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Poster Presentations

ECONOMIC AND OUTCOMES ISSUES OF CANCER

PCA1

PHARMACOECONOMIC EVALUATION OF FILGRASTIM (r-metHuG-CSF) TREATMENT IN AUTOLOGOUS BONE MARROW TRANSPLANTATION

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Minimization cost analysis of hospitalization of 40 patients affected by hemopoietic malignancies that underwent autologous bone marrow transplantation has been performed. Clinical records of 27 patients treated with Filgrastim have been compared with records of 13 patients not treated. The retrospective comparative analysis included days of hospitalization, antibiotic therapy, nursing time, transfusion episodes, microbiological cultures required. Overall average hospitalization cost since transplantation for treated patients was £65,537,774 versus £69,479,878 ($p < 0.004$). Average hospitalization time since transplantation for treated patients was 29.3 days versus 32.7 for not treated. Thus, hospitalization after transplantation was 3.4 days (HR 5.3; 95% C.I. 2.0 to 13.9) shorter for treated, accounting for a 10.4% saving in hospitalization time. Treated patients had average 5.6 days less in sterile room (HR 5.0; 95% C.I. 2.0 to 12.4). Every treated patient hospitalization raised savings for at least £3.942.104, taking into account the average savings in hospitalization days after transplantation. Moreover, Filgrastim use lead to overall and "sterile" nursing timesavings of 6.5% and 16.8%, results in accordance with shorter hospitalization. Our results are similar to those reported by other studies. Suitable use of Filgrastim, reducing hospitalization length and disease course, appears to be a valid way to improve health-care efficiency.

PCA2

IRINOTECAN IN FIRST LINE TREATMENT OF METASTATIC COLORECTAL CANCER: IMPROVED SURVIVAL AND COST EFFECTIVENESS COMPARED WITH INFUSIONAL 5-FLUOROURACIL

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Douillard et al. (1999), have reported a multicenter, randomized, controlled open label study comparing irinotecan (Campto®) in combination with 5-fluorouracil (5-FU) and folinic acid (FA) therapy with fluorouracil/FA alone as first line treatment for metastatic colorectal cancer. They concluded that irinotecan in combination with 5-FU offered consistent significant advantages in terms of efficacy and clinical benefit over single agent 5-FU without any detrimental effects upon quality of life. We aim to relate these data to relevant costs within the UK and to evaluate the economic implications of the difference in survival between the two treatment arms from the viewpoint of a UK NHS commissioner. This work develops the second line assessment of irinotecan by Iveson et al. (1999) in the EJC, which concluded that irinotecan achieved results of £14,000 per life year saved in the second line setting. This cost-effectiveness analysis compares the economic implications of replacing 5-FU therapy as a single agent (de Gramont regimen or AIO regimen) plus folinic acid rescue with irinotecan in combination with 5-FU/FA (de Gramont regimen, or AIO regimen). Drug acquisition costs are derived from the British National Formulary (March 1999); unit costs for clinical consultations and services are derived from relevant 1997/1998 cost databases. Costs associated with treatment delivery and disease complications are also considered. Indirect costs although important are not included, in line with the viewpoint of commissioners within the NHS. Although cumulative drug acquisition costs per patient are higher with irinotecan and 5-FU/FA than with infusional 5-FU/FA therapy alone, these costs are at least partially offset by lower cumulative costs per patient associated with treatment of complications in the irinotecan plus 5-FU/FA arm than in the 5-FU/FA alone arm.

PCA3

TREATMENT PATHWAYS, RESOURCE USE AND COSTS IN THE MANAGEMENT OF SMALL CELL LUNG CANCER

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OBJECTIVE: Lung cancer is a major cause of death in the UK and small cell lung cancer (SCLC) represents about 20% of primary lung tumors. The costs associated with the management of SCLC are significant, however few studies have been conducted in the UK to determine their true extent. The aim of this study was to obtain an estimate of the current patterns of treatment and associated resource use and costs for SCLC in the UK.
METHODS: Study sites were two hospitals in Newcastle-upon-Tyne. A focus group meeting with local clinicians clarified the expected pathways of SCLC care. Forms for retrospective patient record data extraction were developed on a per treatment phase basis. Data was collected on a consecutive series of 106 patients diagnosed with SCLC between 1994 and 1997. Unit costs were determined from local hospital accounts and secondary sources.