

fusion-treated patient but the average epoetin-and-transfusion-free costs were very similar in the two groups. The costs varied highly between centres, but a high EAI independently decreased the without-epoetin-costs by 15%. **CONCLUSIONS:** An appropriate and homogeneous use of epoetin might reduce the costs of cancer treatment.

PCN 12

IMPACT OF INNOVATIVE AND EXPENSIVE THERAPIES IN THE TREATMENT OF METASTATIC BREAST CANCER (MBC): FOCUS ON TRASTUZUMAB (HERCEPTIN(H))

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The recent introduction on the French market of HerceptinTM, an innovative drug associated to a high acquisition cost, justifies its economic assessment. **OBJECTIVE:** The study aim was to compare 8 chemotherapies as first-line treatment in MBC (doxorubicin (D) + cyclophosphamide (C); 2 combinations of 5-Fluorouracile (F), Epirubicin (E) and C i.e. FEC50 and FEC100; D + paclitaxel (P); D + docetaxel (T); E + P; E + T; H + P. **METHODS:** The study methodology, according to a French payer perspective, is a cost-effectiveness analysis based on a decision tree model. Assessment considers the period from the diagnosis of metastasis until the end therapy or death. The clinical data are obtained from recently published phase III randomised trials. Effectiveness was assessed through time to progression criteria. Chemotherapy procedures, incidence of adverse events, patient transport and nurse care follow up were collected. Hospital costs were estimated through the National Costs References per DRG. Medication costs were estimated from standard dosages. General Nomenclature of Practitioner Acts (NGAP) was used to value ambulatory follow-up care. A sensibility analysis was led on efficacy criteria and main drivers cost. **RESULTS:** The mean cost by week without progression is €550 for H + P, €424 for E + T, €417 for E + P, €418 for D + T, €438 for D + P, €374 for FEC50, €324 for FEC100 and €365 for D + C. The most effective combination appears to be E + T, as and the financial sacrifice associated with an additional one week without progression, as compared to FEC100 for instance, is €895. Anthracyclins (D or E) + taxans (P or T) combinations show a complete dominance when compared to the H + T strategy, but the latter is only offered to the subpopulation of patients showing the receptor over-expression, a potential negative predictor for response to chemotherapy. **CONCLUSIONS:** Although this type of analysis favours the use of anthracyclins + taxans combinations in first-line treatment of MBC, our hypothesis has to be confirmed by clinical pharmaco-economical trials.

PCN 13

GEMZAR RETROSPECTIVE ECONOMIC ANALYSIS OF CLINICAL TRIALS (GREAT) IN THE TREATMENT OF NON-SMALL-CELL LUNG CANCER: A MULTI-COUNTRY COST-MINIMISATION ANALYSIS

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OBJECTIVES: Gemcitabine/cisplatin (GC) is one of many novel chemotherapy regimens available for the treatment of non-small cell lung cancer. This study conducted two clinical trial-based economic evaluations comparing GC with other novel agent regimens in five European countries: France, Germany, Italy, Spain, and the UK. **METHODS:** The economic evaluations were conducted using evidence from two randomised, controlled trials of GC and the other novel regimens. The first analysis was based upon the trial published by Comella et al. (2000) and compared GC with vinorelbine/cisplatin (VC). The second analysis was based upon the trial published by Schiller et al. (2000) and compared GC with paclitaxel/cisplatin (PCI), paclitaxel/carboplatin (PCA) and docetaxel/cisplatin (DC). In these trials, pivotal health outcomes including overall and progression-free survival were similar between GC and the other regimens meaning cost-minimisation analysis was employed. **RESULTS:** The analysis based on Comella et al. (2000) found that GC was associated with lower total treatment costs than VC in all five countries. The overall cost savings associated with GC ranged from €802 in Spain to £1,262 in the UK. The second analysis found that GC had lower total treatment costs than both of the paclitaxel regimens in all five countries. The overall cost savings for GC were greatest when compared against PCA and ranged from €2,153 in Italy to €4,846 in France. GC was associated with a small incremental cost compared to DC in Germany (€95 per patient) and was cost saving in the other four countries. **CONCLUSIONS:** GC was associated with lower total treatment costs than VC, PCI and PCA from the perspective of the national health services of five European countries. Given similar efficacy findings in these studies, a claim for cost-effectiveness of GC in the treatment of advanced NSCLC is supported.

PCN 14

IN THE UK GEMZAR DOUBLET HAS LOWEST TOTAL TREATMENT COSTS FOR NSCLC COMPARED TO FOUR OTHER CHEMOTHERAPY DOUBLETS

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OBJECTIVE: A number of new agents have become available in the past decade for the treatment of non-