ive intervention to meet the needs of these patient populations and their caregivers.

**P1-260** **Supportive Care/QOL Posters, Mon, Sept 3**

**Feasibility of geriatric assessment of elderly lung cancer patients treated in an oncology out-patient setting**

Maestu, Inmaculada; Comes, Ana; Cabrera, Enrique; Oltra, Desamparados; Sastre, José Manuel

*Hospital Virgen de los Lirios, Alcoy, Spain*

**Background:** The assessment of performance status according to the classical Karnofsky or ECOG scales has been shown to be an effective predictor of outcome in several oncological studies. However, its application to patients over 70 years of age has limited utility and may uderrepresent the degree of functional impairment). Comorbidity and functional status according to ECOG, ADL and IADL have shown to be independent in older cancer patients. However, some degree of correlation between comorbidity and IADL has been reported before. Geriatric assessment is a time-consuming task sometimes difficult to perform by oncologists out of clinical trials. The experience of a single institution about elderly lung cancer patients in an out patient setting will be presented.

**Methods:** For geriatric assessment the following characteristics were considered:

- Comorbidity by means of Charlson and Kaplan Feinstein scores
- Activities of daily living (ADL)
- Instrumental activities of daily living (IADL)
- Nutritional status by means of proteins/albumin levels and/or BMI
- Cognitive mental status is examined with the Mini-Mental state
- Expression of depression with the Geriatric Depression Screening
- Scale (GDSS)
- Family/Institutional support.

**Results:** By Febrery/2007 seventy elderly lung cancer patients (pts) have been analyzed in our institution. The main descriptive characteristics were: median age 76 years (70-84 ); stage disease, II in 5.7 %, III in 45.8 % and IV in 57.1 % of the pts; distribution of performance status (ECOG) was: PS 0/10 %, PS 1/50 % and PS 2/40 %; sex: M (84 %) and F (16 %). Serum albumin level was lesser than 3.5 g/dl in 28 % of the patients. Comorbidity according to Charlson and Kaplan scales was presented in 74.2 % and 82 % of pts respectively. Ability in 51-99 % of ADL and IADL was able in 25 % and 39.7% of pts and was < 50 % in 8.8 % and 22.1 % of pts. Mini-Mental state was applied to 33 patients, 40 % of them obtained a punctuation < 25. Treatment administered was: surgery in 1 pt, radiotherapy alone in 2 pts, chemo-radiotherapy in 11 pts, chemotherapy alone in 55 pts and tyrosine-kinase inhibitor in 1 pt.

**Conclusions:** The analysis is ongoing but the heterogeneity of the pts in these preliminary results suggests the importance to carry out a detailed evaluation of elderly lung cancer patients for detecting several situations not detectable by means of a conventional examination. A more completed analysis of comorbid, clinical, nutritional and social conditions will be presented at the meeting. Correlation between different factors and the influence of them on the outcome of the elderly patients will be examined.

**P1-261** **Supportive Care/QOL Posters, Mon, Sept 3**

**Resource utilization and therapy costs for patients with advanced stage IIIB/IV non-small cell lung cancer. Retrospective data from patients participating in the erlotinib phase IV study (TRUST) in Finland**

Mali, Pekka[1] Karjalainen, Eeva-Maija[2] Knuuttila, Aija[2] Rouhos, Annamari[2] Salomaa, Eija-Riitta[3] Joutseno, Jaana[4] Sivula, Anna[4] Pekurinen, Markku[5] Riska, Henrik[2]

*[1] Turku University Hospital, Turku, Finland [2] Helsinki University Central Hospital, Helsinki, Finland [3] Turku University Hospital, Paimio, Finland [4] Roche Oy, Espoo, Finland [5] STAKES, Helsinki, Finland*

**Background:** As there are few published data on the treatment costs of lung cancer, health economic data is valuable for physicians making treatment decisions as well as health authorities to develop reimbursement and treatment guidelines. This study is aimed to collect data on direct health care costs related to treatment of advanced stage IIIB/IV non-small cell lung cancer (NSCLC) in Finland.

**Methods:** The costs analysis was based on data reflecting consumption of the health care resources and medication in Helsinki University Hospital and Turku University Hospital. The data was collected retrospectively from the medical records of 65 advanced stage IIIB/IV NSCLC patients who participated in a phase IV erlotinib clinical trial (TRUST). In this abstract, interim data on 42 patients is presented. The resource utilization data for all treatments was collected from the day patients first visited the health care unit with diagnosed advanced stage IIIB/IV NSCLC until discontinuation of therapy or patient death. The following cost categories were included in the analysis: total direct health care costs, chemotherapy costs (including drug and administration costs) and costs associated with adverse reactions. The 2001 Finnish Guidelines for Health Care Unit Costs converted to 2005 cost levels were used to value the costs of the health care resources. A published price list of pharmaceuticals (SLD Price 2006) was used to value the prices of chemotherapies and other medications.

**Results:** In the interim analysis, the mean total costs per patient in different treatment lines were; Line 1 (n=37): 10 652 €; Line 2 (n=35): 10 054 €; Line 3 (n=26): 10 143 €; Line 4 (n=6): 12 790 €. The mean total costs per patient in different chemotherapies were; combination treatments (n=34): 11 359 €; docetaxel (n=7): 15 933 €; vinorelbine (n=5): 13 819 €; gemcitabine (n=2): 6 184 €; pemetrexed (n=8): 12 618 €; erlotinib (n=42): 8 407 €; other (n=6): 8 871 €. The mean costs of adverse reactions per patient (out-patient visits or hospital days) were; erlotinib (n=14): 130 €; other chemotherapy (n=13): 1 796 €.

**Conclusions:** The total average cost per advanced stages IIIB/IV NSCLC patient was 30 900 €. The major cost drivers in all treatment lines were chemotherapy (including drug and administration costs) and hospitalization costs. In treatment of advanced stage IIIB/IV NSCLC, treatment with erlotinib incurred the lowest treatment costs (including drug and administration costs) and AE related costs. Final results of the analysis will be presented in the conference.