90.8%, and the success rate of the therapy with Imipenem/Cilastatin was 71.4%.

RESULTS: Therapy with Tazobactam/Piperacillin resulted in a total cost of DM 3,375 per successfully treated patient. Therapy with Imipenem/Cilastatin caused total costs of DM 4,834 per successfully treated patient. Sensitivity analyses were performed to prove the stability of the results.

CONCLUSION: This cost-effectiveness analysis reveals that a combination therapy with Tazobactam/Piperacillin incurs lower total costs per successfully treated patient than Imipenem/Cilastatin.

COLORECTAL CANCER SCREENING: COST-EFFECTIVENESS ANALYSIS FROM AN ITALIAN VIEWPOINT
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Several models of colorectal cancer (CRC) screening cost-effectiveness have been published. Most of them are based on US costs of parameters/tests used.

OBJECTIVE: The purpose of this analysis was to provide a model to compare several screening programs using cost data related on Italian reimbursement system, both for ambulatorial and for hospital services.

METHODS: Four screening programs were assessed in comparison with nonscreening: annual fecal occult blood test alone (FOBT), flexible sigmoidoscopy every five years (FS), FOBT and FS combined, and one-time colonoscopy (CO). The analysis was carried out by considering a 10-year screening period. Effectiveness data were derived from recent literature; cost-effectiveness was defined as “cost per cancer prevented” (CCP) and “cost per cancer death prevented” (CCDP). Computer analysis was performed using algebraic formula. Data robustness was tested with sensitivity analysis of main variables: patient compliance, cost of cancer care, and cost of CO complications. Maximization analysis was carried out on a risk population (selected screening).

RESULTS: CO had the greatest impact on CRC mortality, followed by FS+FOBT, FS, and FOBT. CO also resulted in the most cost-effective program, both for CCP and for CCDP, followed by FOBT+FS, FS, and FOBT for all the compliance levels considered. Sensitivity analysis reinforced these results. Maximization analysis amplified both efficacy and cost-effectiveness of CO as a test for selected screening.

CONCLUSION: This model, even with the limitation linked to cost assumption problems, seems to be useful for authorities that will organize general population CRC screening programs.

COST-EFFECTIVENESS OF PIPERACILLIN-TAZOBACTAM VERSUS CEFTAZIDIME IN PATIENTS WITH FEBRILE NEUTROПENIA
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OBJECTIVE: The purpose of this study was to achieve a cost-effectiveness analysis of the alternative piperacillin-tazobactam (PTZ) versus ceftazidime (CFZ) both used in conjunction with amikacin, as a therapy in post-chemotherapy febrile neutropenia.

METHODS: Efficacy data were obtained from the two clinical trials performed by the European Organization for Research and Treatment of Cancer (EORTC) and the Groupe d’étude des Aplasies Febriles (GAF). A cost-effectiveness analysis has been carried out using the software Multiprograma DUE-Estudios Farmacoecnómicos. It has considered the alternatives (PTZ and CFZ), the type of pharmacoeconomical study (cost-effectiveness analysis), the pathology (febrile neutropenia), the perspective of the study (hospital), the number of patients (493 and 498, respectively), and the type of case (dependent). The following costs have been imputed to each one of the branches of the tree decision according to the software: the acquisition cost, the preparation and administration cost, the monitoring cost, the treatment of adverse effects, the structural cost, and the cost of therapeutic failure.

RESULTS: The cost per unit of effectiveness was $5,250 with PTZ and $5,850 with CFZ. The incremental cost was $1,472 per additional case prevented with PTZ instead of CFZ. The sensitivity analysis carried out regarding the variables: the percentage of success, the percentage of overinfections, and the price of the pharmaceutical product verified the first results of the cost-effectiveness analysis.

CONCLUSIONS: The alternative PTZ presented a better cost-effectiveness relation to the CFZ in the treatment of the fever and bacteriemia in neutropenic patients, offering a reduction of the cost per unit of treatment successful of $635.

COST-EFFECTIVENESS ANALYSIS OF PIPERACILLIN-TAZOBACTAM VERSUS IMIPENEM-CILASTATIN IN THE TREATMENT OF INTRA-ABDOMINAL INFECTIONS
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OBJECTIVE: To compare the efficiency of piperacillin-tazobactam (Pip-Taz) and imipenem-cilastatin (Imi-Cil) in the treatment of intra-abdominal infections, through a cost-effectiveness analysis.

METHODS: A decision analytic model was developed to compare the costs and outcomes of both regimens. The ef-