nally the study was performed as cost-minimization analysis. The following costs were taken into account: the drug acquisition price, drug preparation and administration, medications to treat failures and adverse events, including antibiotics added to main medication. Schemes of treatment for adverse events and choice of antibiotics for treating clinical failures typical for clinical practice in this country were obtained from expert panel. Costs of drugs were derived from official price-lists of pharmacies. Hospital costs were excluded, as there was no difference in the length of treatment between the groups according to the results of the trial. **RESULTS:** According to clinical trial the probability of clinical success for short-duration febrile neutropenia treatment in cancer patients is equal in both drugs (79 % for cefepime and 72% for imipenem, equivalence, $p < 0.0001$). Cost of treatment of 1 patient with imipenem-cilastatine including added antibiotics, drugs for treating failures and adverse events was 21 207,2 roubles (757,4 USD), for cefepime—10 512, 32 roubles (375,44 USD). **CONCLUSION:** Cefepime monotherapy being clinically as effective as imipenem-cilastatine is twice less costly for the empirical treatment of fever in short-duration neutropenia. Changing of widely recommended for empiric therapy of febrile neutropenia imipenem-cilastatine for cefepime will save 10 694,88 roubles (382 USD) in each treated patient.

PCN21

HEALTH-RELATED QUALITY OF LIFE AFTER ANDROGEN DEPRIVATION THERAPY IN MEN WITH PROSTATE CANCER

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INTRODUCTION and OBJECTIVES: Treatment for prostate cancer has significant impact on health-related quality of life (HRQOL). We examine HRQOL in a cohort of men who opted for surveillance as initial treatment followed by androgen deprivation therapy (ADT) and compare them with other treatments. **METHODS:** CaPSURE (Cancer of the Prostate Strategic Urologic Research Endeavor) is a national observational database of men with prostate cancer. We identified a cohort of newly diagnosed men with prostate cancer who completed two or more instruments that measure generic and disease-specific HRQOL. Individuals were grouped by initial treatment: ADT, surveillance, radical prostatectomy, and radiation therapy. **RESULTS:** Initial treatment was as follows: ADT (n = 167), surveillance (n = 106), radical prostatectomy (n = 351), radiation therapy (n = 75). Sixty-seven men selected surveillance followed by ADT. Mean age at diagnosis was 73 years with surveillance patients being older. Men had significantly poorer urinary (decline of 7 points on a 100 point scale) and sexual function (decrease of 10 points) compared with surveillance. HRQOL for ADT, surveillance and radiation therapy patients changed little over the year following treatment, while men undergoing radical prostatectomy showed improvement in all aspects of HRQOL. Scales are scored from 0–100 with 100 = better function and a difference of 7–10 points is considered clinically significant. **CONCLUSIONS:** Patients receiving ADT had reduced energy, poorer sexual and urinary function and were more bothered by their urine function than patients undergoing other treatments. Longer follow-up after start of ADT and surveillance is needed to discern the impact of other factors, including comorbidities.

PCN22

COST-EFFECTIVENESS ANALYSIS COMPARING PACLITAXEL TO DOCETAXEL IN THE TREATMENT OF METASTATIC BREAST CANCER

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OBJECTIVE: To compare paclitaxel (pac) and docetaxel (doc) in the treatment of second line or greater metastatic breast cancer using a cost-effectiveness analysis. **METHODS:** Costs were collected prospectively from 31 patients in a single outpatient center. Direct medical costs were collected (e.g., all medications, physician/clinic/laboratory visits, ER, hospitalizations, home health care, consultations, special procedures, transfusions, phone calls, and miscellaneous) and costs were defined using Medicare reimbursement rates and AWP for drugs. Effectiveness measures were obtained from two phase III trials conducted by Nabholtz. Sensitivity analyses are currently underway. **RESULTS:** The average cost per cycle of chemotherapy was $4,298 and $2,869 for doc and pac respectively. The objective response rates (OR) obtained for doc and pac in the phase III trials were 30% and 26% respectively. The cost-effectiveness (CE) ratio for doc is $14,327 per one-percent increase in OR. The CE ratio for pac is $11,035 per one-percent increase in OR. An incremental CE analysis suggests that using doc costs $35,725 per one-percent increase in OR compared to pac. **CONCLUSIONS:** The cost-effectiveness ratios suggest that pac is the more cost-effective choice. The incremental cost-effectiveness analysis still supports the use of pac; however, doc is not out of the standard range of payment for gains in effectiveness. Physicians and third party payers should use this information along with cost-utility studies to help guide decisions on treatment for metastatic breast cancer patients.