low rates (≤5%) and were similar between treatment arms. The most common reasons for drug-related hospitalisation for both arms were febrile neutropenia and neutropenia (4 admissions on the pemetrexed arm [£4730] vs. 42 on the docetaxel arm).
European countries exist. Differences when important unit cost variations between transfusions between countries may not reflect these differences when important unit cost variations between European countries exist.

**CONCLUSION:** Time involved in one RBC transfusion among anaemic cancer patients may differ substantially between centres due to different organisational structures. Comparing the average cost per transfusion between countries may not reflect these differences when important unit cost variations between European countries exist.

**PEN 12**

**BUDGET IMPACT ANALYSIS OF ANASTROZOLE AS ADJUVANT THERAPY IN THE TREATMENT OF EARLY BREAST CANCER IN THE UK**

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OBJECTIVES: Britain has one of the highest breast cancer rates in the world with around 36,000 women newly diagnosed each year. With improving survival rates on average 90% of women are still alive 5 years later. The ATAC trial (median follow-up 47.2 months) confirmed that anastrozole resulted in a 18% reduction in the risk of disease recurrence relative to tamoxifen in this population. Our study aimed to identify the budget impact of anastrozole compared to tamoxifen in postmenopausal women with early breast cancer based on alternative scenarios of uptake over three years from the NHS perspective. METHODS: The budget impact model was based on a modelled cost-effectiveness analysis of the ATAC trial data. Published UK data was used to estimate the treatment eligible population each year. Different scenarios about uptake were defined and the net budgetary effects calculated. Costs were discounted at 6% annually. Probabilistic sensitivity analysis was undertaken. RESULTS: For a total number of around 13,200 HR+ EBC patients each year the cost of drug treatment with tamoxifen is estimated to be £64.6 million. Under the projected likely scenario of uptake reaching 35% by 2006, the net present value of the incremental drug costs with anastrozole will amount to £18.4 million. This is offset by £3.4 million by avoiding breast cancer recurrences, AEs and follow-up costs. The model is sensitive to the rate of uptake. CONCLUSIONS: The budgetary impact of anastrozole for all available patients is less than 7% of the annual amount spent on breast cancer in the UK. If the subpopulation with high risk of thromboembolic and cardiovascular disease were included the impact will be lower. Other technologies with similar budget impact have been approved but NICE. Accompanying the cost-effectiveness analysis the budget impact is going to be an important input into the forthcoming policy decision about the adoption of anastrozole in EBC patients.