COMPARATIVE COSTS OF GEMCITABINE/CISPLATIN, PACLITAXEL/CARBOPlatin AND VINORELBINE/CISPLatin IN THE TREATMENT OF NON-SMALl CELL LUNG CANCER IN GERMANY

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OBJECTIVES: Novel chemotherapy regimens are cost-effective relative to best supportive care in the treatment of patients with advanced non-small cell lung cancer (NSCLC). A recently published randomised controlled clinical trial demonstrated that gemcitabine/cisplatin (Gem/Cis), paclitaxel/carboplatin (Pac/Carbo) and vinorelbine/cisplatin (Vin/Cis) were equally effective with regards to overall survival and time to disease progression in Italian patients with advanced NSCLC. We performed a retrospective economic analysis to compare these three combination regimens from the perspective of the German health care system. METHODS: Cost-minimisation and cost-effectiveness analyses were based on resource use and efficacy data from the clinical trial of Scagliotti et al. (2002). The following direct treatment-related costs were identified for each chemotherapy regimen: chemotherapy acquisition, drug administration, hospitalisations, and other medical resources. Unit costs of medical resources in Germany were derived from official published sources. Cost-effectiveness results were calculated by dividing the mean total treatment cost per patient by the mean number of extra life-months gained or by the mean number of months free of disease progression per patient treated. RESULTS: The average total treatment costs per patient were 15,211€ for Pac/Carbo, 8738€ for Gem/Cis, and 9721€ for Vin/Cis. The incremental cost-effectiveness ratio for Pac/Carbo vs Gem/Cis was 65,000€ per additional life-month gained. Incremental analysis showed Gem/Cis to dominate Vin/Cis with additional survival achieved for less cost. CONCLUSIONS: Based on resource use and efficacy data from the same clinical trial, Gem/Cis is a cost-effective combination chemotherapy regimen for the treatment of advanced NSCLC in Germany.

A COST COMPARISON OF GEMZAR PLUS CISPLATIN WITH OTHER NOVEL AGENTS IN THE TREATMENT OF NON-SMALL CELL LUNG CANCER IN ITALY

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OBJECTIVES: A prospective randomised controlled Phase III clinical trial demonstrated that three platinum-based chemotherapeutic regimens with novel agents—gemcitabine/cisplatin (Gem/Cis), paclitaxel/carboplatin (Pac/Carbo) and vinorelbine/cisplatin (Vin/Cis)—had comparable efficacy in chemotherapy-naive Italian patients with advanced non-small cell lung cancer (NSCLC); median survival times ranged from 9.5 to 9.9 months and median time to progression ranged from 4.6 to 5.5 months (Scagliotti et al. 2002). As part of the Gemzar Retrospective Economic Analysis of clinical Trials (GREAT2), we performed a retrospective cost comparison of these three chemotherapeutic regimens from the perspective of the Italian health care system. METHODS: The analysis involved costing of chemotherapy and medical resource utilisation collected prospectively during the clinical trial published by Scagliotti et al. (2002). Direct costs were com-