OBJECTIVES: Establish the impact that present chemotherapy management is having on the quality of life (QOL) of patients being treated at the Prince Charles Hospital; allow comparison of the effect on the patients QOL between established treatment modalities; allow comparison of the effects on patients QOL between established and future trial treatment protocols. We report the interim findings of this ongoing quality of life study. METHODS: All patients referred for chemotherapy management of their non-small cell lung cancer (NSCLC) were asked to participate. The EORTC QLQ 30 and LC 13 were used to assess patients QOL when disease restaging tests were conducted. Data was entered into an access database that allowed comparison. Protocols used were CIV, CV- adjuvant-neoadjuvant setting. CG and single agent Gemcitabine 1000mg/m^2 on days 1, 8, 15, in the palliative setting. RESULTS: Patients ages ranged 39 to 73 yrs, average age 53 yr, median, 51, mode 47 years. The sample consisted of 3 females & 12 males, 6 patients are not reported, 3 neoadjuvant had progressive disease after two cycles and were not followed, 3 palliative patients died after one cycle of treatment. Of the 21 patients treated 15 (71%) had improved Quality of Life scores paralleled other measures of assessment. Scans show response to single agent Gemzar in the palliative setting and response to CIV in the neoadjuvant setting. CONCLUSION: we demonstrated 71% of our patients had QOL improvements. Management of patients with NSCLC should consider chemotherapy. FUTURE DIRECTION: An outcomes study is being conducted at two campuses in Brisbane. This study seeks to include all newly diagnosed lung cancer patients and follow their progress through their disease using clinical Quality of Life and economic criteria to determine outcome. Comparison between treatment and within treatment arms will be compared.

Pcn26
SYSTEMATIC ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE INSTRUMENTS FOR USE IN CLINICAL TRIALS OF NON-SMALL CELL LUNG CANCER
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OBJECTIVE: To critically evaluate the quality of health-related quality of life (HRQoL) instruments for use in clinical trials of non-small cell lung cancer (NSCLC). METHODS: A structured review of literature was conducted by searching MEDLINE (1975–2000) and PsycINFO (1977–2000) using the keywords “lung cancer”, “quality of life” and “questionnaire”, and manually. HRQoL instruments that had been used in or designed for lung cancer were selected for review. Each instrument was assessed for its general features, feasibility, scoring and interpretation, and psychometric properties. RESULTS: Ten instruments were selected for review: EORTC-QLQ30, EORTC-LC13, FACT-L, LCSS, FLIC, CARES, CARES-SF, RSCL, FLIC and MQOL. Most questionnaire items were appropriately generated through multiple cycles of input from patients and clinicians. The most studied psychometric properties were internal consistency and convergent/divergent validity, with most instruments having Cronbach’s a >0.7 and acceptable correlation coefficients for convergent/divergent validity. Responsiveness, interpretability of the scale score, and validity testing in cross-cultural settings were either inadequately evaluated or missing. All instruments have a good readability level, an administration time less than 20 minutes, a time horizon of one week or less, and are multilingual. All questionnaires have been used in clinical trials for non-small cell lung cancer except CARES, CARES-SF and MQOL.

CONCLUSIONS: There are several reliable and validated HRQoL instruments that are appropriate for use in clinical trials of NSCLC. In particular, the EORTC-QLQ30 and its lung cancer supplement, the LC13, LCSS, RSCL, FACT-L, and CARES have greater evidence of good psychometric properties. Further research is required to evaluate the cross-cultural performance, score interpretability and correlation with clinical outcomes of these instruments.

Pcn27
COST OF TREATMENT FOR SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK IN THE UNITED STATES
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BACKGROUND: Cancer of the head and neck is the 11th most common cancer in the US, however, there are no published, comprehensive studies examining the costs associated with the treatment of head and neck cancer in the United States. The objective of this research was to design a model to estimate the cost of treatment for squamous cell carcinoma of the head and neck (SCCHN). METHODS: A decision analytic model was designed to project the outcomes and costs associated with SCCHN. The model was stratified by site of disease, stage of presentation, treatment, and outcome. The most common therapeutic options for SCCHN were modeled: 1) surgery, 2) radiation therapy, 3) surgery and radiation therapy, 4) radiation therapy and chemotherapy, and 5) palliation. Base case data were obtained from the National Cancer Data Base, the published literature, a modified Delphi survey of experts, and an analysis of the Medicare Standard Analytic Files. RESULTS: Average per patient cost of care for SCCHN in the US was estimated to be $20,876. Higher costs resulted for patients that present with advanced cancers. The estimated cost of treating a patient with Stage IV lip SCC ($19,274) was four times that of Stage 0 lip SCC ($5,062). The site with the lowest cost of treatment was lip ($7,261) while the highest cost was associated with hypopharyngeal SCC ($28,584). The cost per patient for palliative care ranged from $2,052 for lip SCC (28% of total cost of care) to $7,172 for si-
nonasal SCC (30% of total cost of care). The lifetime cost of managing annual incident SCCHN cases was estimated to approximate $976 million. **CONCLUSION:**

This study found that tumor stage and location are useful predictors of increased treatment costs. The results suggest that prevention and early detection are critical in reducing the treatment costs of SCCHN.

**PCV28**

**DETECTING RECURRENT PAPILLARY OR FOLLICULAR THYROID CANCER IN CLINICAL PRACTICE: NEED FOR A CHANGE?**

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**OBJECTIVES:** Patients with thyroid carcinoma (TC) can present a diagnostic dilemma when elevated tumor markers (thyroglobulin, Tg) suggest relapse but whole body 131-iodine scanning (131I WBS) is negative. Then, battery of imaging modalities is available. In recent years, positron emission tomography has been proposed as an effective and comprehensive staging procedure. To estimate the effort and yield of present clinical practice, we performed a retrospective study. **METHODS:** From our Tg database we identified all TC patients, and included those with elevated Tg levels (&gt;61619; 1.5 pmol/l on thyroid hormone medication) after ablation with 131I, between 1-5-96 and 1-1-98, and recorded the applied diagnostic work-up. **RESULTS:** Tg data were identified from 116 patients with TC. Twenty met the inclusion criteria, 18 of which (90%) had a complicated work-up. Recurrent disease was confirmed in 16. The mean number of imaging tests required to arrive at a clinical conclusion was 5 (range 3–9), within a mean period of 18 months. Since 1997, PET has been performed in 15 patients with negative or equivocal high dose 131I WBS (8 positive and 7 negative scans). Tumor sites first disclosed by PET were found in 5 patients. **CONCLUSIONS:** The current diagnostic trajectory in the majority of the patients with elevated Tg and negative 131I WBS proved to be protracted and complicated. Even though prognosis may not necessarily be adversely affected by this delay, patient anxiety is a considerable problem. FDG-PET may solve clinical problems in some of these patients, but the currently available evidence does not allow for implementation of a routine diagnostic algorithm.

**CARDIOVASCULAR DISEASE**

**PCV1**

**A COST-EFFECTIVENESS ANALYSIS OF CLOPIDOGREL VERSUS ASPIRIN AS PREVENTION OF ISCHEMIC EVENTS IN PATIENTS WITH ESTABLISHED PERIPHERAL ARTERY DISEASE**

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**OBJECTIVES:** Since becoming widely recognized for its antithrombotic effects in the 1970s, aspirin has become first-line antiplatelet therapy across most patient populations. However, newer data suggests that clopidogrel is more effective than aspirin for prevention of ischemic events in peripheral artery disease (PAD) patients. In this analysis, a decision analytic model was constructed in order to evaluate the cost-effectiveness of clopidogrel versus aspirin as prevention of ischemic events in patients with established PAD. **METHODS:** Data on the probability of ischemic events was extracted from the PAD subgroup of the CAPRIE trial, in which event rates for clopidogrel and aspirin were 3.71% and 4.86%, respectively. Costs included in this analysis were obtained from the medical literature. **RESULTS:** In the base case analysis, the expected cost of treatment over a one-year time frame with clopidogrel and aspirin was $2075 and $1088, respectively. Furthermore, to effectively treat one patient, it would cost $2155 with clopidogrel and $1144 with aspirin. An incremental cost-effectiveness analysis concluded that one additional event of vascular death, MI, or ischemic stroke will be prevented with clopidogrel at an additional one-year cost of $85,826. A univariate sensitivity analysis demonstrated that aspirin must have ischemic event rates greater than 13% for clopidogrel to be the preferred option based solely on cost. Furthermore, in order for clopidogrel to be considered cost-effective with an event rate of 3.71%, aspirin must have an event rate of 11.48%, a rate 2.4 times greater than was observed in the CAPRIE trial. **CONCLUSIONS:** The result of this analysis concluded that it would cost a third-party payer an extra $85,826 to effectively treat one additional patient over a one-year period when using clopidogrel instead of aspirin. This cost can play a major role in the decision of appropriate antiplatelet therapy used to treat PAD patients in the prevention of ischemic events.

**PCV2**

**VENOUS THROMBOEMBOLIC (VTE) COMPLICATIONS FOLLOWING MAJOR ORTHOPEDIC SURGERY: FREQUENCY AND ECONOMIC CONSEQUENCES IN HOSPITAL**

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**OBJECTIVES:** The risk of VTE disease in patients undergoing major orthopedic surgery (MOS) has extensively been studied in randomised clinical trials and more recently in cohort studies. Our objective was to estimate the risk of VTE disease in a much larger population and to calculate its economic consequences in hospital. **METHODS:** We conducted a retrospective study of the risk of occurrence and associated costs of VTE complications (including deep vein thrombosis (DVT) and pulmonary embolism (PE)) in patients undergoing MOS (including hip replacement, hip fracture and knee replacement). Data were obtained from the National inpatient Diagnosis Related Group (DRG) data base with ex-