small-cell lung cancer (NSCLC). This study compares the cost savings associated with gemcitabine/cisplatin (Gem/Cis) vs. other chemotherapy doublets under the assumption of equal efficacy. **METHODS:** The two retrospective economic evaluations are based on Comella et al. (2000) and Schiller et al. (2002). Both studies compare Gem/Cis with other novel regimens using evidence from relevant prospective randomised, controlled trials. Comella compares Gem/Cis with vinorelbine/cisplatin (Vin/Cis). Schiller compares Gem/Cis with paclitaxel/cisplatin (Pac/Cis), paclitaxel/carboplatin (Pac/Carbo) and docetaxel/cisplatin (Doc/Cis). UK costs were drawn from appropriate UK reference cost schedules. **RESULTS:** The economic evaluation based on the Comella clinical trial indicated an average total cost (ATC) for Gem/Cis of £4,998 which was £1,262 lower than the ATC for Vin/Cis. Given the proven equal efficacy in treatment and higher levels of toxicity associated with Vin/Cis, the analysis supports a cost-effectiveness argument for use of Gem/Cis in the treatment of advanced NSCLC. The economic evaluation based on the Schiller et al. (2002) clinical trial indicated an ATC for Gem/Cis of £6,144. This was lower than those treated with Pac/Cis, Pac/Carbo and Doc/Cis with average savings of £933, £2344 and £174 per patient, respectively. Gem/Cis was still found to have the lowest total treatment costs when subjected to univariate sensitivity analysis. **CONCLUSIONS:** For decision makers with a limited budget the use of Gem/Cis is economically efficient and offers to maximise the number of patients that can be treated.

PCN15

ANEMIA RESULTS IN INCREASED UTILIZATION IN CANCER PATIENTS

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OBJECTIVE: To assess the impact of anemia on medical resource utilization in cancer patients undergoing chemotherapy. **METHOD:** Medical charts of 116 cancer patients (various tumor types) from 33 community oncology practices across the United States, treated with chemotherapy in 2000–01 and not treated with erythropoietic therapy, were evaluated. Anemia was defined as hemoglobin (Hb) of <12 g/dL at baseline or at any point of time during 28 weeks following chemotherapy initiation. Medical resource utilization data on two major cost drivers, emergency room (ER) visits and hospitalizations, were compared for the anemic and non-anemic groups. **RESULTS:** Fifty-eight (50%) patients were anemic. Of the anemic patients, 26 (45%) had mild anemia (Hb 10.0–11.9 g/dL) and 4 (7.5%) had moderate anemia (Hb 8.0–9.9 g/dL) at baseline. The remaining 28 (48%) patients became anemic during chemotherapy. There were no significant differences between the anemic and non-anemic groups relative to co-morbidities, tumor type, cancer stage, radiotherapy, and prior chemotherapy. There was numerically higher amount of medical resource utilization in anemic group. For moderate to severe anemic sub-group, there was statistically significant (despite small patient numbers) higher utilization than in non-anemic group: mean hospital admissions 0.58 vs. 0.19, $p = 0.040$; mean number of hospital admissions ≥5 days 0.25 vs. 0.07, $p = 0.58$; and mean ER visits 0.47 vs. 0.02, $p = 0.022$. **CONCLUSION:** Our study demonstrated higher medical resource utilization associated with anemia in chemotherapy-treated cancer patients. More severe anemia may result in even higher utilization.

PCN16

A COMPARISON OF THE COSTS OF GEMCITABINE/CISPLATIN AND GEMCITABINE/CARBOPLATIN COMBINATION REGIMENS IN THE TREATMENT OF ADVANCED NSCLC IN THE UK AND FRANCE

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OBJECTIVES: Non-small cell lung cancer (NSCLC) is a leading cause of morbidity and mortality throughout Europe. Clinical evidence in favour of gemcitabine/platinum combination therapy as first-line treatment in advanced NSCLC has already been accepted. The present study reports the methods and results of an analysis comparing the chemotherapy acquisition and administration costs of a 28-day gemcitabine/cisplatin regimen (GEM/CIS) with a 28-day gemcitabine/carboplatin regimen (GEM/CAR). **METHODS:** The analysis involved quantification and costing of medical resource utilisation arising solely from planned differences in the treatment regimens. Clinical outcomes achieved by the two regimens were assumed to be equivalent. A simple micro-costing of the costs associated with chemotherapy administration incorporated a fixed cost per administration plus a variable cost depending on the duration of the intravenous infusion of the therapy being administered. Threshold analysis derived the opportunity cost of patient time spent in the chemotherapy unit at which GEM/CAR becomes the cost-minimising treatment regimen. **RESULTS:** Patients treated with GEM/CIS had a total cost of €5,884 in France and £5,474 in the UK. The costs of GEM/CAR were €6,607 and £5,599 in France and the UK respectively. In both countries chemotherapy acquisition costs were higher, and administration costs lower for patients treated with GEM/CAR. GEM/CAR became the cost-minimising treatment when the opportunity cost of time spent in the chemotherapy unit was approximately €38.63 per hour in France or £15.83 in the UK. **CONCLUSIONS:** Drug administration costs of carboplatin compared to cisplatin do not offset the additional chemotherapy costs. However, financial considerations may not be paramount in the decision to treat patients with GEM/CAR as opposed to GEM/CIS. Patient and physician preference for a more convenient mode of administration are clearly important factors.