We used time-in-motion methods in a pharmacoeconomic sub-study to a clinical trial to estimate differences in resource use and costs between oral ibandronate (ibandronic acid) and iv zoledronic acid. METHODS: At the Week 8 study visit, administration, monitoring and the treatment of drug-related adverse events were recorded in patients receiving oral ibandronate 50 mg/day (n = 4) or iv zoledronic acid 4 mg every 3–4 weeks (n = 5) at 2 centres in the UK. No patients were receiving iv chemotherapy. Data was collected using a detailed nurse worksheet (diary), designed and pilot-tested in one centre. Total use of infusion supplies, medications, laboratory tests, procedures, staff time and total time in the clinic were also recorded. RESULTS: Administration of iv zoledronic acid required >1.5 hours more clinic time per visit and approximately 1 hour more clinic time and nurse time than oral ibandronate, due to infusion time and patient monitoring. Over a 12-month period, the additional clinician and nurse time required for iv zoledronic acid administration would be about 16 hours more than with oral ibandronate, and there would be about 36 additional clinic hours, including 28 hours for iv preparation and infusion alone. Details on medical resource use for infusion-related supplies, medications, laboratory tests will be presented. CONCLUSIONS: Oral ibandronate reduced the burden on health care professionals, giving staff more time to treat patients, increasing productivity. The absence of iv administration also frees patient beds and improves capacity within health care systems. The potential benefits will be greatest for patients receiving oral anticancer therapies, or those who have completed iv chemotherapy.

**PCN10**

**COST-EFFECTIVENESS-ANALYSIS OF BREAST CANCER DIAGNOSIS WITH CAD (COMPUTER AIDED DETECTION)**

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OBJECTIVES: To analyse the cost-effectiveness of CAD in breast cancer diagnostic in comparison to normal procedure from the perspective of statutory health insurance (SHI). METHODS: To compare the effectiveness with and without CAD, total costs of diagnostic measures were calculated by a Markov-model. Model structure, transition possibilities, procedures within therapies and complications were ascertained by a Delphi-panel. Subsequently, costs of therapy per patient with and without CAD were calculated. Fur-thermore, costs of successive therapy of undetected cancer without CAD were consid-ered. Based on literature, an increase of 19.5% in detecting breast cancer with CAD was determined. Moreover the assumption was made, that with CAD 19.5% of cancers could be detected at an earlier stage. RESULTS: Based on perspective of the SHI, diagnostic and therapy of 10,000 mammography patients from the Markov-cohort caused total costs in amount of 2,298,048€ without CAD (229.80€ per patient) and 2,352,635€ with CAD (235.26€ per patient). By consideration of the effectiveness parameter (number of detected breast cancers per 10,000 patients, 0.01912 without CAD, 0.02285 with CAD), the effectiveness-adjusted costs amounted to: without CAD 12,019 fully reimbursed by SHI, with CAD 11717 less without SRE treatment and patient monitoring. oral ibandronate gained 0.02 QALYs, making it the economically dominant option versus zoledronic acid or generic pamidronate. Renal AEs with monitoring and treatment costs were assumed for zoledronic acid. Efficacy was assessed as the relative risk reduction (RR) of SREs (assuming SRE duration of 1 month). Utilities were applied to time with/without SRE, to adjust survival for patient QOL. RESULTS: Projected total cost (including drug) was £386 less per patient for oral ibandronate than for zoledronic acid, and £165 for generic pamidronate. Oral ibandronate gained 0.02 QALYs, making it the economically dominant option versus zoledronic acid or generic pamidronate. For completeness, C/E results for iv ibandronate will also be presented, demonstrating C/E. CONCLUSIONS: Oral ibandronate was highly cost-effective compared with either iv zoledronic acid or generic pamidronate. The efficacy of oral ibandronate in preventing SREs and sustaining relief from metastatic bone pain is likely to lead to QALY gains, with cost savings due to reduced Health Care staff time for treatment of SREs, bisphosphonate administration, and patient monitoring.

**PCN11**

**COST-EFFECTIVENESS OF ORAL IBANDRONATE VERSUS IV ZOLEDRONIC ACID OR IV PAMIDRONATE IN THE TREATMENT OF BREAST CANCER WITH BONE METASTASES IN PATIENTS UNDERGOING IV CHEMOTHERAPY IN THE UK**

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OBJECTIVES: Cost-effectiveness (C/E) studies of oral vs iv regimens are important, with the availability of oral regimens having “iv efficacy”, and some iv regimens being available as generics. C/E of oral ibandronate (ibandronic acid) versus iv zoledronic acid or iv generic pamidronate was assessed in breast cancer patients with metastatic bone disease undergoing iv chemotherapy. METHODS: The model assumed a UK NHS perspective, 14.3 months expected average survival, concurrent iv chemotherapy lasting 4 months, and specified probabilities for bisphosphonate discontinuation. Primary outcomes were direct Health Care costs and QALYs. Resource use for iv bisphosphonates was obtained from a published micro-costing study (valid- dated by UK clinician); the cost of managing skeletal-related events (SREs) came from published literature. Other costs were calculated using a unit cost database. Monthly drug costs were £195 for oral ibandronate and iv zoledronic acid, and £165 for iv generic pamidronate. Renal AEs with monitoring and treatment costs were assumed for zoledronic acid. Efficacy was assessed as the relative risk reduction (RR) of SREs (assuming SRE duration of 1 month). Utilities were applied to time with/without SRE, to adjust survival for patient QOL. RESULTS: Projected total cost (including drug) was £386 less per patient for oral ibandronate than for zoledronic acid, and £1717 less per patient than for generic pamidronate. Due to SRE RR and pain relief, oral ibandronate gained 0.02 QALYs, making it the economically dominant option versus zoledronic acid or generic pamidronate. For completeness, C/E results for iv ibandronate will also be presented, demonstrating C/E. CONCLUSIONS: Oral ibandronate was highly cost-effective compared with either iv zoledronic acid or generic pamidronate. The efficacy of oral ibandronate in preventing SREs and sustaining relief from metastatic bone pain is likely to lead to QALY gains, with cost savings due to reduced Health Care staff time for treatment of SREs, bisphosphonate administration, and patient monitoring.

**PCN12**

**COST EFFECTIVENESS OF AN ASPIRIN CHEMO PREVENTION AND/OR COLONOSCOPIC SURVEILLANCE IN THE COLORECTAL CANCER**

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OBJECTIVES: To compare the medical and economical impact of four strategies in the prevention of colorectal cancer (CRC) in France: 1) no treatment no surveillance; 2) chemoprevention with 325 mg daily aspirin; 3) colonoscopic surveillance with a 3, 5 or 10-year periodicity according to recent guidelines; and 4) a combination of the two latter ones. METHODS: A Markov decision model was built, following a fictive 50-year-old cohort