a panel of Spanish oncologists and from the literature. Unit costs were derived from Spanish databases (€ March 2006). Annual discount rate: 3.5% (costs and utilities). Sensitivity analyses for subpopulations, 3 years results (Weibull and Loglogistic distributions) and probabilistic (Monte Carlo) were performed. **RESULTS:** After 2 years more QALY per patient were obtained with ERL (0.24) than with DOC (0.23) and BSC (0.18). No differences versus PEM were observed. The total cost per patient was lower with ERL (€17,838) than with DOC (€20,392; €–2554) or PEM (€27,317; €–9479) and higher than with BSC (€8198; €+9640). ERL was the "dominant" treatment (more efficacy and lower costs) versus DOC and resulted in a cost saving versus PEM. Additional cost per QALY or life year gained with ERL versus BSC: €160,667 and €56,706, respectively. The sensitivity analysis confirmed the robustness of the base case analysis. If 1000 NSCLC patients were treated with ERL, the annual saving for NHS (substitution rates: 5%–65%) would range between €123,000–€1,600,000 (DOC replacement) and €448,000–€5,831,000 (PEM replacement). **CONCLUSIONS:** According to this model, advanced NSCLC treatment with ERL is more cost-effective than with DOC and PEM, with savings for the NHS.

PCN27

COST-EFFECTIVENESS AND COST-UTILITY OF FENTANYL TTS (DUROGESIC® 25, 50) VS. SR/IR ORAL MORPHINES IN THE MANAGEMENT OF CHRONIC CANCER PAIN

Estevez-Carrizo FE

University of Montevideo, Uruguay, Montevideo, Uruguay

OBJECTIVES: Chronic cancer pain has a devastating impact on quality of life. This leads to an increase in heathcare services utilization. The objective of the present study is to estimate the cost-efectiveness and cost-utility quotients of Fentanyl TTS treatment related to SR oral Morphine or IR oral Morphine in patients with moderate-severe chronic cancer pain. **METHODS:** Designed from the perspective of the health care provider, with a 12 weeks horizon and a pharmacoeconomic decision making model (decision tree). Cost-effectiveness relationship estimates was $15 per day of pain control (DPC) for Fentanyl TTS , $.3 per DPC for sustained-release Morphine and $6.4 per DPC for immediate release Morphine. Cost-utility relationship estimates was $23.1 per Quality Adjusted DPC (QALD) for Fentanyl TTS, $18.9 per QALD for sustained-release Morphine and $53.6 per QALD for immediate realease Morphine. This means that the cost of a QALD when treating patients with Fentanyl TTS is similar that patients treated with SR Morphine and less than half of patients treated with IR Morphine. **RESULTS:** The incremental cost-effectiveness relationship (ICER) for Fentanyl TTS vs. SR Morphine was of $20,2 per extra DPC, while the ICER for Fentanyl TTS vs. IR Morphine was $26.1 per extra QALD. The incremental cost-utility relationship (ICUR) for Fentanyl TTS vs. Sustained-release Morphine was $24.9 per extra QALD and of $19.2 per extra QALD for Fentanyl TTS vs. IR Morphine. The pharmacoeconomic model constructed for the analysis was duly validated through a one way sensitivity analysis. **CONCLUSIONS:** We concluded, compared to oral Morphines, Femtanyl TTS is a cost-effective choice for the treatment of moderate-severe cancer pain. The present analysis allows to draw the conclusion that the better efficiency of this new transdermal pharmaceutical form of Fentanyl, is mainly due to an improvement in qualtiy of life.

PCN28

SHOULD FOTEMUSTINE BE USED AS THE FIRST LINE TREATMENT

Faluta T, Czech M, Pachocki R

Servier Polska, Warsaw, Poland

OBJECTIVE: Dacarbazine is routinely used as the first line treatment of disseminated malignant melanoma with brain metastases in Poland. A head-to-head randomized controlled trial (RCT) showed a clinical superiority of fotemustine over dacarbazine in this indication. At the same time patients' access to many innovative medicines in Poland is limited because of budgetary constraints. Even if an innovative medicine is more effective and cost-effective, it is not applied since it is more expensive for the health care budget. The main objective of this analysis is to verify whether an administration of fotemustine is economicly justified for the National Health Fund (NHF)—the public payer in Poland. **METHODS:** A cost-minimization analysis was carried out from the NHF point of view. Direct medical costs were divided according to accounting standards into two groups: cost of drugs and cost of hospitalization required in order to administer the drugs. The majority of unit prices used in calculations were derived from the official price list of the Pomeranian Sickness Fund (which is the NHF part now). Following clinical standards and the length of the RCT the time horizon is 26 weeks. **RESULTS:** The cost of fotemustine administered to one patient (€4700) is higher than the cost of dacarbazine (€676) by €4024. The cost of hospitalization necessary to administer dacarbazine amounts to €5884 and is higher than cost for fotemustine (€1284) by €4600. The total cost in fotemustine group amounts to €598 and was lower than cost of dacarbazine (€6560) by €576. **CONCLUSION:** Substitution of dacarbazine with fotemustine in the treatment of disseminated malignant melanoma with brain metastases is a good alternative not only for Polish patients (as clinically better) but also for the Polish NHF (as cost–saving). Ex. rate 1 € = 3.98 PLN.

PCN29

ECONOMIC ADVANTAGES AND TIMESAVING OF USING OXALIPLATIN CONCENTRATED SOLUTION VERSUS OXALIPLATIN LYOPHILISED POWDER FOR INFUSION

Favier B[1], Spath HM[2], Anhoury P[3], Pacull A[3]

[1]Centre Leon Berard, Lyon, France, [2]GRESAC, Lyon, France, [3]IMS Health Consulting & Services, Puteaux, France

OBJECTIVES: Oxaliplatin solution form is a new and safer formulation of oxaliplatin avoiding the reconstitution step during cytotoxic preparation. The main objective was to assess the economic impact using oxaliplatin concentrated solution compared with the lyophilised powder form from the hospital pharmacy point of view. **METHODS:** Due to the equivalent efficacy between the 2 formulations, a cost-minimisation analysis with a hospital perspective was performed comparing the solution versus the powder. A single-centre observational study was conducted in a French Cancer Centre. The cytotoxic preparations were assessed using the powder in a first time and the solution form in a second time. The same staff member manipulated both preparations in order to avoid any bias. Two independent observers collected the results from the 30 manipulations. The first endpoint assessed was preparation time. Secondary endpoint was overall cost associated with this preparation, which included costs associated to preparation time, material and cytotoxic waste management. **RESULTS:** The reconstitution step was avoided using the solution form. The time saved with the solution form versus the lyophilised powder was 139 seconds per preparation. The overall avoided cost represented €1.04 per preparation using oxaliplatin solution form. This total cost could